

**CIRCLE EITHER DATA PERIOD OR CURRENT OPERATIONS**

Please place a ✓ in the space provided if an item is available and/or accurate and matches the information in the actual application and leave the space blank if an item is not.

Date of Audit: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Data Period: \_\_\_\_\_ to \_\_\_\_\_

Sponsoring Organization Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Program Coordinator/Title: \_\_\_\_\_

Administrative Officer/Title: \_\_\_\_\_

Auditors: \_\_\_\_\_

Item	Check if the item is present and meets the criteria in the item column.	Comments								
<p>Coordinator CV and Written job description with</p> <ul style="list-style-type: none"> <li>• Academic &amp;/or experiential preparation in program management</li> <li>• Academic &amp;/or experiential preparation in care of persons with chronic disease</li> <li>• Oversees the planning, implementation and evaluation of the DSME entity at all sites</li> </ul>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"><b>CV</b></td> <td style="width: 50%;"><b>JD</b></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>CV</b>	<b>JD</b>							<p><b>Additional Coordinator Qualifications:</b> <i>Credentials, e.g. CDE, BC-ADM or Appropriate CEUs (20 for single discipline/15 for multi-discipline)</i></p>
<b>CV</b>	<b>JD</b>									
<ol style="list-style-type: none"> <li>1. Documentation of organizational structure.</li> <li>2. Documentation of organizational support.</li> <li>3. Documentation of program mission and goals.</li> <li>4. Advisory group membership ( includes at least one person affected by diabetes, a community member and a health professional)*</li> <li>5. Documented proof of Advisory group oversight activity (at least annually)</li> <li>6. Annual review of the following:                         <ol style="list-style-type: none"> <li>a) Goal achievement of operations</li> <li>b) Data analysis of operations</li> <li>c) Target Population assessment</li> <li>d) Resource assessment relative to target population</li> <li>e) Plan to address assessed needs of target population (as appropriate).</li> <li>f) Curriculum/Education Materials Updates (as appropriate)</li> <li>g) Behavioral and other outcome data measurements of participants; aggregated outcomes data</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6a)</li> <li>b)</li> <li>c)</li> <li>d)</li> <li>e)</li> <li>f)</li> <li>g)</li> </ol>	<p><b>Advisory Group Membership:</b> <i>*Members may serve multiple roles *Health professional member of different discipline if single discipline program</i></p> <p><b>Resource Assessment:</b> <i>e.g. staff, space, equipment</i></p>								

**CIRCLE EITHER DATA PERIOD OR CURRENT OPERATIONS**

**Item**

<p><b>INSTRUCTIONAL STAFF</b></p> <p>If additional space is needed, you may add sheets of paper or document the information on the back of this form. If this program includes home health patients, be sure that all Instructional Staff who educate patients in the home are listed below and fulfill the criteria for the Recognition.</p>		
<p>PROGRAM TYPE:                      <b>Single Discipline:</b> Yes      No                      <b>Multi-discipline:</b> Yes      No</p>		
<p>POLICY/PROCEDURE FOR UNMET PARTICIPANT EDUCATION NEEDS (single discipline program only):</p> <p style="text-align: right;">Yes              No</p>		
<p><b>RN Instructional Staff</b></p> <p>1. Name</p> <p>2. Professional registration</p> <p>3. CDE/BC-ADM or continuing education requirement (see application for data period and for the 1<sup>st</sup> and 2<sup>nd</sup> anniversary, 15 or 20 CE hours in any of the topic headings.)</p>	1.	<p>Comments:</p>
	2.	
	3.	
<p><b>RD Instructional Staff</b></p> <p>1. Name</p> <p>2. Professional registration</p> <p>3. CDE/BC-ADM or continuing education requirement (see application for data period and for the 1<sup>st</sup> and 2<sup>nd</sup> anniversary, 15 or 20 CE hours in any of the topic headings.)</p>	1.	<p>Comments:</p>
	2.	
	3.	
<p><b>Pharmacist Instructional Staff</b></p> <p>1. Name</p> <p>2. Professional registration</p> <p>3. CDE/BC-ADM or continuing education requirement (see application for data period and for the 1<sup>st</sup> and 2<sup>nd</sup> anniversary, 15 or 20 CE hours in any of the topic headings.)</p>	1.	<p>Comments:</p>
	2.	
	3.	
<p><b>Other Instructional Staff</b></p>	<p><b>Professional Registration or License</b></p>	<p><b>CDE/BC-ADM or CE Requirement (Indicate # of CE hours, check appropriateness of topics)</b></p>

**CIRCLE EITHER DATA PERIOD OR CURRENT OPERATIONS**

Item	Check if the curriculum content areas are present in the curriculum.	Comments.
<p>There is a written curriculum with learning objectives, methods of delivery and strategies for evaluation of learning in each of the following areas:</p> <ol style="list-style-type: none"> <li>1. Describing the <i>diabetes disease process</i> and <i>treatment options</i></li> <li>2. Incorporating <i>nutritional management</i> into lifestyle</li> <li>3. Incorporating <i>physical activity</i> into lifestyle</li> <li>4. Using <i>medication</i> safely and for maximum therapeutic effectiveness</li> <li>5. <i>Monitoring blood glucose</i> and other parameters and interpreting and using the results for self-management decision making</li> <li>6. Preventing, detecting, and treating <i>acute complications</i></li> <li>7. Preventing detecting, and treating <i>chronic complications</i></li> <li>8. Developing personalized strategies to address <i>psychosocial issues and concerns</i></li> <li>9. Developing personalized strategies to promote <i>health and behavior change(risk reduction)</i></li> </ol>	<p>1.</p> <hr/> <p>2.</p> <hr/> <p>3.</p> <hr/> <p>4.</p> <hr/> <p>5.</p> <hr/> <p>6.</p> <hr/> <p>7.</p> <hr/> <p>8.</p> <hr/> <p>9.</p>	<p><i>If the objectives are not well written, please note on the Review Criteria form and introduce the program coordinator to well written, specific, learning objectives.</i></p>
<p>Quality Improvement: Plan/Process description: Project demonstration:</p>		
<p>Outcomes tracking/measurement: Behavioral: Other outcome:</p>		
<p><b>“Concerns” Poster</b></p>	<p><b>DISPLAYED</b> <i>(circle either yes or no)</i> <b>YES or NO</b></p>	<p><b>IF NOT DISPLAYED, GIVE THE COORDINATOR THE COPY FROM YOUR PACKET AND INFORM THE COORDINATOR THAT CMS REQUIRES THAT THIS POSTER BE DISPLAYED IN A DSMT PATIENT LOCATION.</b></p>
<p><b>Go to the Auditor Education Record Chart Review Form</b></p>		
<p>Auditor signature:</p>		