

DIABETES SELF-MANAGEMENT TRAINING (DSMT) Readiness Review

Getting accredited and reimbursed for DSMT is a complex process and requires planning and forethought. This checklist is designed to help organizations determine their level of readiness as they plan for the necessary steps to achieve accreditation and reimbursement for their diabetes self-management education programs.

Readiness Review Criteria	Yes	No	N/A	Comments
A. Medicare Provider Criteria				
1. The organization is prepared to become a Medicare provider or has identified a partner willing to enter into a contractual agreement to serve as the Medicare provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Partner agrees to enter into a formal written agreement that defines how reimbursement will be used to cover program expenses and revenue over expenses (surplus).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If Partner is an FQHC, the organization understands the DSMT billing process for FQHCs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Branch sites and community sites are established and are acceptable sites for Medicare Partner to provide services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The organization that will serve as the Medicare provider has the capacity to bill and collect for services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Willing to accept liability for billing for DSMT services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has a current Medicare provider number (PTAN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has a National Provider Identifier (NPI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Establishes an intake process that includes insurance identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Establishes a billing process with roles and responsibilities identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Identifies a process to track and correct denied claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Ability to segregate and track receivables and provide ad-hoc reports on DSMT collections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Comments
3. Clinical staff provisions have been made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. The organization and partner(s), including the Medicare provider, agree on each organization's contribution to staffing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Cost of staffing for each organization is factored into the total cost of delivering the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Clinical supervision personnel are identified for each proposed location that DSMT will occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Medical Records/HIPAA have been discussed and planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Process is in place for documenting, storing, and securing protected health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Education records must adhere to HIPAA standards for protection of health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Records must be stored and made available for a minimum of ten (10) years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All staff and volunteers who handle protected health information receive HIPAA compliance training at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Accredited programs are prepared to respond to audits for accreditation and for billing verification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Break-even analysis has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Number of projected beneficiaries to receive DSMT services will meet program expense projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Responsibilities for consumer recruitment identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Accreditation Criteria				
1. Needs assessment conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Stakeholder group established (members and frequency of meetings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Comments
3. Staffing in place and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Position descriptions are in place for the quality coordinator and clinical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Clinical staff (RD/RN/RPH) have documented 15 CEUs of diabetes-related continuing education annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Quality coordinator has 15 CEUs in their professional field of licensure or 15 clock hours in their respective field if the program coordinator is not licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Lay leaders have 15 clock hours of continuation education documented annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Policy and procedure manual developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Test accreditation class offered and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Must have at least 1 complete de-identified chart to submit (recommendation to submit 3 de-identified charts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Insurance status of the initial test class participants are not relevant, but should be documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Participants must have a diabetes diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Caregivers can attend, but the beneficiary with diabetes must also be present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Licensed instructor (RN/RD/RPh) available during each group class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Class 0 provides an opportunity for lay leaders and licensed instructor to initiate/complete the intake assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Physician/Provider order obtained the day of or prior to Class 0.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Intake assessment includes completion of an individualized education plan and documentation of individualized education goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Individualized education plan must be reviewed and signed off by the licensed instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Telehealth: Due to the coronavirus pandemic, the telehealth rules have been temporarily expanded. Please visit CMS.gov and each individual payer's website for the latest information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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k. Licensed instructor must reassess consumers' progress towards meeting education goals at least one time during the six-week class sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Licensed instructor must document all diabetes self-management support materials provided during the series of classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Licensed instructor must complete a follow-up and support plan at the completion of the series of classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Program Management Requirements				
1. Quality Coordinator must maintain program personnel files and ensure that program staff meet their annual training requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Quality Coordinator must maintain the program staff job descriptions and ensure that any staff member participating in DSMT meets the qualifications of their respective position, as defined by their specific job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Coordinator is responsible for developing and implementing the program continuous quality improvement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Coordinator must submit results of the CQI data collection to the stakeholder group for review (at least annually).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer Name: _____ Date: _____

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