



# MNT and DSMES: Meeting People Where They Are

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# Objectives

Understand what DSMES is and the purpose

Understand the basis of DSMES: the National Standards for Diabetes Self-Management Education and Support

Identify key differences between nutrition education as part of DSMES and MNT

Understand the ADCES Interpretive Guidance for DSMES Accreditation

Gain an understanding of the ever-changing landscape in DSMES and Telehealth as a result of Covid-19

wait....what happened to AADE?

# We Are Now **ADCES**

Creating value for members,  
people with diabetes and  
the entire care team.



# What is DSMES?

Diabetes self-management education and support is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.

# 2017 National Standards for DSMES

The Standards define timely, evidence-based, quality DSMES services that meet or exceed the Medicare diabetes self-management training (DSMT) regulations

The Standards are designed to define quality DSMES and assist those who provide DSMES services

Provide evidence for all diabetes self-management education providers, including those that do not plan to seek reimbursement for DSMES

Updated every 5 years by interdisciplinary writing team of subject matter experts to implement evidence-based DSMES.

## 2017 National Standards for Diabetes Self-Management Education and Support

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national  
standards

# A Critical Element of care for people with diabetes

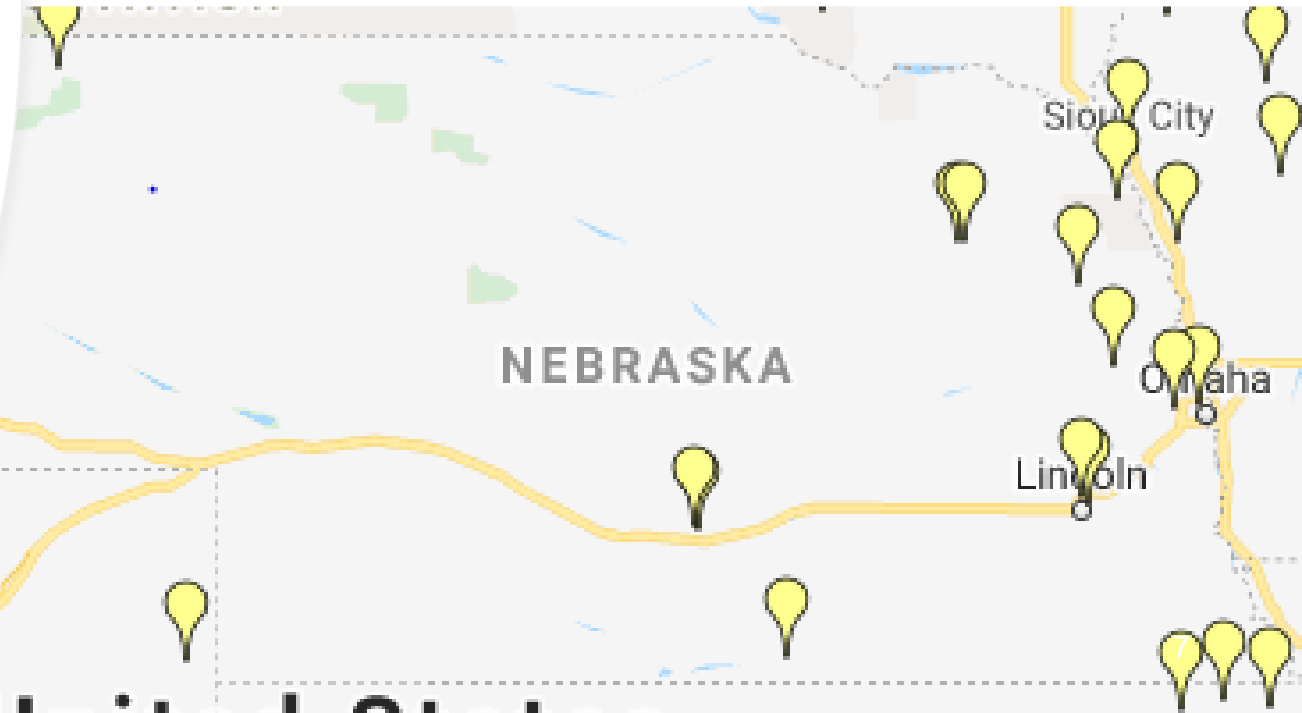
- ✓ Improved clinical outcomes and quality of life
- ✓ Reducing hospitalizations and health care costs.
- ✓ Improves A1C by up to 1.1%, as much as many medications, with no side effects.
- ✓ A person with diabetes spends an average of 80 minutes with their primary care provider each year. That leaves 525, 620 minutes of self care.
- ✓ Focused on helping PWD develop problem-solving skills and attain ongoing decision-making support necessary to self-manage diabetes.
- ✓ **Must be individualized**
- ✓ Guided by the concerns, preferences, and needs of the person with diabetes.



# People with diabetes (PWD) need you!

- DSMES Benefits for people with diabetes:
  - Improves quality of Life
  - Reduces risk of complications
  - Reduces worsening of existing complications
  - Improves engagement in healthy behaviors such as physical activity
  - Enhances self efficacy and empowerment
  - Reduces diabetes distress
- Currently only 6.8% of people with diabetes who have private insurance receive this critical service
- Only 5% of Medicare beneficiaries with diabetes receive DSMES within the first year of diagnosis.

## DSMES IN NEBRASKA:



# Why Accreditation?

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- Demonstrate highest quality DSMES services!
- Increase reimbursement: “G-Codes”
- ADCES Support: It take a village we’re here to help!
  - FREE webinars for DEAP Quality Coordinators to help you meet and exceed the national standards
  - Access to DEAP team of experts in DSMES Accreditation
  - Stay up to date on the latest evidence and support for DSMES
  - Access to ADCES Reimbursement Expert
  - And more
- ADCES Quality Coordinator Network: A resource community of diabetes care and education specialists
  - Sharing of best practices and practical tools
  - Sharing of templates and resources
  - Troubleshooting common issues

# Dietitians are excellent quality coordinators!



- We have the relevant training in all areas of DSMES!
- We have the skills!
  - Organizational & Business minded
  - Evidence based foundation
  - Attention to detail and integrity of data
- We can sponsor billing with our own NPI#
- We have the expertise to answer the #1 questions from people with diabetes and integrate all aspects of care with daily living/individual experiences:
  - What should I be eating?
  - How often should I eat?
  - How do my medications interact with food choices and daily lifestyle?
  - How do I combine food and activity
  - Coping with family and judgement around food choices

# Where to begin?

**Read the National Standards for DSMES, at least twice**

**Read and know ADCES Interpretive Guidance**

- ✓ Checklists are there to help you check off areas that you are currently meeting.
- ✓ Consider the documentation that you have right now-start gathering.
- ✓ How long will it take to gather additional documentation for deficiencies?
  - Admin: 10-90 days
  - Participant DSMES Record: up to 6 months
- ✓ Assess your facility's resources
  - Are you seeing people with diabetes in your facility?
  - Do you have support from leadership to begin the process?
  - Do you have adequate staff to support DSMES?
  - Do you have space for group classes and/or 1:1 visits?
  - Are you set up to bill for the services?



# ADCES Interpretive Guidance

- How to operationalize the National Standards
- Actionable steps
- Structure for meeting the 10 standards
- Defined documentation requirements
- Checklist for self assessment of program
- Additional tools & resources from DEAP



## 2017 National Standards for Diabetes Self-Management Education and Support

### INTERPRETIVE GUIDANCE

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p><b>Standard 1: Internal Structure</b></p> <p><i>The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated within the organization – large, small, or independently operated.</i></p>	<p>Documentation of a defined structure, mission, and goals supports effective provision of DSMES. Mission defines the core purpose of the organization and assists in developing professional practice and services. Business literature, case studies, and reports of successful organizations emphasize the importance of clearly shared missions, goals, and defined relationships.</p> <p>Providers of DSMES working within a larger organization will have the organization document recognition of and support of quality DSMES as an integral component to their mission.</p> <p>For smaller or independent providers of DSMES, they will identify and document their own appropriate mission, goals, and structure to fit the function in the community they serve.</p>	<p><i>Standard one relates to your service's formalized internal structure.</i></p> <p>ORGANIZATION CHART – illustrating where the DSMES services fit into the greater organization and clear channels of communication to the service from sponsorship, including all DSMES team members.</p> <p>The MISSION STATEMENT is a brief description of the program's fundamental purpose. It answers the question, "Why do we exist?" This statement broadly describes the service's present capabilities, customer focus, and activities. The GOALS identify the intended activities needed to accomplish the mission.</p> <p>LETTER OF SUPPORT – program must submit with application. Support must come from administrative level to which the program reports. If your program is small and you are the sponsoring organization or <u>owner</u> please write a statement of support for the DSMES service demonstrating the program's commitment to the people with diabetes in your community. Examples of administrators from your sponsoring organization who could provide your letter of support are CEO, President, Director, Clinical Manager, Quality Manager or Director, Owner, Supervisor, etc.</p>	<p>1. Clearly Documented organizational structure</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Documentation of mission statement and program goals</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Letter of support from sponsoring organization/owner</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

# Resources to consider:

- Credentialed Professional Instructor: Minimum of 1 dietitian, nurse, pharmacist typically.
  - Responsible for working with each participant to develop a collaborative DSMES Plan based on comprehensive DSMES assessment.
- Quality Coordinator overseeing DSMES and responsible ADCES reporting and communications about accreditation.
  - Must be responsive to email communication.
  - Must have the skills, experience and training identified in ADCES Interpretive Guidance
- Other Needs: Participant check in/out, Scheduling, Billing, electronic health record/EHR, IT support, etc
- Space: Sufficient for potential increase in visits if in shared space; privacy for 1:1, options for different sized groups as needed.

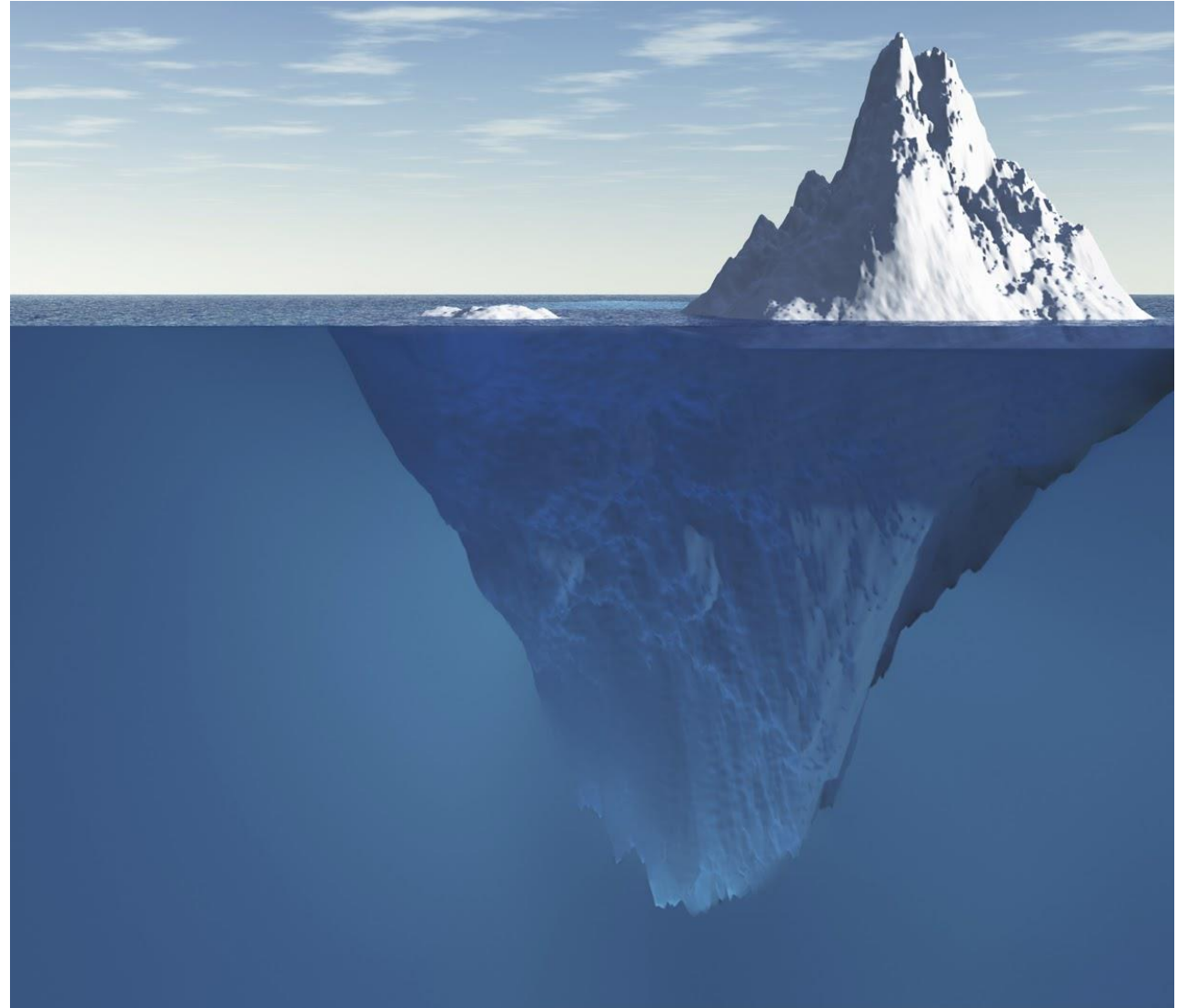
# DSMES Nutrition Education versus MNT

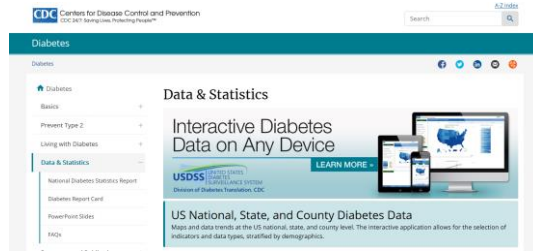
## **DSMES Nutrition Education (G0108, G0109)**

- Reinforcement of basic or essential nutrition-related knowledge.

## **MNT Medical Nutrition Therapy (97802, 97803, 97804, G0270)**

- "Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional..." (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.





# Consider your target population and potential barriers to participation

Who will come to your sessions and how many people do you anticipate coming?

- What towns will they come from?
- How will they get to you?
- Do they work during the day and require evening sessions and other timing considerations?
  - If they do, can you accommodate?
  - If you can't, do you have options or resources to provide?
- Are they taking public transportation and is there access to your facility?
- How far do they have to walk from their transportation to the session and is it safe?
- What languages are most common? What if they don't speak English?
- Do you have resources to accommodate vision or hearing loss?
- Do you have accommodations for wheelchairs and other medical they may bring?
- Are you assessing literacy and numeracy to meet their needs?

You may not have solutions to all barriers, but be aware of them and prioritize.



# Gather Support!



Who will be a champion for your program?

- Share contacts for referral sources
- Promote your program through their own resources and community connections
- Advocate for your program
- Ability to link you with resources your program may need more guidance on

Who will write a letter of support for your program?

Where will you find stakeholders?

- Referral champions
- Billing specialist
- Community Organizations
- Local religious leaders
- People with diabetes from the community—past participants of your program..

# Curriculum... what's a curriculum?

**Evidence-based** foundation that covers key content areas

Guides content and instruction methods

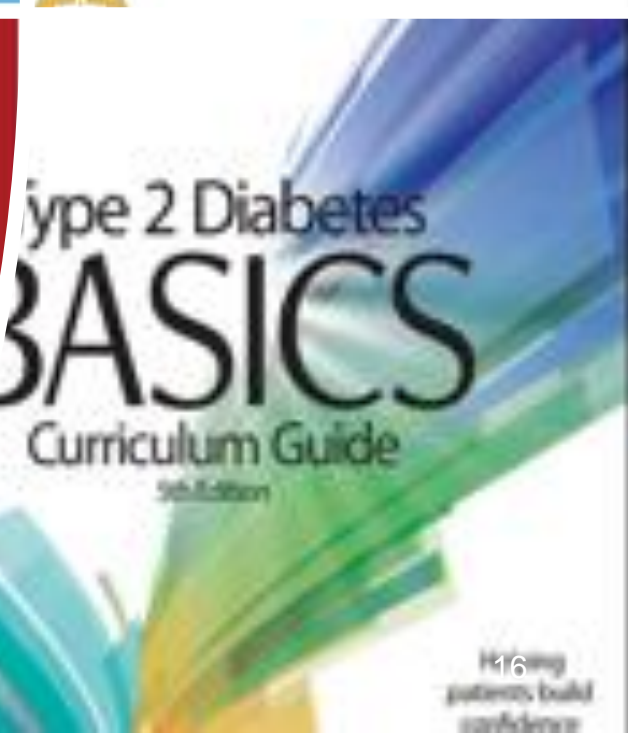
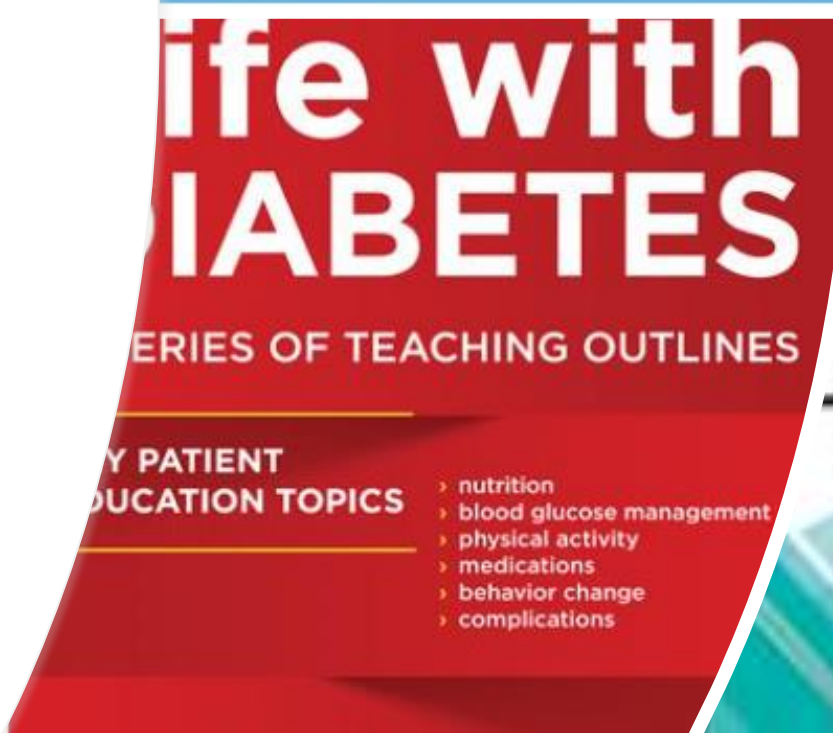
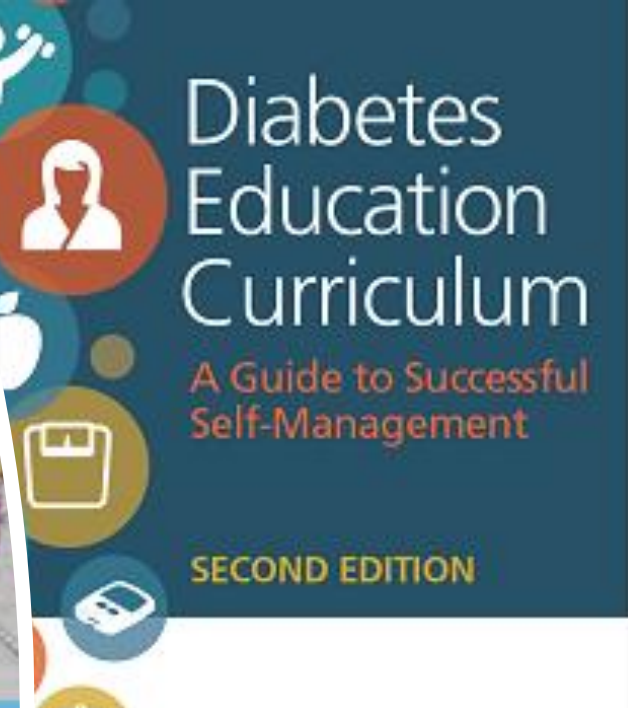
Backbone of individualized education plan based on participant's concerns and needs.

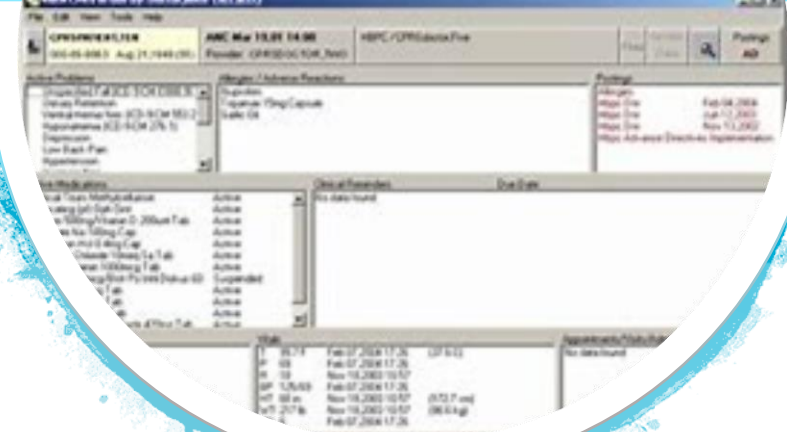
Published curricula are well done and often meet your needs:

- AADE Diabetes Education Curriculum
- Life with Diabetes
- The Conversation Maps
- Type 2 Basics

**What curriculum is NOT!**

- A series of educational handouts, booklets, etc.
- A powerpoint
- A required set and cadence of educational offerings

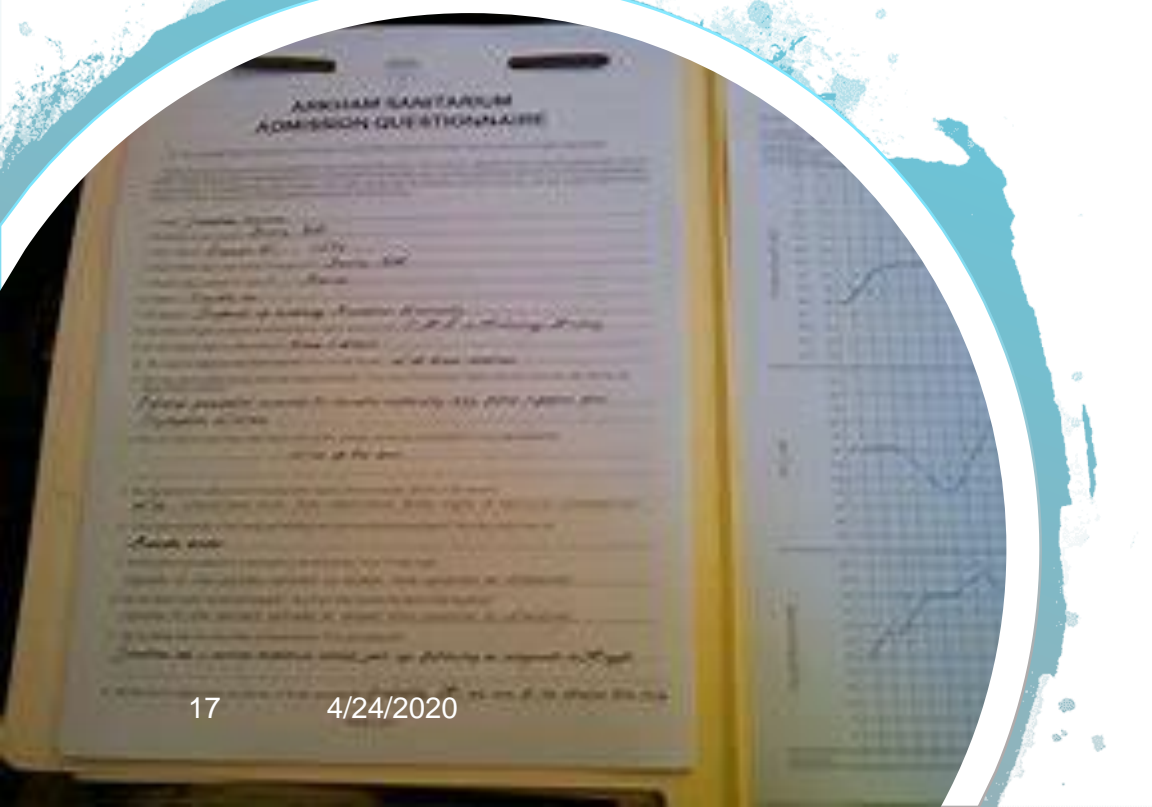




# Documentation

Must include for each participant:

- Comprehensive DSMES Assessment (all areas)
- DSMES plan developed collaboratively with participant
- DSMES topics covered in each session
- Self-selected goal (SMART goal) with follow up noted at subsequent visit
- Ongoing support resources provided and self-selected goal
- Minimum of one other clinical measure reviewed and noted such as A1C, Weight, Blood Pressure, Lipids, etc.
- Communication back to referring provider



# Comprehensive DSMES Assessment

## Health Status

- Relevant Medical and Diabetes History
- Physical Limitations
- Current health service or resource utilization

## Psychosocial Adjustment

- Emotional response to diabetes/diabetes distress
- Social support systems
- Readiness to learn
- Financial means

## Learning Level

- Literacy and numeracy level

## Lifestyle Practices

- Cultural influences
- Health beliefs and attitudes
- Diabetes self-management skills and behaviors



## Documentation Examples: Keep it simple

### DSMES plan

- Based on 1/5/20 DSMES assessment, *Mr. Squirrel* will attend *GROUP DSMES* sessions beginning on 1/10/20 covering the following areas:
  - Healthy Eating
  - Taking Medication
  - Problem Solving
  - Reducing Risks
  - Healthy Coping
  - Being Active
  - Monitoring

### Behavior goal

- 1/10/20: *Mr. Squirrel* set a goal to reduce nut intake to  $\frac{1}{2}$  cup per day for the next two weeks
- 1/24/20: *Mr. Squirrel* reports that he met this goal most of the time over the last two weeks

### Ongoing support

- *Mr. Squirrel* chose *Treetops Diabetes Support Group* for his ongoing support options

# One minute stretch break!



# Ongoing Support

- Internal or external group meetings (connection to community and peer groups online or locally)
- Ongoing medication management
- Continuing education
- Resources to support behavior change goal
- Physical activity programs, weight loss support, smoking cessation and psychological support, among others.
- Peer support using social networking sites improves glucose management, especially in people with Type 2 diabetes.
- It may be useful to highlight the benefits and accessibility of online diabetes communities as a resource to help participants learn from others living with the condition, facing similar issues, and is available 24 hours a day, 7 days a week.



## Latest Episodes

The Huddle: Conversations with the Diabetes Care Team | EP27  
**Virtual Support Groups: Building Community & Online Support for DS**

The Huddle  
Conversations with the diabetes care team

00:00

TX

A podcast player interface showing the title 'The Huddle: Conversations with the Diabetes Care Team | EP27' and the episode title 'Virtual Support Groups: Building Community & Online Support for DS'. The player includes a play button, a progress bar at 00:00, and a transcript icon labeled 'TX'.

# CQI Project-keep it simple


- 2 Aggregate Outcomes: AADE7 SMART Goal & One Other
- What do you need to do to ensure the success of your program?
- Do consider areas identified in the self assessment areas discussed throughout this presentation
  - Do you need more referrals?
  - Do you more staff?
  - Do you need a better way to collect reportable data?
- But, also consider data that will help promote the effectiveness of your program:
  - Diabetes Distress scale
  - A1C change
  - Specific focus areas in behavior goals
  - Participant satisfaction





## Steps for Accredited Service to bill for services

- Must be a Medicare provider, providing and billing Medicare for other reimbursable service before they can bill for DSMT (DSMES)
- DSMT (Medicare term for DSMES) must be accredited by AADE or recognized by ADA
- QC must inform MAC once accredited and submit a copy of certificate to MAC
- Accreditation is for 4 years and ends on last day of cycle
  - In order to avoid a lapse in reimbursement coverage, it's important to submit renewal application at least 30 days prior to end of Accreditation.



## Individual Medicare providers:

Who can sponsor with NPI# to bill on behalf of program

- Registered Dietitians and Nutrition Professionals
- Physicians (MDs, DOs)
- PAs
- Nurse Practitioners
- Clinical Nurse Specialists
- Clinical Psychologists
- Licensed Clinical Social Workers

# Entity Medicare providers (different billing methods apply):

Hospitals

Critical Access Hospitals

Private Practices:

Physician Practices

Nurse Practitioner Practices

Registered Dietitian Practices

Federally Qualified Health Centers

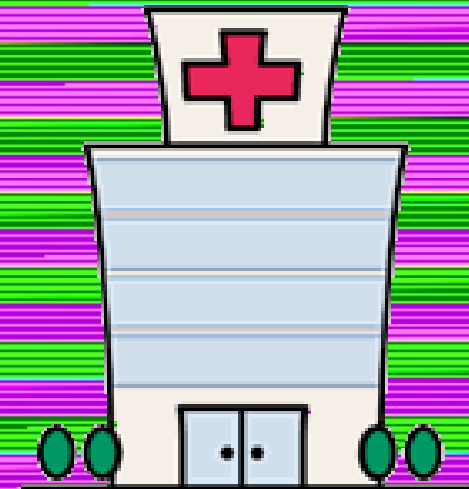
Skilled Nursing Facility

Home Health Agency

Rural Health Clinic

Pharmacies

Durable Medical Equipment Companies



# Branch & Community Sites: Where you provide DSMES

- 1 Main Site: 1 Quality Coordinator
- Community sites:
  - No cost for site
  - Hospital DSMES services can only add hospital owned locations
  - SAME: Certificate, NPI#, Curriculum, Charting process, staff from main and branch sites deliver DSMES, not listed on AADE DEAP web Map.
  - Included in main CQI and Stats
- Branch sites:
  - \$100 per site
  - Hospital DSMES services can only add hospital owned locations
  - Can be DIFFERENT from main site: Curriculum, charting, staff, cqi, outcome goals
  - Can use different curriculum, charting, staff.
  - Can do different CQI and stats or be included in Main
  - Own certificate, can use different NPI#
  - Listed on AADE DEAP Map



# Telehealth:

## BEFORE COVID-19:

Medicare beneficiaries must live in a rural area and travel to a local medical facility to get telehealth services from a provider in a remote location.

People could not get telehealth services in their home.

Smart phones with audio/video were not allowed

## 1135 WAIVER:

All Medicare beneficiaries can get telehealth services by any health care provider including a physician's office, hospital, nursing home or rural health clinic, **as well as from their homes.**



# Telehealth Distant site practitioners

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs) CPs and CSWs
- Registered dietitians or nutrition professional



For Medicare Part B coverage of MNT, only a registered dietitian or nutrition professional may provide the services.

Registered dietitian or nutrition professional” means a dietitian or nutritionist licensed or certified in a State as of December 21, 2000



or an individual whom, on or after December 22, 2000:

Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as accredited by an appropriate national accreditation organization recognized for this purpose;

Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional; and

Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of the first two bullets of this section.

# Telehealth for DSMES in the FQHC and RHC: CARES Act update on 4/21/20

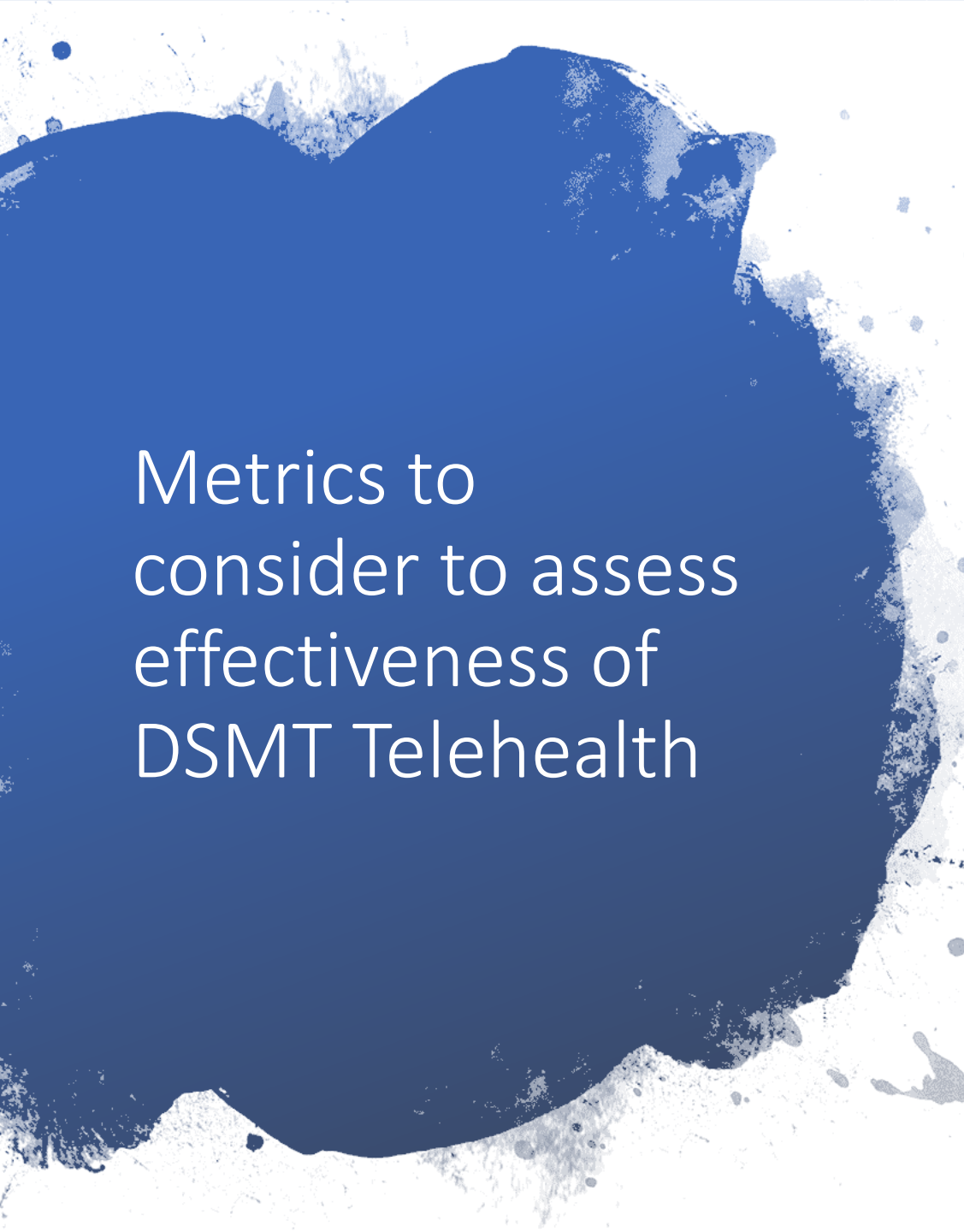
The CARES Act passed by Congress in late March authorizes FQHCs and RHCs to provide services via telehealth during the COVID-19 public health emergency (PHE). On April 17, CMS issued specific telehealth billing and programmatic guidance for FQHCs and RHCs.

Under normal circumstances, accredited/recognized DSMT programs in FQHC's are reimbursed for one-on-one DSMT visits using code G0108. This service is now able to be provided via telehealth during the PHE.

- Services can be provided by any health care practitioner working for the RHC or the FQHC within their scope of practice
- Practitioners can furnish telehealth services from any location, including their home, during the time that they are working for the RHC or FQHC, and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule (PFS). (G0108, is on the PFS).
- For telehealth services furnished between January 27, 2020, and June 30, 2020, RHCs and FQHCs must put Modifier "95" (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on the claim.
- For telehealth services furnished between July 1, 2020, and the end of the COVID-19 PHE, RHCs and FQHCs will use an RHC/FQHC specific G code, G2025, to identify services that were furnished via telehealth. RHC and FQHC claims with the new G code will be paid at the \$92 rate.

# Covid-19 Telehealth Billing

- Medicare telehealth services are generally billed as if the service had been furnished in-person
  - DSMT would still be billed under the Program NPI# that matches the name on DEAP Certificate
  - CPT Codes G0108 for individual; G0109 for group.
- Prior to March 30, 2020, CMS advised the use of the Place of Service (POS) 02 modifier.
- **As of March 30**, CMS is now asking providers to report the POS code that would have been reported had the services been provided in person.
  - For example, you may use the **POS 11 modifier** to indicate *a service that would have been provided in an office.*
  - CMS has also directed providers to **report the 95 modifier** *for services reported via telehealth.*
  - The POS code 02 code is not incorrect, CMS has just added more specific guidance.
- Now use the appropriate POS modifier **and the 95 modifier.**



# Metrics to consider to assess effectiveness of DSMT Telehealth

**TUQ: Telemedicine Usability Scale:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985278/>

**DES: Diabetes Empowerment Scale-Short Form:**

[http://diabetesresearch.med.umich.edu/Tools\\_SurveyInstruments.php](http://diabetesresearch.med.umich.edu/Tools_SurveyInstruments.php)

**SDCA: Summary of Diabetes Self Care Activities Measure:**

<https://care.diabetesjournals.org/content/diacare/23/7/943.full.pdf>

These tools can be implemented with individuals before and after DSMT engagement to assess effectiveness of telehealth services.

# DSMT: Questions awaiting response from CMS-Waiver requests

1

Will Medicare allow **telehealth** to be provided per Standard 5 of the National standards for Diabetes Self-management Education and Support and include RNs and Pharmacists and other CDCES (CDEs)?

2

For calendar year 2020, we ask Medicare to waive the requirement that the initial 10 hours of DSMT training must be furnished within a continuous 12-month period.

3

We are asking that phone based (audio only) DSMT visits be allowed by all DSMT providers during this national emergency to meet the needs of those without access to secure audio/video communications.



# Recap

- ✓ Read the National Standards for DSMES....twice.
- ✓ Read ADCES Interpretive Guidance at least twice.
- ✓ Start checking off standards that are in place, and noting those that are not.
- ✓ Make a plan to implement missing standards.
- ✓ Implement.
- ✓ Complete at least one complete DSMES record to submit with application.
- ✓ Gather required documentation for all 10 standards.
- ✓ You're ready...it's time to apply!

[diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)/ready-to-apply-to-deap](https://diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap)/ready-to-apply-to-deap)

# Telehealth and Covid-19 Resources

- [diabeteseducator.org/Covid-19](https://diabeteseducator.org/Covid-19)
- [DiabetesEducator.org/Telehealth](https://DiabetesEducator.org/Telehealth)
- [Telehealth and DSMT: Answers to Commonly Asked Questions](#)
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>
- <https://www.cms.gov/medicare-coverage-database/indexes/contacts-alphabetical-ind ex.aspx>
- [eatrightpro.org/coronavirus-resources](https://eatrightpro.org/coronavirus-resources)





## In This Section

### Practice

➤ [Repositioning the Specialty & Association](#)

➤ [Practice Documents](#)

➤ **[Practice Tools](#)**

[Becoming a Diabetes Care and Education Specialist](#)

[BC-ADM® & CDCES Information](#)

[Career Center](#)

➤ [Diabetes Education Accreditation Program \(DEAP\)](#)

➤ [AADE 7 System®](#)

[Ask the Reimbursement Expert](#)

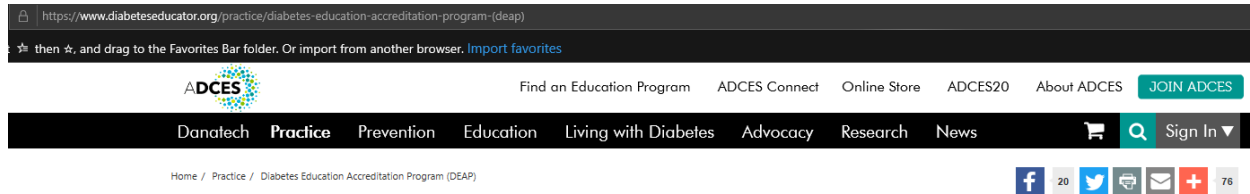


Utilizing virtual health platforms to connect with clients can greatly expand the reach of your practice and remove many of the traditional barriers to diabetes education and support. When considering a telehealth program for your practice, it's important to understand the many unique requirements and challenges that can arise. What technology will you utilize? How will you onboard clients? What will billing and reimbursement look like? ADCES has compiled a variety of resources to help you evaluate your needs when launching telehealth services.

# Additional ADCES Resources

## »»»» The Huddle: Conversations with the Diabetes Care Team

The Huddle is available on all major podcast platforms including [Apple Podcasts](#), [Google Podcasts](#), [Spotify](#) and [Stitcher](#). Listen to [previous episodes of The Huddle](#).



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- ▶ Repositioning the Specialty & Association
- ▶ Practice Documents
- ▶ Practice Tools
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- Career Center
- ▼ **Diabetes Education Accreditation Program (DEAP)**
- Interested in Learning More About DEAP
- Ready to Apply to DEAP
- Currently DEAP Accredited
- Map of Accredited Programs
- ▶ **AADE 7 System®**
- Ask the Reimbursement Expert

## ADCES Diabetes Education Accreditation Program (DEAP)

Whether you're trying to find out more about accreditation, you've done all the work and are ready to apply, or you have already been accredited and are looking for updates or resources, we have what you are looking for.

[DEAP Dashboard](#)

<h3>Get More Information</h3>  <p>You may have already been offering a form of diabetes education at your facility and are wondering about taking that next step.</p>	<h3>Ready to Apply</h3>  <p>Submitting your application for your program to become accredited is a major step and it's natural to have lots of questions.</p>	<h3>Currently Accredited</h3>  <p>Ensure you're in compliance with national standards, become familiar with reporting and the resources available to manage your program.</p>
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# NEW! AADE7 Self-Care Behavior® Tip Sheets

Healthy Coping 	Healthy Eating 	Being Active 	Taking Medications 
Monitoring 	Problem Solving 	Reducing Risks 	





Thank you!  
Questions?

[deap@adces.org](mailto:deap@adces.org)

[www.diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)](http://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap))