



## **ANNUAL STATUS REPORT INSTRUCTIONS**

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### **When is my Annual Status Report due?**

All Association of Diabetes Care & Education Specialists (ADCES) Diabetes Education Accreditation Program (DEAP) programs are required to submit an annual status report within 30 days before or after accreditation date. Your programs accreditation date is found on your DEAP certificate, and in the DEAP Dashboard. Accreditation is awarded for 4 years and expires on the date on your certificate. *Please note that your Annual Status Report must be submitted with or before your renewal application\*\**

*\*\*Do not let your certificate expire. Medicare will deny claims after the expiration date passes!*

### **How do I submit the Annual Status Report?**

Submit the Annual Status Report online via the DEAP Dashboard. Instructions on how to do so are found below.

### **How is my program's data used?**

DEAP data is used to support and advocate for DEAP programs and DSMES in general. DEAP provides subsets of aggregated data to CMS as a National Accrediting Organization (NAO) for DSMT Certification and to CDC.

### **What else is required for my annual status report (ASR)?**

- Continuous Quality Improvement (CQI) Project documentation.
  - The results of last year's CQI Project (review of plan, data and results).

The purpose of your CQI Project is to measure the impact and effectiveness of the DSMES services and identify areas of improvement by conducting a systematic evaluation of process and outcome data.

Three fundamental questions should be answered by the CQI Project:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that will result in improvement?

For more details and templates to guide you through the CQI process, please review more detail in our DEAP Interpretive Guidance regarding Standard 6 [here](#).

- Attestations listed on the ASR. You will be asked to attest by responding “**yes**” to confirm the following statements are true:
  - The quality coordinator has obtained the minimum **15 hours** of continuing education required
  - All instructors obtained the minimum **15 hours** of continuing education in the field of Diabetes
  - There have been no changes to our target population (YES, if no changes to your target population within last years; NO, if your target population has changed within last year)
  - Our DSMES has reviewed our delivery methods, content and format and updated as necessary
  - All instructors have maintained their license

### **What if I am unable to attest to some of the above?**

If you are unable to confirm one of the attestations, please email [deap@adces.org](mailto:deap@adces.org) and provide a timeline of when you are able to do so; you may be scheduled for a call with the DEAP director to discuss further. This could delay approval of your ASR. If you are at time of renewal this may also delay your renewal causing your program to expire and the potential for claims to be denied.

### **What data am I required to submit?**

The following pages provide high level overview in addition to a data deep dive for those coordinating with IT departments to build spreadsheets or EMR solutions for data collection and reporting.

**The following data must be reported to ADCES DEAP every year:**

**Total number of participants seen in the last 12 months for DSMES**

- Track unique number of people who attended at least one DSMES session.
- Keep in mind, this is anyone seen for DSMES. (Medicare **and** everyone else)
- This does not include participants seen only for MNT or other visit types.
- *This data is used to assess DEAP programs' reach to people with diabetes.*

**OPTIONAL: DSMES Participant Demographics:**

**Age:**

- Under 18 (please list # under Pediatrics below)
- 18-24:
- 25-34:
- 35-44:
- 45-54:
- 55-64:
- 65+:

**Race/Ethnicity:**

- White (For example, German, Irish, English, Italian, Polish, French):
- Black (For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian):
- Asian (For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese):
- Hispanic, Latino or Spanish Origin (For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian):
- Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian):
- American Indian, Alaskan Native (For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community):
- Native Hawaiian/Other Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese):
- Other:

**Diabetes Type:**

- Type 1:
- Pediatrics:
- Gestational:
- Type 2:
- Pre-Diabetes:

## ADCES7 Self-Care Behaviors (Optional Step)

Annual status report is under construction if filling this section out you will only report on lines A and F

**Edit - Self-Care Behaviors**
— ✕

	HealthyEating	BeingActive	Monitoring	TakingMedication	ProblemSolving	ReducingRisks	HealthyCoping
a. Number of Patients who Chose this Goal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
b. Number of Patients who Chose this Goal and Completed Program	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
c. Actual Number of Patients who Reported Success	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
d. Actual Percentage of Patients who Reported Success (c/b)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
e. Target Percentage of Patient Goal Achievement	<input type="text" value="70.00"/>	<input type="text" value="50.00"/>	<input type="text" value="75.00"/>	<input type="text" value="80.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>
f. Number of patients who achieved / met their goal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

If an individual does not meet their goal, describe your process for working with the patient:

	HealthyEating	BeingActive	Monitoring	TakingMedication	ProblemSolving	ReducingRisks	HealthyCoping
Target Percentage of Patient Goal Achievement for Next Year: <span style="color: red;">*</span> <span style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px;">?</span>	<input type="text" value="70"/>	<input type="text" value="50"/>	<input type="text" value="75"/>	<input type="text" value="80"/>	<input type="text" value="70"/>	<input type="text" value="75"/>	<input type="text" value="75"/>

**Pre and Post DSMES data from another outcome measure (minimum of one required) of who completed DSMES plan over the last 12 months.**

Clinical Outcome	Average at baseline (before DSMES)	Average after DSMES	Comments if Applicable
A1C			
Blood Pressure Systolic			
Blood Pressure Diastolic			
Weight			
Telehealth Usability Score			
Other Outcomes	Average at baseline	Average at follow up	Comments if Applicable
Diabetes Distress Scale Score			
Participant Satisfaction score			
ER Visits related to Diabetes in last 12 months	# reported in last 12 months	# reported in last 12 months	
Hospitalizations related to diabetes in last 12 months	# reported in last 12 months	# reported in last 12 months	
Process outcomes: Referrals, Reimbursement, Wait times, follow up.			Please report outcome and metric chosen here.
Self-reported outcomes	Baseline	After DSMES	Total
Foot Exam	# of participants who reported having exam in the 12 months prior to starting DSMES	# of participants who reported having exam in the 12 months prior to starting DSMES	
Eye Exam	# of participants who reported having exam in the 12 months prior to starting DSMES	# of participants who reported having exam in the 12 months prior to starting DSMES	

More examples are listed on page 10 of the [DEAP Interpretive Guidance](#).

The quality coordinator is required to track and aggregate at least **TWO** outcome measures. Please only include participants who have attended at least 2 DSMES sessions within the reporting period (usually the last 12 months).

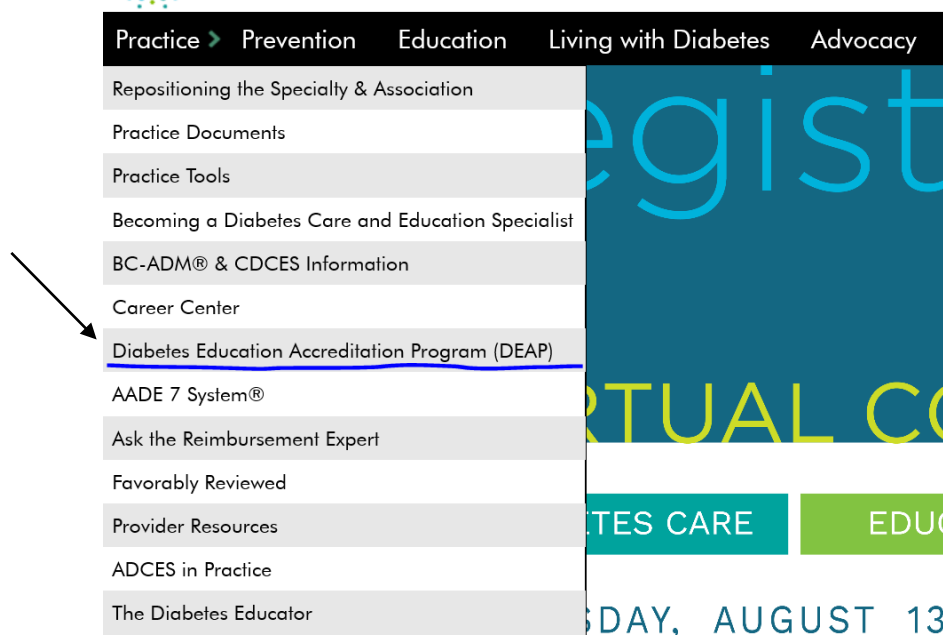
**Example-** Outcome #1 A1c (clinical).

Outcome #2 number of referring providers (process)

- This will require tracking two data points: **Pre (at baseline) and Post (after DSMES)**.
  - This means that you define the time points, for example Pre could include data up to 6 months prior to DSMES and Post could include data up to 6 months after DSMES.
- Other outcome data may be gathered at a follow up visit, survey or phone call, while many of these outcome measures can be gathered through chart review at pre-determined timeframes after or on the last DSMES session.

## How to Submit an Annual Status Report Via the DEAP Dashboard

1. Go to [www.diabeteseducator.org](http://www.diabeteseducator.org)
2. Hover your mouse over, “Practice” a click on, “Diabetes Education Accreditation Program (DEAP)”:



3. Click on the red “DEAP Dashboard” button.

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.



- Log in with your program email address and password. Your program email address is the email that receives the automated Annual Status Report reminder emails.

## Sign-in or Create an Account

Please sign-in or create a new user account. If your sign-in information is displayed below, then you are already signed in.

[Haven't signed into our new system yet or having trouble?](#)

Login

E-Mail Address

[Not sure which e-mail address to use?](#)

Password

Login

☐

Remember Me

[Forgot Your Password?](#)

Not a Registered User?

If you are a visitor and do not have an account, please create one below:

E-Mail Address

- Click on, "Manage Application" next to your **current** term date



### Existing Applications

Organization	Application Type	Status	Create Date	Term	Program Coordinator	
Rock Star Diabetes Specialists	New	Approved	08/15/2019	08/05/2020 - 08/04/2024	Uelmen Sacha	<div>Manage Application</div>

## 6. Click on the plus sign to start an Annual Status Report.

### Annual Status Report

If you are doing a Reaccreditation, please fill out your Annual Status report here first before starting the Reaccreditation process below.

Year	Status	Last Modified	
2020	Submitted	11/23/2020	
			

If you have already started an Annual Status Report, please click the pencil icon.

### Annual Status Report

If you are doing a Reaccreditation, please fill out your Annual Status report here first before starting the Reaccreditation process below.

Year	Status	Last Modified	
2020	Started	01/05/2021	  

## 7. Fill In/Select an entry for the required fields. Click, "Save and Continue" when you are done.

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Annual Status Report

Program Status Updates
DSMES Participant Demographics
Patients Per Site
ADCES7 Self-Care Behaviors
Aggregate Patient Clinical Outcomes Information
Continuous Quality Improvement (CQI)
Submit Report

### Annual Status Report | Program Status Updates & Attestations

Organization Information

Organization Name: Jasmine

Year: 2023

Program Status Update

The quality coordinator obtained the minimum 15 hours of continuing education required: Yes Required

All DSMES team members obtained the minimum 15 hours of continuing education in the field of diabetes: Yes Required

There have been no changes to our target population: No Required

Our DSMES has reviewed our delivery methods, content and format and updated as necessary: Yes Required

Number of patients seen for DSMES in the last 12 months (came for at least one visit): 2 Required

Number of patients who attended more than one DSMES visit in the last 12 months: 2 Required

Number of referrals for dsmes received in the last 12 months: 4 Required

All credentialed team member have maintained their license: Yes Required

[Save and Continue](#)
[Save and Exit](#)
[Cancel](#)



8. Fill in the outcome measures fields to the best of your ability. **Please note: this page is optional.** If you do not have this data, please click, “Save and Continue” to continue your Annual Status Report.

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Annual Status Report

- Program Status Updates
- DSMES Participant Demographics**
- Patients Per Site
- ADCES7 Self-Care Behaviors
- Aggregate Patient Clinical Outcomes Information
- Continuous Quality Improvement (CQI)
- Submit Report

### Annual Status Report | DSMES Participant Demographics (Optional Step)

What is the percentage breakdown of patients seen in your DSMES program in the past 12 months:

Age: 18-24:  25-34:  35-44:  45-54:  55-64:  65+:

Race / Ethnicity:

White:  For example, German, Irish, English, Italian, Polish, French

Black:  For example, Jamaican, Haitian, Nigerian, Ethiopian, Somali

Asian:  For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese

Hispanic, Latino or Spanish Origin:  For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian

Middle Eastern or North African:  For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian

American Indian, Alaskan Native:  For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community

Native Hawaiian / Other Pacific Islander:  For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese

Other:

Diabetes Type:

Type 1:  Pediatrics:  Gestational:  Type 2:  Pre-Diabetes:

[Save and Continue](#) [Previous Step](#) [Save and Exit](#)

9. If you have additional sites, please enter how many patients have attended each site. Click, “Save and Continue” when you are done. If you do not have additional sites click, “Save and Continue” to move to the next page

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Annual Status Report

- Program Status Updates
- DSMES Participant Demographics
- Patients Per Site**
- ADCES7 Self-Care Behaviors
- Aggregate Patient Clinical Outcomes Information
- Continuous Quality Improvement (CQI)
- Submit Report

### Annual Status Report | Patients Per Site

What is the total number of patients seen per each additional site for this DSMES program in the past 12 months (unique enrollments)?

Type:	Location:	Number of Patients Seen:
Community	Jazzy	<input type="text"/>

[Save & Continue](#) [Previous Step](#) [Save and Exit](#)

## 10. Enter Pre and Post DSMES Data. **(OPTIONAL)**

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Annual Status Report

- ✓ Program Status Updates
- ✓ DSMES Participant Demographics
- ✓ Patients Per Site
- ADCES7 Self-Care Behaviors**
- Aggregate Patient Clinical Outcomes Information
- Continuous Quality Improvement (CQI)
- Submit Report

### Annual Status Report | ADCES7 Self-Care Behaviors (Optional Step)

In each of 7 Self-Care Behaviors you will be asked to put the following information in:

	Healthy Eating	Being Active	Monitoring Taking Medication	Problem Solving	Reducing Risks	Healthy Coping
a. Number of Patients who Chose this Goal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of Patients who Chose this Goal and Completed Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Actual Number of Patients who Reported Success	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Actual Percentage of Patients who Reported Success (c/b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Target Percentage of Patient Goal Achievement	23.00	23.00	23.00	23.00	23.00	23.00
f. Number of patients who achieved / met their goal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an individual does not meet their goal, describe your process for working with the patient:

	Healthy Eating	Being Active	Monitoring Taking Medication	Problem Solving	Reducing Risks	Healthy Coping
Target Percentage of Patient Goal Achievement for Next Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Save and Continue](#) [Previous Step](#) [Save and Exit](#)

11. Enter pre and post DSMES data for at least one clinical or behavioral measure. If the clinical measure you tracked is not listed below, please enter your measures in one of the comments boxes.

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Annual Status Report

✓ Program Status Updates

✓ DSMES Participant Demographics

✓ Patients Per Site

✓ ADCE7 Self-Care Behaviors

○ **Aggregate Patient Clinical Outcomes Information**

○ Continuous Quality Improvement (CQI)

○ Submit Report

### Annual Status Report | Aggregate Patient Clinical Outcomes Information

Your program is required to track at least one of the following clinical data outcomes. Please only include patients who have completed your program for the following questions.

Clinical Outcome	Average Baseline Before DSMT	Average after Completion of DSMT Education and Follow-Up	Comments if applicable
A1C	<input type="text" value="7.00"/>	<input type="text" value="6.00"/>	<input type="text"/>
Blood Pressure systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
BMI	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicator	Number of patients who completed the exam in the 12 months prior to starting DSMT	Number of patients who had the exam completed after starting DSMT	Total	Comments if applicable
Foot Exam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eye EXam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Save and Continue](#)
[Previous Step](#)
[Save and Exit](#)

12. Upload at least one document with a report of completed CQI project demonstrating progress, changes, or achievement from the past year

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Annual Status Report

✓ Program Status Updates

✓ DSMES Participant Demographics

✓ Patients Per Site

✓ ADCE7 Self-Care Behaviors

✓ Aggregate Patient Clinical Outcomes Information

○ **Continuous Quality Improvement (CQI)**

○ Submit Report

### Annual Status Report | Continuous Quality Improvement (CQI)

Last Year Results

Please upload results of CQI Project for the past year

Document	Upload Date	
2021 CQI	03/29/2022	<a href="#">+ Upload Document</a>
		<a href="#">✕ Delete</a>

[Save and Continue](#)
[Previous Step](#)
[Save and Exit](#)

13. Enter your name and title. Check the box next to, “I am ready to submit this report”. To submit your report for final review, click, “Submit”.

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### Annual Status Report | Submit Report

Annual Status Report

- ✓ **Program Status Updates**
- ✓ **DSMES Participant Demographics**
- ✓ **Patients Per Site**
- ✓ **ADCES7 Self-Care Behaviors**
- ✓ **Aggregate Patient Clinical Outcomes Information**
- ✓ **Continuous Quality Improvement (CQI)**
- **Submit Report**

- As an accredited Diabetes Self-Management Education Program I attest that the National Standards for Diabetes Self-Management Education Program (NSDSMEP) quality standards, accreditation program policies and procedures and the instructions for AADEs accreditation process have been and will continue to be complied.
- The administrator responsible for the program verifies that the information included in this annual status and performance measurement report is true and accurate.
- It is the responsibility of the program coordinator to notify appropriate entities and comply with their requirements in order to receive reimbursement.

Name of person completing report:  Required

Title of person completing report:  Required

I am ready to submit this report ☒

[Submit](#) [Previous Step](#) [Save and Exit](#)

**Please do not hesitate to contact us with any questions or concerns!**

**Phone:** 800-338-3633 x6

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