

STANDARD 7 INDIVIDUALIZATION

This is an outline of the components to include in your application and binder for Standard 7.

1. A policy and/or description of your education process including answers to the following:
 - a. what is your structure? If I am new to your program, what will my experience look like?
 - i. Structure is not rigid; it needs to be flexible enough to meet individual learning needs. Class times and frequencies should be accessible without long wait times and should match what works best for your target population. Medicare defines a group as 2-20 participants. Groups can be a mix of Medicare beneficiaries and non-Medicare participants.
 - b. How will you make your sessions interactive?
 - c. What is your definition of completion of your program? This will determine which participants' outcome data are reported on your annual status report each year.
 - d. Will you offer services at sites other than just the main site?
2. You will need to submit a recent completely de-identified chart with evidence of ongoing education planning, behavioral goal setting and follow up, based on collaboratively identified participant needs
 - a. De-identified means removing name, address, phone numbers, email addresses, medical record numbers, account numbers, dates of birth, and any other information that could lead to identification of the participant (protected health information or PHI)
 - b. Once the chart has been de-identified, have a different person review to see if any identifiable information has been missed. Hold it up to light to check that what you used was effective and information is not visible through the markings.
 - i. The most common place to miss PHI is on lab reports, physician notes, hand written notes to the provider using the patient's name, fax signatures
3. The chart must include a referral order if you are billing Medicare. The order must be dated either before or on the date of service, not after.
4. The chart must include documentation of an assessment in all the areas listed below. The assessment may be completed by the participant before the first visit, at the first visit, or during individual time prior to or at a group visit and is used to develop the education plan.
 - a. Health Status
 - i. Relevant medical and diabetes history
 - ii. Physical limitations
 - iii. Current health service or resource utilization (e.g. ER visits, hospitalizations for diabetes)
 - b. Psychosocial Adjustment
 - i. Emotional response to diabetes/diabetes distress
 - ii. Social support systems
 - iii. Readiness to Learn
 - iv. Financial means
 - c. Learning Level
 - i. Diabetes Knowledge
 - ii. Literacy and numeracy level
 - d. Lifestyle Practices
 - i. Cultural influences
 - ii. Health beliefs and attitudes
 - iii. Diabetes self-management skills and behaviors (AADE7 Self Care Behaviors)
5. The participant and team member collaboratively develop an individualized DSMES Education Plan based on the assessment, the participant's priorities and values,. No Participant is required to complete a set

DSMES structure. The plan should outline the content areas to be covered and number of sessions planned to attend.

- a. When helping a participant to set a plan and goals, use one of these communication methods:
 - i. Collaborative goal setting
 - ii. Action planning
 - iii. Motivational interviewing
 - iv. Shared decision-making
 - v. Cognitive behavioral therapy
 - vi. Problem-solving approach
 - vii. Self-efficacy enhancement
 - viii. Teach back method
 - ix. Relapse prevention strategies