AADE DEAP Initial Application Supporting Documentation Checklist

**Standard 1:**
- Clearly documented organizational structure
- Mission statement, program goals
- Letter of support from leadership (date)

**Standard 2:**
- Evidence of a documented process for seeking outside input and includes a list of identified stakeholders
- The program’s outreach to community stakeholders and the input from these stakeholders must be documented annually and available for review as requested.

**Standard 3:**
- Documentation of community demographics for the area where DSMES services are provided
- Documented allocation of resources to meet population specific needs
- Documentation of actions taken to overcome access-related problems

**Standard 4:**
- Evidence of coordinator’s resume and/or CV
- Evidence of documentation that the quality coordinator provides oversight of DSMES services (see interpretive guidance)
- 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 CDE or BC-ADM certification.

**Standard 5:**
- Professional Team Members:
  - Documentation explaining a mechanism for ensuring participant needs are met if needs are outside of the diabetes professional or paraprofessional's scope of practice and expertise
  - Document that at least one of the team members is an RN, RD or pharmacist with training and experience pertinent to DSMES, OR a member of a health care discipline that holds certification as a CDE or BC-ADM
  - Evidence of current credentials for every professional team member including valid licensure, registration and/or certification
  - Evidence of at least 15 hours of diabetes-related continuing education annually for all professional team members OR evidence of current CDE or BC-ADM credential.

- Paraprofessional Team Members:
  - Must demonstrate 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.
  - Evidence of at least 15 hours of diabetes-related continuing education annually specific to the role they serve within the team
  - Documentation that the diabetes paraprofessional directly reports to the quality coordinator (if a healthcare professional) or one of the professional DSMES team members

**Standard 6:**
- 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)

**Standard 7:**
- Completely de-identified patient chart must include evidence of ongoing education planning and behavioral goal setting with follow up, based on collaboratively identified participant needs
- Evidence that assessment is performed in order to prepare the education plan (see interpretive guidance for areas that must be assessed)

**Standard 8:**
- De-identified 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 9:**
- De-identified chart must also show evidence of:
  - At least one SMART behavioral goal with follow up and measured achievement
  - At least one clinical outcome measure to evaluate the effectiveness of the educational intervention
- For all Medicare Providers, there must be communication back to the referring provider including the education provided, and the participant outcomes

**Standard 10:**
- Evidence of a procedure for collecting aggregate data to use for analysis of clinical, behavioral and process outcomes
- 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