

# Diabetes Education Accreditation Program



## Re-accreditation Application Instructions

The re-accreditation application process is comprised of two components:

1) Submission of the application; 2) Submission of the following documents:

- Proof of licenses and/or certification for instructors
- Evidence of continuing education for all instructors and, if applicable, for all Community Health Workers
- A report of a CQI project and current performance improvement plan (unless this information is provided in the application).

**NOTE:** If there is more than 1 location where DSME/T services are provided, (and a Supplemental Application/Change of Status form has not been submitted), during the telephone interview you will be required to discuss information related to ensuring that quality services are provided at each location and that educational services are tailored to meet needs, particularly if the needs of the targeted population vary among sites. **Additional materials for specific sites may be required to be submitted for review.**

### Statements of affirmation:

Proceeding with this application indicates you have responded to these statements

Fill in the name and title of the person completing the application

### Program demographics:

Fill in the name of the program (i.e. Pleasant View Diabetes Self-Management Training Program) and contact information in the spaces indicated.

Complete the information requested for “Sponsoring/Affiliate Organization” (the organization that funds and/or otherwise supports the DSME/T program). The sponsoring/affiliate organization’s administrator is the person who has administrative responsibility for the DSME/T program (CEO, President, Vice President, Director, etc.).

Using the drop-down menu, select that which most accurately describes the type of organization.

**SUBMIT SUPPLEMENTAL APPLICATION /S FOR ADDITIONAL SETTING/S WHERE SERVICES ARE PROVIDED:**

For each setting where DSME/T services are provided, identify the name and address of different sites/locations currently used. If “Mobile van” is selected as a setting, identify the number of different locations that the van travels to routinely.

Target Population:

- Using the drop-down menu, identify the target audience according to type of diabetes.
- In the space provided, describe the geographic or other “reach”/service area for the DSME/T program.
- In the appropriate boxes, briefly describe any significant change in participant attendance numbers or in the target population (e.g. target population characteristics, “reach” of services and/or diabetes type) and identify any plans to address the change/s.

Program Staff

Fill in the requested information for the program coordinator.

List the names of the professional instructional staff and, using the drop-down menu, identify their credentials, selecting all that apply.

List the names of all CHWs that are part of the instructional team and identify the name and credentials of the staff person who supervises them.

Behavior Change Goal Achievement

Select the appropriate box next to each behavior change category to indicate whether participants did or did not meet the threshold established for the program. E.g. If the program established a target of “80%” achievement of behavior change goals for the “monitoring” category, but only 75% of program participants met their behavior change goals for that category, then mark “not met”. If the program established a target of 75%, then, using this same example, “met” should be marked. Targets are pre-determined expected performance and are established using some standard for comparison such as a benchmark (a comparative “best”), or a baseline measure of past performance (last year’s outcomes). Sometimes targets are mandated as in pay-for-performance.

In the space provided, explain how you will address any behavior change categories “not met”.

Post-intermediate or long-term health outcome

Using the drop-down menu, select the appropriate measure. If “Other” is selected, write this in the space provided.

Briefly describe why this measure was chosen and how it was analyzed.

CQI project and performance improvement plan

Describe a CQI project that was implemented within the past accreditation cycle or submit a report that describes it. Describe current improvement plans or submit a program review and planning report that identifies current program improvement plans.