



[DATE]

[Program Coordinator]

[Address]

[Email]

RE: Diabetes Self-Management Training (DSMT) entity audit program

Dear DSMES Quality Coordinator,

The Social Security Act mandates that the Centers for Medicare and Medicaid Services (CMS) provide oversight activities to ensure that the DSMES accrediting organizations (AOs) (the ADA and the ADCES) and the DSMES programs they accredit meet the National Standards for Diabetes Self-Management Education and Support (NSDSMES) standards.

CMS has awarded our firm, Integrated Management Strategies (IMS), a contract to perform validation activities of the DSMES AOs. The goal of the validation process is to provide CMS with additional oversight of the DSMES AO's accreditation activities. We do this, in part, by reviewing records submitted by 30 randomly selected DSMES programs accredited by each DSMES AO annually.

Your DSMES program has been selected as one of the 30 entities accredited by the **ADA/ADCES** to be audited in 2024. Therefore, we are requesting that you provide us with electronic copies of the information listed in the Attachment.

You have the authority to disclose this information to IMS, without patient authorization, pursuant to the HIPAA Privacy Rule at 45 CFR § 164.512(d). However, to ensure patient privacy, we request that redact all patient personally identifiable information (PII) from the records that are sent. **We cannot accept any records that contain any PII information.**

Please be sure that all documents you provide have dates and titles or topic headings, as we cannot give you credit for documents that are not dated and that are not identified by title or topic headings. Next, please upload the documents in the attachment to your personal, confidential SharePoint folder listed in your notification email by **[DATE]**. The link will only work for you.

For problems using the SharePoint folder, please email the DSMT Team (dsmt@im-strat.com).

Please feel free to contact us at dsmt@im-strat.com if you have any questions regarding this matter.

Sincerely,

IMS Audit Team

Attachment: Requested Records & Information for [Entity Name]

Documents must be from renewal/accredited year: [YEAR]

Standard 01: Support for DSMES Services

(ADA) Documentation that the DSMES service will identifies external service stakeholders and how each may provide purposeful input and/or advocacy (example: list of stakeholders)

(ADCES) Documentation of support from sponsoring organization or internal leadership of DSMES services in the form of a written letter of support (**dated within 6 months of initial and renewal DSMES application)

In cases where DSMES services are delivered and/or sponsored by a solo healthcare professional, the letter will come from a referring physician/qualified healthcare professional who will champion and refer to DSMES services.

Standard 02: Evaluation of Population Served

(1) Your annual assessment of the population served by your program must identify the target population, as well as the population you wish to serve in the future. (For example, demographics, cultural influences, access to healthcare services, barriers to education)

To obtain demographic information about the population your program serves, you can use the following websites: Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov>; U.S. Census Bureau website at <https://www.census.gov>.

(2) Documented resources relative to the population served (For example, physical space, staffing schedules, equipment, interpreter services, multi-language education materials, low literacy materials, large print education materials)

(3) Information about any services your program provides for clients to address barriers to the program such as physical and mental disabilities, mobility issues, low literacy, language barriers, transportation problems, financial hardships, and for those who cannot attend classes during normal working hours.

Standard 03: Folder 1: Quality Coordinator Overseeing DSME Services

Documentation of one program/quality coordinator as evidenced by a job description, performance appraisal tool, or other.

Folder 2: DSMES Team

A list of all DSMT instructors and copies of their licenses, certifications, and CEU certificates (as applicable). If an instructor does not have their CDCES or BC-ADM, 15 hours of CEU are required each year, provide verification they have obtained at least 15 CEUs each year since the date of hire or since the

DSMT program's last accreditation renewal date (whichever occurred later in time).

***Diabetes Community Care Coordinator/Paraprofessional (if applicable)*

Documentation that DCCC/paraprofessional instructors are supervised by a clinical instructor (identified above). Supervision can be demonstrated by job description, performance appraisal tool, or other.

Evidence of previous experience or training in: diabetes, chronic disease, health and wellness, healthcare, community health, community support, and/or education methods as evidenced by a resume or certificate

*Documentation that DCCC/paraprofessional instructors have accrued 15 hours of in-services **before instructing participants** and annually based on the program anniversary date.*

Standard 04: Delivery and Design of DSMES Services

(1) A copy of the program's DSMT training curriculum. Please include an outline of the curriculum and provide the name and edition of the curriculum you are using. If you developed your own curriculum an outline is required.

(2) Documented evidence of regular review and revisions as needed (at least annually) of the curriculum and/or course materials by DSMES instructors(s) and/or advisory group

Standard 05: Person-Centered DSMES

A copy of ten (10) complete patient records:

Note 1: If utilizing electronic health records, the DSMT medical record must be reproducible for audit.

Note 2: Please redact (blackout) any personally identifiable health information (PHI).

Five records must be from the last time your program accreditation was renewed or first accredited by the ADA/ADCES. For your program, these charts will be dated **[3 month window from renewal date]** The last five records must be from the current time. For your program, these charts will be dated from **[from renewal date to present]**

All patient records provided must be for participants that have completed the program (**participants do not need to have completed the program within the window**), and all participant charts must be identify that the participant was referred or began the program for the time frame they are being submitted.

Each patient record should include all the following information:

(1) Evidence of Patient Assessment:

- Health Status (*Examples:* type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age)
- Learning Level (*Examples:* diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality)
- Lifestyle Practices (*Examples:* self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation)
- Psychosocial Adjustment (*Examples:* emotional response to diabetes, diabetes distress, diabetes family support, peer support)

(2) Documented DSMES plan, topics covered at each session, and intervention outcomes, participant goals and follow-ups are documented in the medical record

(3) Evidence of communication with other health care team members on patient care team (e.g., referring provider, school nurse, etc.) regarding the education plan or education provided, and outcomes **EHR/EMR record or chart notes will suffice this requirement*

Standard 06: Measuring and Demonstrating Outcomes of DSMES

Evidence of aggregation of the following participant outcomes, at least one participant behavioral goal outcome, and at least one other participant outcome

Documentation of a CQI project which includes:

- Opportunity for DSMES service improvement or change (what are you trying to improve, fix, or accomplish)

- Baseline project achievement (new providers may not have a baseline measure at the time of application)
- Project target outcome
- Outcome assessment and evaluation schedule

DSMES service providers will have documentation reflecting a regular quality improvement project