2017	2022
Standard 1 – Internal Structure ~~1. **Clearly documented** organizational structure including names and titles.~~ ~~2. Documentation of DSMES services' mission statement and programmatic goals~~ 3. Letter of support from sponsoring organization/owner ~~Standard 2 – Stakeholder Input~~ ~~4. Evidence of a documented process for seeking input outside of the DSMES services and a list of identified stakeholders and their roles~~ ~~5. Evidence of ***outreach*** to and ***feedback*** from community stakeholders is required with initial application and every year and available for review as requested~~	Standard 1 – Support for DSMES Services ☐ **Letter of support** from sponsor organization dated within 6 months of initial and/or renewal application. **OR** 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 3 – Evaluation of Population Served	Standard 2 – Population and Service Assessment
6. Documentation of community demographics for the area where DSMES services are provided 7. Documentation of allocated resources to meet population specific needs 8. Documentation of actions taken to overcome access- related problems	☐ Description of the diabetes related demographics and additional considerations including SDOH and other barriers that impact the **target population**.
~~Standard 8 – Ongoing Support~~ ~~22. Fully de-identified DSMES chart must also include documentation of~~ ongoing self- management support options specific to the community where the DSMES services are delivered~~, with participant preferences noted~~	

Standard 4 – Quality Coordinator Overseeing DSMES Services	Standard 3 – DSMES Team
9. Evidence of quality coordinator's resume and/or CV 10. Documentation that the quality coordinator provides oversight of DSMES services including: 11. Documentation that the Quality Coordinator obtained a minimum of 15 hours of CE credits within 12 months prior to accreditation and annually throughout the accreditation 4- year cycle OR maintain current CDCES or BC-ADM certification. Standard 5 – DSMES Team ~~12. Documentation of mechanism to ensure participant needs that arise outside of the diabetes professional or paraprofessional's scope of practice and expertise are met~~ **Professional Team Members** **13.** Document that at least one of the team members is an RN, RDN or pharmacist with training and experience pertinent to DSMES, **OR** a member of a health care discipline that holds certification as a CDCES or BC-ADM 14. Evidence of current credentials for every professional team member including valid licensure, registration and/or certification	☐ Description of the **Quality Coordinator**'s role and responsibilities within and outside the DSMES team. **TEAM MEMBERS INVOLVED IN DIRECT DELIVERY OF DSMES:** ☐ Attestation that at least one of the DSMES team members is an RN, RDN or pharmacist with training and experience pertinent to DSMES **OR** holds certification as a CDCES or BC-ADM ☐ **Credentialed DSMES team members** provide current licensure, registration and/or certification. (RDN, RN, Pharmacist, CDCES, BC-ADM, etc) ☐ Evidence of at least 15 hours of **diabetes-related continuing education** each year for all DSMES team members OR evidence of current/unexpired CDCES or BC-ADM credential.

Evidence of at least 15 hours of diabetes-related continuing education annually for all professional team members **OR** evidence of current CDCES or BC-ADM credential. **Paraprofessional Team Members** 16. Evidence of previous experience or training, in diabetes, chronic disease, health and wellness, community health, community support, healthcare, and/or education methods either through a resume or certificate. 17. Evidence of at least 15 hours of diabetes-related continuing education annually specific to the role they serve within the team 18. Documentation that the diabetes paraprofessional directly reports to the quality coordinator (if a healthcare professional) or one of the professional DSMES team members	**Diabetes Community Care Coordinators (if applicable and involved in direct delivery of DSMES):** ☐ Attestation that the diabetes community care coordinator/s directly report/s to credentialed professional team member. ☐ Evidence that Diabetes Community Care Coordinator has the **training and/or experience** related to their specific role on the team.

Standard 6 – Curriculum	**Standard 4 – Delivery and Design of DSMES Services**
19. Documentation of an evidence-based curriculum that is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and cultural appropriateness (see Interpretive Guidance for core content areas).	☐ **Curriculum**: Evidence that Quality Coordinator and team has access to - and is familiar with - a published and up to date curriculum applicable to their target population. Attestation that QC and all team members have reviewed for content and application to current organizational practices. ☐ **Delivery and Design of DSMES Services**: Evidence that DSMES team reviews overall DSMES services offered to ensure content is current with practice and meeting the needs and preferences of the target population and reflects current evidence, practice guidelines and cultural appropriateness at least annually.

Standard 7 – Individualization	**Standard 5 – Person-centered DSMES**
20. Completely de-identified participant chart must include evidence of ongoing DSMES planning based on collaboratively identified participant needs and behavioral goal setting (see standard 9 for documentation of follow up on goal progress). 21. Evidence that assessment includes health status, psychosocial adjustment, learning level and lifestyle practices in order to prepare the education plan Standard 9 – Participant Progress 23. De-identified participant chart must also show evidence of: a. Follow up of at least one behavioral goal with measured achievement documented in the individual participant chart. b. Evidence of at least one clinical outcome measure to evaluate the effectiveness of the educational intervention documented in the individual participant chart. c. Communication back to the referring provider including the education provided and the participant outcomes.	☐ Description of how the **assessment process** is administered and informs a collaborative person-centered plan for the DSMES intervention. Include how the participant is involved throughout the DSMES plan and overall intervention. ☐ Provide evidence of at least **one DSMES intervention** within the last 12 months as documented in the medical record. Before submission it must be completely de-identified of all PHI and include the following components: ✓ DSMES Assessment ✓ DSMES Plan ✓ Each DSMES Visit including date/time and topic areas covered with plan for follow up ✓ Behavior Goal (ADCES7) and progress ✓ Outcomes of intervention communicated to referring physician/qualified healthcare professional

Standard 10 – Quality Improvement	**Standard 6 – Measuring and Demonstrating Outcomes of DSMES Services**
25. Evidence of a procedure for combining data to use for analysis of clinical, behavioral and process outcomes of the overall DSMES services 26~~. Documentation of a CQI project measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data and is reviewed and reported annually~~	☐ ***Initial applicants*** will provide a plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report.