

# South Dakota Diabetes Education Recognition Program Initial Application Process

**Step 1** Print, complete and submit the South Dakota Diabetes Education Recognition Program application packet, with all required documentation to the South Dakota Diabetes Education Recognition Program (SD-DERP).

**Step 2** SD-DERP staff will review the application within 6 weeks of receipt, in the SD-DERP Office.

- a) If the application is complete, a site review will be scheduled.
- b) If the application is incomplete, it will be returned with a request for additional information.

**Step 3** SD-DERP staff will conduct a site review to include:

- a) Review of policies and stakeholder group minutes
- b) Review of documentation of coordinator and instructor(s) professional licenses and/or certifications and diabetes self-management education program preparation
- c) Review of a random sample of de-identified client data
- d) Discussion with program staff regarding the format of the program, organizational support, resources, referral systems, program availability, and follow-up system

Additional site reviews may be conducted at the discretion of the SD-DERP staff. All sites will be notified in advance of the visit and a mutually agreeable date will be set.

**Step 4** SD-DERP staff conducting the program evaluation will write and submit a report to a review board.

Following the review, the board will either:

- 1) Grant recognition
- 2) Request that the applying program respond to recommendations
- 3) Request that the applying program re-apply for recognition
- 4) Other

Recognition is granted for a period of 3 years upon satisfactory completion of the review process. Programs must meet annual reporting criteria to maintain recognition. Programs that are requested to respond to recommendations will be granted a period of 3 months to respond. Those failing to respond within 3 months will be asked to reapply. Programs that are requested to re-apply may do so at any time.

**INITIAL APPLICATION FORM FOR  
SOUTH DAKOTA DIABETES EDUCATION RECOGNITION PROGRAM (SD-DERP)**

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Send all Materials to:  
South Dakota Diabetes Education Recognition Program (SD-DERP)  
South Dakota Department of Health  
615 East 4<sup>th</sup> St., Pierre, SD 57501

SPONSORING AGENCY/INSTITUTION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: (work) \_\_\_\_\_ (fax) \_\_\_\_\_ (other) \_\_\_\_\_

Email \_\_\_\_\_

DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

NAME OF PROGRAM: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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**Program staff:**

Position	Name	Profession	Email Address
Program Coordinator			
Program Instructor			

**DOH OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Date Returned: \_\_\_\_\_

**National Standards for Diabetes  
Self-Management Education and Support  
AND  
South Dakota Diabetes Self-Management Education  
Recognition Criteria  
(January 2013)**

The South Dakota Diabetes Education Recognition Program (SD-DERP) criteria are based on the National Standards for Diabetes Self-Management Education and Support (*Diabetes Care, November 2012*). The National Standards are listed in this document for reference.

**Standard 1** The provider(s) of DSME will document an organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.

**Criterion 1-1:** There are clearly identified lines of authority for the DSME Program, including Stakeholder group, Program Coordinator, and Program Instructors within the organization.

Documentation Required: Organization chart for the DSME program as it is incorporated into the facility organizational chart.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 4.**

**Criterion 1-2:** A written statement is in place affirming that the DSME Program is an integral component of diabetes care.

Documentation Required: A written statement (i.e. mission statement) or executive statement written by the organization's CEO.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Insert text below or attach after page 4.**

**Criterion 1-3:** There are clearly identified goals and/or objectives of the DSME Program.

**Documentation Required:** A written document stating DSME Program goals and/or objectives.

**Reporting Frequency:** With initial application **and** every three years with the renewal process **and with any significant changes.**

**Insert text below or attach after page 4.**

**Criterion 1-4:** Job descriptions including position requirements for the DSME Program Coordinator and Program Instructor(s) are developed and reviewed every 3 years.

**Documentation required:** Job descriptions including position requirements for the Coordinator and Instructor(s).

**Reporting Frequency:** With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 4.**

**Standard 2** The provider(s) of DSME will seek ongoing input from external stakeholders and experts in order to promote program quality.

**Criterion 2-1:** A standing stakeholder group consisting of (at minimum) a primary care provider, a professional educator, a consumer (an individual with diabetes or caretaker thereof not employed by the organization) and a community representative (not employed by the organization) shall be established to oversee the DSME Program and must meet at least annually.

Documentation Required: A list of Stakeholder group members and profession.

Reporting Frequency: With initial application **and** every year with annual report.

**Insert text below or attach after page 5.**

**Criterion 2-2:** The stakeholder group is an integral component of the DSME Program and assists with development and evaluation of program policies as well as a documented plan for seeking and implementing community input. A record of the Stakeholder group review of written policies must be completed initially and updated as warranted by program need.

Documentation Required: Stakeholder group Meeting minutes demonstrating approval of written policies and documentation of how outside input was utilized in program planning.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 5.**

**Standard 3** The provider(s) of DSME will determine who to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.

**Criterion 3-1:** A Needs Assessment is conducted to establish the target population. The service area is assessed and the target population defined.

Documentation required: Initial Needs Assessment

Reporting Frequency: With the initial application **and** every three years with the renewal process.

\*\*Note to applicant filling out this application packet:

This assessment is meant to shine light on the diabetic education and support needs of your community. It is to the provider of DSME's benefit to conduct a thorough assessment and thus a lengthy assessment report is not necessary, rather utilize and collect the assessment data in a way that will benefit your service area.

Most Medical Records Departments are aware of the types and numbers of clients who are admitted/discharged within their agency. Most admission forms do ask for race/ethnicity, age, and language spoken (if other than English).

With the initial assessment there are several ways in which you can identify your target population. First, a retrospective chart review will reveal the diabetes population being served by your agency. You can also survey your local clinics, providers, staff, health plans, pharmacists, and community programs to have them identify their target audience. This will be especially important if they rely on your agency to provide diabetes education for their clients.

**Attach after page 6.**

**Criterion 3-2:** The stakeholder group shall participate in the planning process (based on the needs assessment) and will assist in creating a Program Action Plan that addresses the following issues:

- a) methods to educate and support its target population (i.e. different cultural groups, education levels, and ages)
- b) barriers to access of DSME for target audience and methods to overcome these barriers

Documentation required: Written Program Action Plan and documentation of discussion in Stakeholder group minutes.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 6.**

**Criterion 3-3:** An annual assessment of program utilization and waiting periods is conducted and demonstrates that the DSME Program is regularly and conveniently available.

Documentation required: Annual assessment measuring program utilization and waiting periods.

Reporting Frequency: With the initial application **and** yearly with Annual Report.

**Attach after page 6.**

**Standard 4: A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation, and evaluation of education services.**

**Criterion 4-1:** A Program Coordinator who has familiarity with the lifelong process of managing a chronic disease (i.e. diabetes) and who is responsible for program planning, implementation, and evaluation shall be designated. This person must meet the training and education requirements as set forth by the SD-DERP as well as the academic requirements set forth by the National Certification Board for Diabetes Educators (NCBDE). Certification as a diabetes educator by the NCBDE is recommended but not mandatory.

The Program Coordinator is either a Certified Diabetes Educator (CDE) or board certified in Advanced Diabetes Management (BC-ADM)

**OR**

has completed initial diabetes education and training approved by the South Dakota Department of Health or 24 hours of other approved diabetes education and training within the past five years that includes a combination of diabetes management, educational strategies, behavioral interventions and counseling skills

**AND**

has satisfied the current academic requirement of the National Certification Board for Diabetes Educators (an active, unrestricted license from the United States or its territories as a registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician (M.D. or D.O.), physician assistant, podiatrist, or registration as a dietitian by the Commission on Dietetic Registration or a minimum of a master's degree, from a United States college or university accredited by a nationally recognized regional accrediting body, in one of the following areas: nutrition, social work, clinical psychology, exercise physiology, health education, or specified areas of study in public health: health education, health promotion, health and social behavior, or health communication)

**Documentation Required:**

- 1) Program Coordinator's academic and professional preparation in diabetes education. Submit copy of current South Dakota registration and licensure. If the Program Coordinator is employed in a federal agency (i.e. Veteran's Administration facility or the Indian Health Service), submit current copy of licensure in state where registration is held as well as academic and professional preparation.
- 2) Certificates of Completion for initial diabetes education and training.

\*\*The sponsoring organization will also keep these records on file as they will be reviewed with site visits.

**Reporting Frequency:** With initial application **and** every three years with the renewal process **and with any significant changes**. If there is a change in the Program Coordinator, the organization has three (3) months to notify the SD-DERP of the change. The notification should include documentation of the new Program Coordinator's academic and professional preparation, contact information, and other requirements as stated above.

**Attach after page 9.**

**Criterion 4-2:** The program coordinator will complete a total of at least 5 hours of continuing education each year in diabetes management, educational strategies, behavior interventions and counseling skills.

Documentation Required: Continuing education certificate(s) of completion.

\*\*The sponsoring organization will also keep these records on file as they will be reviewed with site visits.

Reporting Frequency: With initial application **and** every year with annual report.

**Attach after page 9.**

**Standard 5: One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be a registered nurse, registered dietician, or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes and with supervision and support.**

**Criterion 5-1:** Health care professionals with recent didactic and experiential preparation in diabetes education and management shall serve as the Program Instructors. Each instructor must meet the training requirements as set forth by the SD-DERP. DSME instructors who are qualified to teach the required content areas include a registered nurse **OR** a registered dietitian/licensed nutritionist **OR** a pharmacist with training relevant to DSME.

The Program Instructor is either a Certified Diabetes Educator (CDE) or board certified in Advanced Diabetes Management (BC-ADM)

**OR**

has completed initial diabetes education and training approved by the South Dakota Department of Health or 16 hours of other approved diabetes education and training within the past five years that includes a combination of diabetes management, educational strategies, behavioral interventions and counseling skills

**AND**

has an unrestricted license from the United States or its territories as a registered nurse, pharmacist, licensed nutritionist or registration as a dietitian by the Commission on Dietetic Registration

Documentation Required:

- 1) Program Instructor(s) academic and professional preparation in diabetes education. Submit copy of current South Dakota registration and licensure. If the Program Instructor is employed in a federal agency (i.e. Veteran's Administration facility or the Indian Health Service), submit current copy of licensure in state where registration is held as well as academic and professional preparation.
- 2) Certificates of Completion for initial diabetes education and training.

\*\*The sponsoring organization will also keep these records on file as they will be reviewed with site visits.

**Any personnel who are not program instructors contributing to DSME or providing Diabetes Self-Management support must be reported to and approved by SD DERP staff. Special consideration may be made for programs that have instructors who meet the diabetes education criteria and are not a RN, RD/LN, or pharmacist.**

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes**. If there is a change in the Program Instructor, the organization has three (3) months to notify the SD-DERP of the change. The notification should include documentation of the new Program Instructor's academic and professional preparation, contact information, and other requirements as stated above.

**Attach after page 9.**

**Criterion 5-2:** The program instructor(s) will complete a total of at least 5 hours of continuing education each year in diabetes management, educational strategies, behavior interventions and counseling skills.

Documentation Required: Continuing education certificate(s) of completion.

\*\*The sponsoring organization will also keep these records on file as they will be reviewed with site visits.

Reporting Frequency: With initial application **and** every year with annual report.

**Attach after page 9.**

**Standard 6: A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to what individual.**

**Criterion 6-1:** A current and evidenced based written curriculum and successful learning objectives, outcomes, and an evaluation method to assess achievement of the objectives in each content area shall be available.

Assessed needs of the individual will guide the instructor to adapt the curriculum for culturally competency and literacy as well as focus on content areas listed below (as listed in the National Standards for Diabetes Self-Management Education and Support (*Diabetes Care, November 2012*)):

- Describing the diabetes disease process and treatment options
- Incorporating nutritional management into lifestyle
- Incorporating physical activity into lifestyle
- Using medication(s) safely and for maximum therapeutic effectiveness
- Monitoring blood glucose and other parameters and interpreting and using the results for self-management
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change

Documentation Required: Written curriculum objectives, outcomes, and evaluation tool reflecting participant evaluation of curriculum. Curriculum will be reviewed upon site visit.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 10.**

**Standard 7: The diabetes self-management, education and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.**

**Criterion 7-1:** Selection of appropriate education materials for the teaching process will be based on client needs as identified in the assessment process. The identified needs will be used to develop the learning objectives in the educational plan. All goals of the teaching plan will be determined in collaboration with the client and evidenced-based. Evidenced-based communication strategies will be incorporated into the program. Components of education materials include:

- Basic assessment
- Identification of learning needs
- Development of an individualized education plan
- Intervention (content covered, method, instructor and date)
- Measure attainment of education objectives
- Collaboration with participant on setting behavioral goals

**Documentation Required:** Explanation of assessment process and a sample de-identified education record or form including all required elements.

**Reporting Frequency:** With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 11.**

**Standard 8: The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the health care team.**

**Criterion 8-1:** The client's progress towards achieving the objectives and goals will be evaluated and a personalized follow-up plan will be developed between the instructor(s) and participant. As the client's needs change periodic reassessment will occur and the education plan will be modified.

Documentation Required: A sample de-identified education record or form including all required elements.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 12.**

**Criterion 8-2:** The participant's educational experience, including assessment, intervention, evaluation, and follow-up, shall be documented in a permanent, confidential education record. Collaboration and coordination of care is evident through documentation.

Documentation Required: De-identified documentation will be reviewed during site visits.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Criterion 8-3:** The DSME Program maintains a list of community resources (with names, addresses, and telephone numbers) within the service area, providing services to the target population and their families and is available for referrals and information. The Community Resource List is updated annually and is available to consumers, health care professionals, and agencies. The institution or agency may use their current list, (i.e. operational list of Social Services Department) as long as it is appropriate for clients with diabetes.

Documentation Required: Community resource list.

Reporting Frequency: With initial application **and** every three years with the renewal process **and with any significant changes.**

**Attach after page 12.**

**Standard 9: The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.**

**Criterion 9-1:** At routine intervals participant outcomes will be assessed to include patient behavior outcomes and clinical outcomes. In order to assess effectiveness, applicable outcomes will be compared to quality indicators or guidelines. This data should be reviewed by the stakeholder group.

Documentation Required: Yearly data report. DSME programs are required to measure at least one behavioral (such as healthy coping, medication adherence, self-monitoring, etc.) and two clinical outcomes (such as HbA1c, weight, BMI, foot exams, blood pressure, dental exams, etc.) for every participant.

Reporting Frequency: With initial application **and** every year with annual report.

**Attach after page 13.**

**Standard 10: The provider(s) of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality using a systematic review of process and outcome data.**

**Criterion 10-1:** The organization must have a quality improvement policy in place to evaluate both outcome and process measures related to population outcomes. Quality improvement plans must be discussed annually with Stakeholder group or more frequently as warranted by the data.

Documentation Required: Stakeholder group meeting minutes documenting written quality improvement policy. DSME providers need to provide one SMART process and one SMART outcome objectives that relate to data collected from participants. After one year, sites must report process and outcome measures/results based on objectives.

Reporting Frequency: Objectives with initial application **and** measures every subsequent year with annual report. (Objectives may change and are warranted by data.)

**Attach after page 13.**

## **South Dakota Diabetes Education Recognition Program Initial Application Checklist**

- Completed initial application packet
- Organizational chart (Criterion 1-1)
- Mission statement or executive statement (Criterion 1-2)
- DSME goals/objectives (Criterion 1-3)
- Job descriptions (Criterion 1-4)
- Stakeholder group membership list (Criterion 2-1)
- Stakeholder group minutes (Criterion 2-2, 3-2, 10-1)
- Initial needs assessment (Criterion 3-1)
- Program Action Plan (Criterion 3-2)
- Program utilization and waiting periods (Criterion 3-3)
- Program Coordinator's licensure and certificates of completion (Criterion 4-1)
- Program Coordinator's continuing education (Criterion 4-2)
- Program Instructor(s) licensure and certificates of completion (Criterion 5-1)
- Program Instructor(s) continuing education (Criterion 5-2)
- Curriculum objectives, outcomes and evaluation tool (Criterion 6-1)
- Explanation of assessment process (Criterion 7-1)
- Sample de-identified education record or form (Criterion 7-1 and Criterion 8-1)
- Community resource list (Criterion 8-3)
- Data report (Criterion 9-1)
- 2 SMART objectives (Criterion 10-1)