

DIABETES EDUCATION PROGRAM

Application for Program Approval and Medicaid Reimbursement

Thank you for your work on behalf of people with diabetes. For your program to be considered for Medicaid reimbursement, **your application must have all sections completed and include all supporting documentation.** Applications may be submitted to diabetes@doh.wa.gov with the subject line **DSMES Program Application and name of the organization.** You will be contacted if there are questions about your application. Please allow 4 weeks for processing. If your program is approved, you will receive written notification.

Below is a checklist of all items to be included with your application:

- Complete application*
- Copy of current license, registration, or certification of all certified teaching team members*
- Documentation of diabetes-specific continuing education hours
 - For Certified Diabetes Educators, documentation of current CDE status.
 - For all other credentialed teaching team members, documentation of at least 6 hours of diabetes-specific continuing education hours within the past 2 years. Documentation should include title of course, sponsor, and number of hours.
- Referral form (if used)
- Client needs assessment form
- Outline of program curriculum, including at least one educational objective for each of these topic areas:
 - What is Diabetes?
 - Nutrition
 - Exercise/Physical Activity
 - Prevention of Acute Complications
 - Prevention of Chronic Complications
 - Monitoring
 - Medications

*If your diabetes education program has Recognition from the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), or Indian Health Services (IHS), submit only Sections I – IV with supporting documentation (marked with an asterisk above) and a copy of the program's Recognition Certificate or letter from ADA, AADE, or IHS.

- Copy of program's Recognition Certificate or letter from ADA, AADE, or IHS

For questions, please contact Alexandro Pow Sang, Diabetes Consultant, at Alexandro.PowSang@doh.wa.gov or 360-236-3750.

Section I: Program

Program Name:		Affiliated Organization:	
Point of Contact Name:		Phone:	
Email:		Phone Extension:	

Section II: Program Site Locations

Provide information for **all locations** where your diabetes education program is offered. *Note: The NPI number may be the same for all of your program sites. Please use the NPI number associated with an affiliated clinic or hospital (not a staff NPI number).*

If you have additional program sites, please attach a document capturing the details below for the remaining sites to your application.

Site	Name	Street Address	City	Zip Code	Associated NPI #	Setting	Language(s)
Ex)	ABC Clinic	123 Main Street	Pleasantville	98888	9888888888	Hospital	Spanish, English
#1						Choose an item.	
#2						Choose an item.	
#3						Choose an item.	
#4						Choose an item.	
#5						Choose an item.	
#6						Choose an item.	
#7						Choose an item.	
#8						Choose an item.	
#9						Choose an item.	
#10						Choose an item.	
#11						Choose an item.	
#12						Choose an item.	
#13						Choose an item.	
#14						Choose an item.	
#15						Choose an item.	

Section III: Teaching Team

Certified Teaching Team:

Diabetes education will be provided by one or more instructors. At least one of the instructors must be a registered nurse (RN), dietitian (RD), pharmacist (RPh or PharmD), medical doctor (MD), or physician's assistant (PA).

Continuing education (CE) documentation must be submitted for all teaching team members who hold a professional certification or license. Current Certified Diabetes Educators (CDE) should **submit only documentation of their CDE status** (no continuing education documentation needed). Any certified teaching team members who are not CDE's must **attach documentation of at least six hours of diabetes-specific continuing education obtained within the last two years.**

Name	Credential(s)*	Hours of CE** <i>(please attach CE documentation)</i>	Program Site Location(s) <i>(refer to Section II)</i>
<i>Ex) Jane Smith</i>	<i>Ex) RD, RN, CDE</i>	<i>Ex) 10 hours</i>	<i>Ex) Sites #1 and 2</i>

*Copy of current license, registration, or certification required

**Documentation of continuing education hours required (include title of course, sponsor, and number of hours). CDE's will submit documentation of CDE status instead.

Non-Certified Teaching Team:

Please list all non-certified teaching team members (i.e., community health worker, health educator, community health representative, patient navigator, etc.).

Name	Job Title	Program Site Location(s)
<i>Ex) Joe Brown</i>	<i>Ex) Community Health Worker</i>	<i>Ex) Site #5</i>

If you have additional certified or non-certified teaching team members, please attach a document capturing the details above for the remaining team members to your application.

Section IV: Medical Advisor

A Medical Advisor is the identified Primary Health Care Provider (e.g., MD, PA-C, ARNP) responsible for overseeing your diabetes education program. Your program may have one or multiple Medical Advisors depending on the size of your organization, please include the information below for all of your Medical Advisors.

Name	Credential(s)	Program Site Location(s)

If you have additional Medical Advisors, please attach a document capturing the details above for the remaining Medical Advisors to your application.

Section V: Supplemental Information

Please provide the following information about your program.

*If your diabetes education program has Recognition from the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), or Indian Health Services (IHS), this section **does not** need to be completed. Instead, please submit a copy of the program's Recognition Certificate or letter from ADA, AADE, or IHS.*

1. Referral Process:

Describe the referral process into your diabetes education program. If you use a referral form, please attach it with your application.

2. Curriculum:

Please attach an outline of your curriculum to the application. The outline should include at least one objective for each of the seven topic areas listed below:

- What is diabetes?
- Nutrition
- Exercise/physical activity
- Prevention of acute complications
- Prevention of chronic complications
- Monitoring
- Medications

3. Assessment:

Please attach your client needs assessment form to the application.

Date of Submission: