

**Michigan Department of Health & Human Services  
Division of Chronic Disease and Injury Control  
Diabetes and Other Chronic Diseases Section**

**DSMT Certification/Recertification Program Policy**

**Policy:**

The Diabetes Self-Management Training Certification Program of MDHHS certifies Diabetes Self-Management Training programs (DSMTP) in accordance with Medical Services Administration (MSA) Hospital Policy. The National Standards for Diabetes Self-Management Education and Support are utilized for this process in conjunction with the supplemental requirements indicated below. National certification requirements and review criteria, as outlined by both the American Association of Diabetes Educators Accreditation Program (DEAP) and the American Diabetes Association Education Recognition Program (ERP), are considered in the process.

**Procedure:**

If the Program Coordinator is not a CDE or BC-ADM, he/she must have an annual average of 15 hours of approved continuing education (see Standard 4 review criteria).

1. An annual report describing the annual review and planning process and an annual statistical report must be submitted.
2. A physician referral (MD/DO, DPM, DDS) is required for all Medicaid participants.
3. The participant assessment must include influenza and pneumococcal vaccination status and the curriculum must include content on influenza and pneumococcal vaccinations.
4. Program changes (listed below) must be reported **within 30 days** on the Change Form.
  - **Change in program coordinator**
  - **Change in address, phone or e-mail of program**
  - **Addition of satellite sites**
  - **Addition of specialized educational components**
  - **Significant changes in structure of sponsoring organization**

Programs will be certified for a 4 year period of time, after which they may request recertification. Certified programs will be accountable for continuous implementation of the National Standards and will implement any revisions in the National Standards or other requirements for certification within 1 year from publication date. **Failure to do so may result in loss of certification.** The review process for initial certification consists of an evidenced-based evaluation of implementation of the National Standards and includes a program site visit.

**Episodic site visits:** Episodic site visits to certified programs will be made for the following reasons:

- Annually, ten percent of the certified programs will be randomly selected for an audit site visit. Random site visits will not be made more frequently than every 4 years. Program coordinators will be notified no less than 4 weeks prior to a randomly selected site visit. If a program has a national certifying body site visit within the same 4 year certification period, it will be exempt

from the State's random selection process for the remainder of the 4 year certification period if the MDHHS Certification Program is notified. ADA-Recognized and AADE-Accredited programs will be responsible for notifying MDHHS if they have an on-site audit so their name can be removed from the State's selection process. *Site visit review forms are revised to be current with MDHHS National Standards review criteria and are available to program coordinators upon request.*

- Significant program changes, including addition of new education components (e.g. specialized population such as pediatrics or gestational; pump training), significant staffing changes (e.g. program coordinator without previous DSMTP experience) or a major reorganization of the hospital or health system.

- Requests for consultation and/or technical assistance.

- Identified need by MDHHS to evaluate continued implementation of National Standards.

NOTE: Refusal of a site visit may result in immediate loss of certification.

**There are two types of certification: Individual agency and group certification. For group certification the following applies:**

Health Systems that have or intend to have more than one hospital with a certified DSMTP may request that the health system DSMTP certification process be conducted under a group application. Under a group application, individual hospital DSMTP programs in the group will have the same certification date. As appropriate, the responsible administrator of the applicant health system and the system-wide DSMTP coordinators must sign the group application. Further, under the group DSMTP application, a statement of assurance (see Health System Group Certification Application) will need to be signed by the administrator of each DSMTP site hospital in the health system, indicating that he/she has on-site responsibility for the DSMTP and that he/she is in agreement with the provisions of the group application as proposed by the health system. Although the hospital programs will be collectively certified and may have many common program policies and operations, DSMTP programs within a system will be required to provide individualized responses as outlined below in order to fully meet existing requirements.

#### **Special Note on Health System Group Applications and Medicaid Reimbursement:**

The Medicaid reimbursement system utilizes provider numbers to designate enrollees. These numbers are specific and unique to an entity. Hospitals that are certified as a group within a health system, but remain an independent entity relative to billing and reimbursement, will continue to use their unique National Provider Identifier (NPI) or Medicaid provider numbers to ensure appropriate reimbursement from Medicaid. Since Medicaid reimbursement is typically based on individual hospital provider numbers and not a system number, an appropriate level of individual hospital accountability for their DSMTP needs to be demonstrated.

#### **Requirements for Health System Group Application:**

The applicant health system may be responsible for the annual review and planning process for the individual DSMTPs in the system. However, the review and planning process should demonstrate evidence that the specific needs of the DSMTP in each hospital program have been considered. Further, evidence should be available to document stakeholders that reflect the catchment or service area of the individual DSMTPs (e.g., consumers and community representatives) have participated in a review and planning process. Additionally, if one or more of the individual programs has special populations,

individuals knowledgeable about those populations need to participate in the review and planning process.

### **Standard 1:**

A DSMTP Group Application must be signed by the system CEO or their designee (VP level), and by the system DSMTP Coordinator. Further, each participating hospital administrator will sign a participation assurance statement on the “Application for Certification – Group”.

The original Health System Group Application shall include organizational charts that depict the relationship of the DSMTP to the hospital and to the larger system.

### **Standards 2 and 3:**

A Health System Group Application may reflect system-wide goals, objectives and outcomes measures for all programs in the system. (However, as noted above, the review and planning process should reflect unique characteristics of the individual programs within the system.) For quality improvement and reporting purposes, several specific aspects need to be individually reviewed for each DSMTP within the applicant health system. They include the following:

- Participant follow-up rates and access data; goals and/or objectives and outcome measures as they relate to the individual DSMTP
- Unique target population determination; participant population data and how it relates to the target population; adequacy of DSMTP resources
- Instructional methods (if related to a specific target population served by the DSMTP)
- Behavioral outcome tracking.

One annual program review and program plan report may be submitted for the group, but the individual DSMTP requirements for Standards 2 and 3 should be uniquely and explicitly identified in the report as separate programs.

The annual statistical report needs to identify the specific data for each separate program within the system (separate statistical reports are encouraged).

## **CERTIFICATION REVIEW PROCEDURE**

Eligibility for certification is determined -see MSA policy. Consultation meetings and site visit/s will be available and are preferable prior to the certification site visit. An application is submitted and a final site visit scheduled. Review process expectations are communicated (see “Review process” below).

Health System Group certification: Each program site within the system will be visited, but the site visits may be abbreviated for one or more of the sites (i.e. observation of a portion of a class session may not occur at each site). The review process for group certification will be structured to include review of an individual program’s documents and/or educational materials or to make observations at individual sites as necessary. ***The group certification process will generally occur over several days as opposed to the typical site visit duration of one day.***

Review process: The review process includes, but is not limited to, the following:  
-Review of documents and materials that provide evidence of implementation of the National Standards. This includes but is not limited to: budget, client clinical records, staff credentials,

policies/procedures; minutes from staff and advisory meetings; educational materials and resources; CQI records; and curriculum

-Observation of areas where teaching occurs

-Observation of class session/s

-Interview with program staff

-Determination of program strengths, identification of unmet requirements and areas for improvement

-Communication of above to program staff **and administrators as applicable** verbally during site visit and in a written review report.

***A written report will be sent to the facility within 5 to 10 business days specifying a date for program response to unmet requirements (generally a written response that may include submitting copies of revised documents, due between 4-6 weeks from the date of the visit). A formal response that addresses each of the unmet requirements is required, but "recommendations" do not require a response.***

-Determination that unmet requirements were adequately addressed within the specified period of time  
-Issue Certification Certificate, notifying MSA Provider Enrollment supervisor of newly certified programs via email memo. The certification date will be the date of the site review visit. ***Programs for which a group certification process was utilized will each be issued a certificate identifying them as part of a system.***

#### **RECERTIFICATION POLICY:**

Programs may apply for recertification every 4 years by completing and signing an application that confirms the program continues to maintain the certification requirements according to this policy.

- The signed application must be received by MDHHS prior to the certification expiration date.
- Efforts will be made to align the state certification period with the DSMT's national certification time period.

Loss of certification: A primary function of the Diabetes Prevention and Control Program (DPCP) is the provision of technical assistance and consultation. Certification program staff is available to provide consultation and technical assistance regarding implementation of the National Standards and meeting MDHHS review criteria. In the event that a MDHHS program reviewer determines that a standard is not met during any site visit, (see also "Annual Report" policy and procedure) assistance will be provided for eliminating the deficiency within a reasonable time frame. If in the judgment of the reviewer a requirement is not met within the specified time period, the DSMT Certification Program Coordinator will review the program's status and consult with the Diabetes and Other Chronic Diseases Section Manager regarding de-certification. Programs that do not eliminate identified deficiencies will lose certification status. (See "Appeals Process").

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Approved by: Richard Wimberley  
Manager, Diabetes and Other Chronic Diseases Section

Date: