FREQUENTLY ASKED QUESTIONS

CONTENTS

1. Advisory Group
2. Application/Site Types
3. Continuing Education
4. Curriculum
5. Disciplines-single vs. multi
6. Education Records
7. Outcomes Tracking and Reporting
8. CQI
9. Participant types
10. Program Coordinator
11. Reporting Period
12. Staff Types
13. Records to Keep and How Long to keep them
14. De-identified Patient Education Record (Chronicle Users)
15. Other Resources

ADVISORY GROUP

Q: Is it required that the Advisory Group have a Medical Director?

A: No, a Medical director is not required. The Advisory Group must consist of the Program Coordinator and external stakeholders. Examples of external stakeholders include: person with diabetes, person affected by diabetes, community group representative(s), and other healthcare professionals outside of the diabetes program. Single discipline programs must have a healthcare professional of a different discipline on the advisory board. Click here to download the Advisory Group Activity template.

Q: How often must there be an Advisory Group activity?

A: The established advisory group must provide quality input, at least annually. The evidence for Advisory Group input can be documented meeting minutes, documentation of communications by phone, fax, email or survey. Advisory activity must be dated as evidence of annual activity.

Q: What topics are to be covered during Advisory Group activity or what topic should the Advisory Group quality input cover?

A: The Advisory Group does not have a required set of topics to discuss. The group can give quality input on any topic pertaining to the DSME program.
**APPLICATION/SITE TYPES**

**Q:** What is the difference between a multi-site and an expansion site?

**A:** Distinctions between multi-sites and expansion sites:

- An expansion site has to come off of a multi-site. This multi-site is referred to as the parent site below.

<table>
<thead>
<tr>
<th></th>
<th>Multi site</th>
<th>Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>Can be different from parent site</td>
<td>Must be same as the parent site</td>
</tr>
<tr>
<td>Staff</td>
<td>Can be different from parent site</td>
<td>Must be staff from the parent site</td>
</tr>
<tr>
<td>CQI</td>
<td>Can be different from parent site</td>
<td>Must be same as the parent site</td>
</tr>
<tr>
<td>P &amp; P</td>
<td>Can be different from parent site</td>
<td>Must be same as the parent site</td>
</tr>
<tr>
<td>Forms</td>
<td>Can be different from parent site</td>
<td>Must be same as the parent site</td>
</tr>
<tr>
<td>Certificate</td>
<td>Gets separate certificate</td>
<td>Uses copy of parent site certificate. Bills from the parent site</td>
</tr>
<tr>
<td></td>
<td>Can bill separately</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td>Listed separately</td>
<td>Unlisted</td>
</tr>
<tr>
<td>Fee</td>
<td>$100</td>
<td>Free</td>
</tr>
</tbody>
</table>

It is crucial to review the addition of expansion sites with your hospital or practice compliance office prior to submitting an application.
**Q:** I’ve just completed an expansion application and the instructors’ information does not print out. Is this normal and do I have to send in their credentials and CEUs?

**A:** This is absolutely normal. The expansion application does not include instructional staff information since the educators must come from the pool of staff at the parent site. The parent site must be an already established multi-site, previously approved. Therefore, we do not need to see their credentials or CEUs.

**Q:** We would like to add another site to our program. Do we have to wait until we renew or can it be done now?

**A:** Additional Site(s) can be added at any time during your current four year Recognition cycle. Multi-sites get added to the primary site. Expansions can be added to either the primary site or to an already existing multi-site (parent site).

There is a $100 fee per additional site (multi-site) application. Programs may add unlimited number of expansion sites with no additional fee. Once approved, expansions can be converted to multi-sites and vice versa, during the same Recognition period, without an additional fee. However, converting from an expansion to a multi-site requires an application. Recognition for an added site expires when the primary site’s Recognition expires.

**Q:** Can we have both single discipline sites and multi-discipline sites as part of a primary program with multi-sites?

**A:** Yes under the umbrella of one program with multi-sites, there can be multi-discipline sites and single discipline sites. It is important for the single discipline sites to have a policy and procedure addressing when patient education needs are outside the scope of the single discipline program. The coordinator will consider the umbrella to be multi-discipline as long as at least one of the sites is multi-discipline.
Q: We missed our renewal date. What are our options now?

A: You can still use the renewal application to re-apply for Recognition. You will still use your same program ID # and may use a reporting period of up to 12 months prior to the online application submission date. All other renewal requirements apply. If it has been more than 12 months since your Recognition has expired or your program has been closed, please call the ERP office for information on additional requirements. 888.232.0822

Q: We are interested in applying for Recognition for the first time. Where can we get information as to what the requirements are?

A: There are three documents that we recommend you read for information on preparing to apply for ADA Recognition.

1. The “2012 National Standards” for Diabetes Self Management Education which can be found on the main page of our website. All programs applying for ADA Recognition must meet these standards.
2. The Auditor’s Review Criteria and Indicators which can be found on our website. Select Recognition Resources of the right bar of the main page to find this document.
3. ADA “Recognition Requirements” on the right rail of the main page of our website. This document outlines how ADA determines that the standards are met.
4. You may also want to attend a free new program coordinator or application Q and A conference call. Click here to register

The ERP website is www.diabetes.org/erp. You may have additional questions after you have read these documents. If so, please call us at 888-232-0822 or email us at erp@diabetes.org. When you are ready to submit an application, you must call the ERP office in order to get a program ID # and to be set up in the ERP Portal.
CONTINUING EDUCATION REQUIREMENTS

Q. What continuing education topics are acceptable?

A: The hours of continuing education may be in any one or any combination of the following topics: diabetes specific, diabetes related, psychosocial, education and program management.

i. Diabetes specific is any program or session topic or any program objective or course outline that specifically addresses diabetes.

ii. Diabetes related is any program or session topic or any program objective or course outline that clearly states issues related to diabetes, but does not specifically use the word, “diabetes.” These topics can be, but are not limited to the following: nutrition, exercise, retinopathy, nephropathy, neuropathy, cardiovascular disease, stroke, lipids, obesity, metabolic syndrome, etc.

iii. Psychosocial is any program or session topic or any program objective or course outline that addresses psychological, behavioral or social content related to diabetes, self management or chronic disease.

iv. Education is any program or session topic or any program objective or course outline that pertains to teaching strategies, knowledge assessment, learning principles, education, training or instructional methods.

iv. Program Management is any program or session topic or any program objective or course outline pertaining to the operations of the DSME, including business operations, performance improvement, case and disease management.

Include a copy of the official program brochure with objectives or a copy of the official course outline only if it is NOT clear from the title that it fits into one of the above categories.

Q: Our Registered Dietitians get logs of their continuing education from CDR. Can I send this in as proof of CEUs?

A: We do not accept logs or transcripts of CEUs. For all members of the professional Instructional Staff who are not a CDE or BC-ADM, you must submit copies of official verification for 15 Continuing Education hours obtained in the last 12 months. The official verification documentation of completion of CE hours (Certificates of Attendance/Completion) must include:

• Educator’s name,
• Title of the CE offering,
• Date the CE hours were awarded
• Number of CE hours, and
• Name of the Continuing Education Credentialing Body (e.g. ADA, AADE, ANCC, ACCME, CDR, etc.).
In addition, the following are not accepted:

- Academic hours (college credits) will not be accepted unless the college or university is approved by a recognized credentialing body as a provider of continuing education and is willing to convert credits to Continuing Education hours and supply verification of conversion on official letterhead.
- BLS and ACLS courses do not qualify for CE credits.
- Poster sessions do not earn credit unless objectives are provided at the poster session and they are submitted with the Support Package documents.
- Credit is not given for exhibit hours.

Q: How many CEUs are required for our professional instructors that are not CDE or BC-ADM?

A: Professional instructors must have 15 hours of CEUs annually. These hours are required based on your program’s anniversary date and within the past 12 months of an application submission. Click here to download an Instructor Credential and CEU Tracker Template

Q: How many CEUs are required for paraprofessional instructional staff?

A: Paraprofessionals are not required to have CEUs but are required to have 15 hours of training annually in diabetes and diabetes related topics. The training can be in services, meter rep training, CEUs etc. The dates and times spent on these trainings need to be clearly documented.

CURRICULUM

Q: We teach GDMs as well as people with Pre diabetes in our program. Do we need to have a separate curriculum for them? Do we count them as participants?

A: No, you do not need a separate curriculum for gestational or pre diabetic participants. Your core curriculum should contain all nine content areas as outlined in the National Standards and should be applicable to all types of diabetes. Content specific to or not applicable to gestational or pre diabetes patients may be noted as such in a separate guide or as an addendum to your core curriculum. You count GDMs and people with pre diabetes as participants if they go through the complete education process (see Education Records)

Q: We were assigned the nutrition section of our curriculum as the paper audit item for our application. Can I just send in copies of our slides?

A: Your slides would most likely just reflect the content. A complete curriculum also includes learning objectives, methods of teaching and methods used to evaluate whether learning has taken place.
SINGLE DISCIPLINE VS. MULTI-DISCIPLINE

**Q:** We have two educators, but they are both RNs. We also have a para-professional instructor who is a certified fitness trainer. Are we a single or multi-discipline program?

**A:** You would be a single discipline program. A site is single-discipline if there is only one instructor or there are 2 or more instructors, but the professional instructors are all of the same discipline, i.e. all RN’s or all RD’s, etc. Paraprofessional specialty does not influence a program’s discipline status as single or multi. A multi-discipline site must have at least 2 different disciplines.

A program is considered to be multi-discipline if at least one of its sites is multi-discipline. A single discipline program must have a policy in place that addresses how the education needs of a patient will be met if they are outside the scope of practice and/or expertise of the single discipline.
Q: If we were to be audited, what documentation would ERP expect to see in the charts?

A: All initial comprehensive participant education records must document each of the items noted in the below cycle.

De-identified Patient Record

Communication with other HCP regarding education plan or education provided, outcomes and the DSMS plan

Outcomes Measured

Referral if required by pt’s insurance

Assessment of all 9 content areas

Education Plan per pt’s assessed needs and concerns

Education Intervention

Education Learning Outcomes

Behavioral Goal/s Set

Behavioral Goal/s Follow up

DSMS Plan Set & Communicated See Step J

See Standard 7

Use sticky tabs to indicate each item (A, B, C etc.) of the education cycle in the de-identified patient chart. (See diagram on the right)

A complete chart should have a sticky tab for A through J.

The initial comprehensive DSME Chart is complete when A-J can be identified. For more details please see the Standard 7, 8 & 9 of the Review Criteria
Q: What is the DSMS plan and how is it different from setting behavioral goals?

A: The Diabetes Self-Management Support (DSMS) is a plan selected by the patient with the assistance of the DSME instructor(s). The plan support knowledge, skills and behavioral changes gained from the DSME experience. This is different from a follow-up plan like a scheduled medical appointment or follow-up education visit that is part of a comprehensive education program. The DSMS plan focuses on accessible, community resources available to the patient for ongoing diabetes self-management outside of formal healthcare. However, in some communities and for some patients, the DSMS may be obtained only through the use of medical services since resources are limited or non-existent and some participants obtain ongoing support as part of primary care. It is recommended that you scan or assess your service area for available resources regularly and either develop or update a list of resources with which you can guide your patients in formulating the DSMS plan. Providing patients such a list, does not constitute DSMS planning. The patient must select specific resource(s) on the list or identify their own DSMS plan. The patient selected DSMS plan must be communicated back to other health care providers involved in the patient’s care. The plan and the communication must be documented in the patient’s permanent records.

Q: If we get assigned “a copy of a de-identified patient chart” as a paper audit, does that patient have to have completed the initial comprehensive program?

A: Yes. The patient needs to have completed “their” initial comprehensive program. We need to see the entire education process from assessment, creation of an education plan based on the assessed needs and patient goals, an education record documenting the education interventions and evaluation of learning, setting of goals and follow-up with goal achievement evaluation, DSMS planning and communication of the DSMS plan to other member of the health care team.

OUTCOMES TRACKING AND REPORTING

Q: What is expected for outcomes tracking and reporting in terms of target and actual degree of achievement?

A: Each recognized program must track at least one behavioral goal as an outcome and one other participant outcome, for a minimum of two program outcomes. See Review Criteria Standard 9. Behavioral goal outcomes are grouped generally under the seven self-care behaviors. Other outcomes can include clinical outcomes like A1c, BP, lipids or quality of life outcomes like number of hypoglycemic events, diabetes-related hospitalizations, lost work days; and patient satisfaction. Programs may report on as many outcomes tracked as they wish even though reporting is expected for at least one of each category.
Target achievement or benchmark is what degree of achievement is expected. This target is set based on knowledge of population served, national or regional standards and/or effort put forth by program staff towards achieving this benchmark in terms of resources and capabilities of the program. Actual degree of achievement is what is assessed at the time of follow-up and includes data on only the patients that have completed follow-up and have had follow-up outcome evaluation. Target Outcomes can be reported in percentages from 1% to 100%. Actual outcomes can be reported from 0% to 100%.

**Q: What are the requirements for the program Continuous Quality Improvement CQI?**

**A:** Each program must have at least one CQI project and plan based on one of the standard 9 aggregated program outcomes listed above. The CQI project and plan must include:

- Project description (what do you want to improve)
- Measures
  - Baseline measure
  - Target measure
  - Aggregated outcome measures
- Documented efforts for improvement
  - Efforts for improvement
  - The assessment of these efforts
  - The next steps for improvements based on the above assessment
- [Click here](#) to download the CQI Toolkit with templates and examples

**Q: What is the time period for collecting data on outcomes?**

**A:** Data collection on outcomes should be done on a continuous basis. On a renewal application, the reporting period is acceptable as a snapshot for outcomes data. Renewing application reporting period can be 1 month up to 12 months. New program reporting period can be 1 month up to 6 months. The end of the reporting periods for new and renewing program cannot end more than 3 months prior to the application submission. Please refer to the reporting period & application submission date chart below.

<table>
<thead>
<tr>
<th>Application Submitted in the Month of</th>
<th>Reporting Period cannot end prior to the application day in the month of</th>
<th>Application Submitted in the Month of</th>
<th>Reporting Period cannot end prior to the application day in the month of</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>October</td>
<td>July</td>
<td>April</td>
</tr>
<tr>
<td>February</td>
<td>November</td>
<td>August</td>
<td>May</td>
</tr>
<tr>
<td>March</td>
<td>December</td>
<td>September</td>
<td>June</td>
</tr>
<tr>
<td>April</td>
<td>January</td>
<td>October</td>
<td>July</td>
</tr>
<tr>
<td>May</td>
<td>February</td>
<td>November</td>
<td>August</td>
</tr>
<tr>
<td>June</td>
<td>March</td>
<td>December</td>
<td>September</td>
</tr>
</tbody>
</table>
PARTICIPANT TYPES

Q: What is the difference between comprehensive/initial participants and post-program?

A: Comprehensive/initial includes participants (all diabetes types) who were seen at your program for ANY PART(S) of the initial comprehensive cycle. The initial comprehensive cycle is complete after the final follow up contact for evaluating the patient’s goals and other participant outcome(s) and DSMS plan is communicated back to a health care provider involved in the patient’s care. This includes participants seen on a 1:1 basis as well as in a group setting.

Post Program participants are those who have completed their initial comprehensive education plan and returned to the program for additional education (skills update, additional training secondary to change in treatment plan/regimen, etc.)

Q: We see pre-diabetes patients in a large group lecture. Do we count these as participants?

A: You only count pre-diabetes patients if they go through the same education process as the rest of your patients; including assessment, creating an education plan, education, goal-setting, reassessment, follow-up on goals set and DSMS planning.

PROGRAM COORDINATOR

Q. I will be retiring as the program coordinator in a few months and we are starting to look for a replacement. Must the coordinator be a clinical person? Does the coordinator have to be a CDE?

A: The Program Coordinator does not need to be a clinical person. They do need to have the following qualifications:

- The Program Coordinator must be able to oversee the planning, implementation, and evaluation of the DSME program at all sites. See Review Criteria Standard 4.
- She/he must have academic or experiential preparation in areas of chronic disease care, patient education and/or program management.
- The coordinator does not have to be a CDE (or BC-ADM) but must have 15 hours of CEUs.

back to top..
REPORTING PERIOD

**Q:** We have already collected 3 months worth of data. We now see that the application calls for a program defined “Reporting Period.” Can we use the 3 months of data as our reporting period?

**A:** Yes, you can use the three months of data as your reporting period, as long as it fits the following criteria: Original applications can use a reporting period that starts no more than 6 months prior to the submission of the online application. Renewing programs can use a reporting period that starts up to 12 months prior to the online application submission. In either case, the reporting period cannot end more than 3 months prior to the date of the online application submission. Within these parameters, the length of the Reporting Period is at the discretion of the program coordinator.

STAFF TYPES

**Q:** Is it correct that we no longer need both a nurse and a dietitian to staff the recognized program in order to achieve or maintain recognition?

**A:** This is correct. Under the revised 2012 National Standards for Diabetes Self Management Education and Support, the entire core curriculum may be taught by an instructor from one of these disciplines: registered dietitian or registered nurse or pharmacist or CDE or BC-ADM.

**Q:** Do administrative staff need to be included on the application?

**A:** No, only instructional staff that teaches more than 10% of the program should be included on the application. If an instructional staff teaches less than 10% of the class, they are not required to be listed on the application.

**Q:** Who are considered to be qualified professional instructional staff?

**A:** Qualified Professional Instructional Staff is defined as “experienced, skilled staff, in a CDE eligible health profession (a health professional who has the academic credentials to sit for the CDE exam*) who works with the client in the process of DSME”.

Although a multi-disciplinary staff is still encouraged, the required instructional staff is at least 1 RD OR 1 RN OR 1 Pharmacist or 1 CDE or 1 BC-ADM. Other professional instructional staff members must be individuals with academic credentials for CDE-eligibility and may qualify as instructional staff only in addition to one of the above disciplines.

Please refer NCBDE for CDE-eligibility requirements at: [http://www.ncbde.org/certification_info/discipline-requirement/](http://www.ncbde.org/certification_info/discipline-requirement/)

back to top..
Q: Who can be a paraprofessional instructional member?

A: A paraprofessional instructor is an individual who has proof of previous training or education and is supervised by a professional instructional staff member. A few example of paraprofessional are: Community health worker, medical assistant, diet tech, lab tech, yoga instructor, personal trainer, a person with health science degree etc.

Q: What is required for proof of supervision of the paraprofessional?

A: The supervising instructor must ensure the paraprofessional receives 15 hours of training annually and is competent in the areas of the DSME program they teach.

Q: Does the professional instructor need to be present when the paraprofessional is teaching?

A: No, they do not have to be present if they have annual proof that the paraprofessional is competent in the area of the DSME program that she/he is teaching.

Q: Can the paraprofessional teach the entire program?

A: No, the paraprofessional cannot do the initial assessment or the annual assessment. In addition, a RN, RD, Pharmacist, CDE or BC-ADM must teach at least 10% or more of the DSME program.

Q: I am the only educator in my program and need someone to fill in for me for vacations and other time off. Who can fulfill this role?

A: You may use Temporary Instructional Staff – These are professional instructors who fill in for a regular instructional staff member on a temporary basis, up to, but not more than, 4 consecutive months. If the temporary instructional staff member fits this definition, that instructional staff member does not have to be a CDE, BC-ADM or need to acquire the continuing education credits as dictated by the 9th edition application criteria. While some new staff may be hired as qualified professional instructional staff, others may need orientation and may be classified in the temporary staff category during their orientation. New staff may be classified as temporary staff when he/she is not the only educator, has current credentials and if not a CDE or BC-ADM, will use this period (4 months from hire date) to gain the 15 hours of CEUs. Temporary staff should not be included on the application, which means there has to be other qualified instructional staff in place.
Q: We have a podiatrist that would like to come in to present a half hour session on foot care. Is this allowed and does he have to acquire CEUs?

A: This type of an instructor would be considered a resource person. A resource person is someone who teaches less than 10% of your total program. The qualified instructional staff is still responsible for content taught by the resource staff and oversees the work of the resource staff. Resource staff are not required to have CDE or BC-ADM certification or CEUs. They should also not be listed on the application.

RECORDS TO KEEP AND HOW LONG TO KEEP THEM

Q: How long should I keep records and what records should I keep?

A: Records should be maintained from the reporting period on the program’s most recent application until the program begins another four year recognition cycle. A five year record purge cycle would ensure your program maintains adequate documentation in case of an on-site audit.

The following records should be kept:

- Program coordinator’s job description and CV
- Program coordinator and educator credentials. CDR card for RDs
- CEU certificates for professional instructors that are not CDEs or BC-ADMs.
- Paraprofessional staff proof of annual training and competency
- From the reporting period on last application: 5 de-identified patient charts per multi site that represent the various patient population/s served and each chart is a complete initial comprehensive education cycle.
- Annual advisory group activity to include date, activity, participants, quality DSME program input gathered from the activity
- Annual program review to include review of program outcomes
- Proof of annual curriculum review or revision
- Annual population served and program review
- Quality improvement project/s

Q: If I use Chronicle and my paper audit item (for an application) is a de-identified patient education record, what do I need to send in?

A: If you are currently using Chronicle to document patient education, click here to view the required sections of the patient record that will need to be submitted for a complete de-identified patient chart.
OTHER RESOURCES

Additional information may be found on our website at [www.diabetes.org/erp](http://www.diabetes.org/erp). On this link you will find:

- 2012 National DSME standards Review Criteria
- Recognition Requirements
- Application fees and resources
- Recognition Resources
- Recognition News

You can always contact your ERP Staff with questions at 888-232-0822 or at [erp@diabetes.org](mailto:erp@diabetes.org).

[back to top..](#)