



## Initial Application Instructions

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### **ADCES is your GO TO source for all things diabetes care and education.**

ADCES is one of two National Accrediting Organizations for Medicare (CMS). As the only organization dedicated solely to diabetes care & education, ADCES has the expertise and resources to support DSMES programs.

ADCES's Diabetes Education Accreditation Program (DEAP) offers ongoing support throughout the application and accreditation process through online materials, virtual office hours, monthly virtual coffee break (networking Q&A with DEAP Director and team), and individualized calls when needed. DEAP takes pride in accrediting new and innovative DSMES models and we have options for local, regional and national DSMES programming both in person and virtual. We have a simple fee structure, an online application with practical tools and experience to help you along the way.

As you prepare to apply for accreditation here are some things to consider:

ADCES Membership is **not** required for accreditation, but we encourage you to check out the benefits of membership with our complimentary one year ADCES membership for the Quality Coordinator upon accreditation. If you are not a current or past ADCES member, #5 below provides step by step instructions with screenshots.

If you are already an ADCES member, or have an existing account, sign in with your email address and password. The following information will be required:

- Name, address and phone number of your sponsoring organization (this would be the entity that owns your program)
- Name of your program (this will be the name on your accreditation certificate, so make sure it matches the name you plan to bill under)
- DSMES program Quality Coordinator name and email address
- Name, address, and phone number for any branch or community sites

- Names and credentials for all team members (professional instructors and community health workers)

You may be asked about components of your application throughout the accreditation process. You may need to update certain components of your application DSMES processes to meet accreditation requirements, so it's important to keep application documents organized and concise. Getting organized before you begin allows you to easily upload your documents when you start the application. The "Ready to Apply" DEAP webpage includes helpful guides to completing the application and accreditation requirements. [Click here](#) to access.

### **Top 10 tips for submission success:**

1. Create shared folder with your team to upload all application documents by standard.
2. Include a header/footer within the document date and include date in file name.
3. The [ADCES DEAP Interpretive Guidance](#) explains each standard and supporting documentation that is required.
4. New applications can be started at any time. Data is saved as you go, so you can return to the application to complete it later.
5. Payment can be made at any time. Application fee is non-refundable. You do not have to complete the application before you make your payment.
6. Once the application is submitted you will no longer have access to edit or see the documents submitted. Be sure to save and date all supporting documents and policies. [DEAP binder tabs](#) can be used to help keep your documents organized, as questions may arise throughout the accreditation process.
7. The DEAP team will work with you if deficiencies are noted but labeling required components throughout application will result in a faster review process. [Click here](#) to access documentation checklist.
8. Consider exactly what is being requested and avoid submitting extraneous information such as redundant pages within de-identified chart from EMR—the DEAP team is here to help, so don't hesitate to reach out with questions along the way! [Click here](#) to access Chart Review Form. Labeling each item throughout your de-identified chart will also result in a faster review process.
9. You will receive an email receipt once the application has been submitted and received.
10. Have questions on becoming accredited or the application? The ADCES team offers office hours each Monday 3-4pm CST. To book a 20-minute time slot email the team at [deap@adces.org](mailto:deap@adces.org).

## **Frequently Asked Questions**

### **How do I pay the application fee?**

You can pay the fee using a credit card via the DEAP Dashboard, or by mailing a check to the DEAP Department's attention to the following address:

Association of Diabetes Care & Education Specialists  
125 S Wacker Drive, Suite 600  
Chicago, IL 60606

### **How long does the review process usually take?**

The review process can take up to 4-6 weeks from the time all required documents are received as complete.

### **When will I hear if my application is approved?**

The DEAP team will reach out to schedule a phone interview when application is ready for approval. Final approval and accreditation date are confirmed during the phone interview.

### **What happens if my application is not approved?**

The ADCES DEAP team will work diligently to help applicants meet the standards and most applications are eventually approved. In the instance that the program is not approved the ADCES team will reach out to the Quality Coordinator to notify them.

### **How will I receive my accreditation certificate?**

You will receive a PDF(s) of your accreditation certificate(s) via email.

### **What are the next steps after I submit my application?**

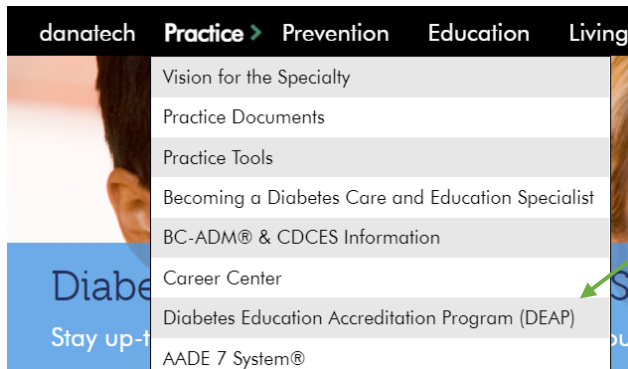
After the application and payment are submitted for the accreditation application, the quality coordinator should expect to hear from the DEAP team via email within 4-6 weeks that the application needs follow-up or that the application has been approved and is moving onto the phone interview. The quality coordinator should ensure they are able to receive emails from [deap@adces.org](mailto:deap@adces.org).

### **How do I submit my application?**

The application is submitted via the DEAP Dashboard. See below for instructions.

## How to Submit a New Application Via the DEAP Dashboard

1. Go to **diabeteseducator.org**.
2. Hover your mouse over ***“Practice”*** and double-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.

A red, rounded rectangular button with the text 'DEAP Dashboard' in white. A green arrow points from the text in step 3 to this button.

DEAP Dashboard

4. You will be asked for your email address and password. If you have an ADCES member username, enter this email address and password.

### 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

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

Sign In

E-Mail Address

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

Password

Sign In

☐

Remember Me

[Forgot Your Password?](#)

- If you have never created an account, enter your email address and fill out the information required to create your account.

Create an Account

If you are a visitor and do not already have a username and sign-in, please enter your email below:

E-Mail Address

Search for Account

- Click on **“Start New Application.”**

## DEAP Online Application | Main Menu

Learn more about the application [How to apply for DEAP](#)

Start New Application

- The first step in the application is reviewing the Terms and Conditions. Read through the terms and then click on the check box and **“Continue.”**

← Back to DEAP Main Page

New Application

- Terms and Conditions
- Program/Site Information
- Sponsor Information
- Program Demographics
- DSMES Team
- Additional Locations
- Standards & Documents
- Complete Application
- Payment

### DEAP Online Application | Terms and Conditions

By proceeding with this application for DEAP, I affirm the following:

- I have read and understand ADCES Interpretive Guidance and the 2022 National Standards for Diabetes Self-Management Education and Support. [Click here for more information to the 2022 Standards](#)
- I am submitting this application as the Quality Coordinator or on behalf of the Quality Coordinator for the DSMES service that is applying for accreditation with DEAP.
- I agree to allow data and information shared with ADCES to be shared with and reported to Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) as required.
- I agree to indemnify ADCES against any damage or injury to DSMES (DSMT) participants.

☐ I agree to the Terms and Conditions outlined above

Continue Cancel

- Enter in your program name and city and state and press search. The system will then check to see if the program is already registered at ADCES and bring back information about the program.

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New Application

- Terms and Conditions
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### DEAP Online Application | Find Program/Site

Program/Site Name:  Required

City:  Required

State:  Required

9. If a program is found, it will be displayed. If it is your program, you can continue the application. If it is not your program, then click on the ***“Add New Program Button.”***

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New Application

- Terms and Conditions
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### DEAP Online Application | Program/Site Information

Duplicate Program/Site Found

Program/Site	Type	City	State	Primary Contact	Application Status
2022 DEAP	Community-Based Program	Chicago	IL		Started
4TestingLive	Employer Group	Chicago	IL	Magdalena Biedron	Started

My Program/Site is not in this list above

10. Enter the program name along with the required address and phone information, then press ***“Save and Continue.”*** Note, the program name should match the name associated with the NPI# you plan to use for DSMT Reimbursement with CMS if you choose to do so. This information is confirmed again during the phone interview and can be updated at that time if you are unsure.

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New Application

- Terms and Conditions
- Program/Site Information**
- Sponsor Information
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### DEAP Online Application | Program/Site Information

This is the name that will be on your Medicare Accreditation Certificate and should match your NPI billing entity name (ask your billing specialist). Please select your name carefully, as it effects your billing process.

Program/Site Name: Association of Diabetes Care Required

Program/Site Type: Community-Based Program Required

Address Line 1: 125 S Wacker Suite 600 Required

Address Line 2: Required

City: Chicago Required

State: Illinois Required

ZIP Code: 60606 Required

Country: UNITED STATES Required

Phone Type: Work

Program Phone Number: 8003383633 Required

Phone Extension: Required

[Save & Continue](#) [Previous Step](#) [Cancel](#)

- Enter in the sponsor name and contact information and press **“Save and Continue”**. The sponsor is the person or entity who is providing their NPI# for DSMT reimbursement. Or if your accreditation fee is being supported by a grant or state health department, list here.

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New Application

- Terms and Conditions
- Program/Site Information
- Sponsor Information**
- Program Demographics
- DSMES Team
- Additional Locations
- Standards & Documents
- Complete Application

### DEAP Online Application | Sponsor Information

This is the name of the organization that owns your diabetes education services.

Sponsor Name: Association of Diabetes Care Required

Sponsor Street Address: 125 S Wacker Suite 600 Required

Sponsor City: Chicago Required

Sponsor State: Illinois Required

Sponsor Zip Code: 60606 Required

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

- The Program Demographics screen asks for information about the demographics of the community or population you plan to serve with DSMES. Enter the information on the screen and press **“Save and Continue.”**
  - Select the **“CTRL”** key to select more than one option in the “choose all that apply” questions

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**New Application**

- Terms and Conditions
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- Sponsor Information
- Program Demographics**
- DSMES Team
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## DEAP Online Application | Program Demographics

Please provide the following information about your program.

Type of Diabetes: (choose all that apply) Required

- Type 1
- Type 2
- Gestational
- Pediatrics
- Prediabetes
- Pump training
- Continuous glucose monitoring
- Other

Target Population Geographic Reach: Large - specifically defined geographic area Required

Expected Volume: 21-100 monthly Required

"Unique" Characteristic of Your Target Population: (choose all that apply) Required

- Print Augmentation
- Low Literacy Education Tools
- Transportation Opportunities
- Languages other than English
- Interpreters
- Physical Plant Enhancements
- Allowances for Cultural Diversity
- Other

Do you have a policy that ensures that participant's needs are met if those needs are outside the instructor's scope of practice and expertise? Yes Required

Curriculum Method of Delivery: (choose all that apply) Required

- 1 on 1
- Group
- Telehealth
- Other

Ongoing Support Provided: (choose all that apply)

- Continuing Education
- Group Meetings
- Ongoing Medication Management
- Physical Activity Programs
- Psychosocial Support
- Resources to Support New, or Adjustments to Existing Behavior Change Goal Setting
- Smoking Cessation
- Weight Loss Support
- Other Required

Target Percentage of Patient Goal Achievement for Next Year:

Healthy Eating	Being Active	Monitoring	Taking Medication	Problem Solving	Reducing Risk	Healthy Coping
50 <span>Required</span>	50 <span>Required</span>	50 <span>Required</span>	50 <span>Required</span>	50 <span>Required</span>	50 <span>Required</span>	50 <span>Required</span>

Save & Continue Previous Step Save and Exit

13. To add DSMES Team members, press **“+Add DSMES Team Member.”** This will provide a pop up for you to enter in your team member. Enter the information and press **“Save.”**

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**New Application**

- Terms and Conditions
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## DEAP Online Application | DSMES Team

If you are entering team members as part of a new application, please enter their names here and wait to upload their supporting documents until you are prompted to in Standard 5 under “Standards and Documents”.

If you are currently accredited and adding instructors as a part of a change of status request, please upload instructor documents here in addition to their names. See below for listing of required documents.

For Professional Instructors, please upload:

- a. A copy of any current, applicable licensure. Each accredited program must have at least one professional instructor must be an RN, RD, PharmD, CDE or BC-ADM;
- b. If the professional instructor is neither a CDE nor BC-ADM, please upload copies of at least 15 hours of diabetes-related CEU's from the past 12 months.

For Other Healthcare Workers, please upload:

- a. Resume
- b. Proof of Training
- c. Proof of 15 hours of diabetes related continuing education from the past 12 months

+ Add DSMES Team Member

Name	Type	Credentials	Certificates

Save and Continue Previous Step Save and Exit



**Add - Instructor**

First Name:  Required

Last Name:  Required

Worker Type:  Please select Required

Credentials:  (choose all that apply)

Certifications:  (choose all that apply)

- To add additional locations, press the “+ **Add Additional Locations**” button. When you are finished, press “**Save and Continue.**” Additional locations may be added at any time throughout the application and accreditation process. Please reach out to DEAP team with any questions about Branch versus Community locations.

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New Application

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- DSMES Team
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### DEAP Online Application | Additional Locations

Add any ADDITIONAL locations here. An additional site can be classified as either a Branch Location or a Community Site. The main difference is that Branch Locations are tied to the main location but can bill separately and will therefore need their own certificate. Branch locations cost \$100.00 to add. Community sites bill through the Main Location, do not need their own accreditation certificate, and are free to add.

Name	Type	Address	Phone
<input type="button" value="+ Add Additional Location"/>			

- Click on an individual standard to begin uploading documentation for that standard. Repeat this step for each of the standards.

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New Application

✓ Terms and Conditions

✓ Program/Site Information

✓ Sponsor Information

✓ Program Demographics

✓ DSMES Team

✓ Additional Locations

Standards & Documents

Complete Application

Payment

DEAP Online Application | Standards & Documents

Each Standard Requires you to upload documents. You may upload your documents and come back to this screen until you submit.

Please follow the links below to provide the supporting documents for each standard.

Standard 1 - Support for DSMES Services

Standard 2 - Population and Service Assessment

Standard 3 - DSMES Team

Standard 4 - Delivery and Design of DSMES Services

Standard 5 - Person-Centered DSMES

Standard 6 - Measuring and Demonstrating Outcomes of DSMES Services

Select a standard to start

DIRECTIONS:

1. Prepare documents for each of the sub-standard below

2. Upload documents

3. You can change/delete documents until submission is final

4. Preferred format is PDF and should not exceed 250MB

Save and Continue

Previous Step

Save and Exit

- To upload documents for a standard, click on the **“Upload Document”** buttons and follow the on-screen prompts to upload the document for that field.

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**New Application**

- ✓ Terms and Conditions
- ✓ Program/Site Information
- ✓ Sponsor Information
- ✓ Program Demographics
- ✓ DSMES Team
- ✓ Additional Locations
- Standards & Documents**
- Complete Application
- Payment

## DEAP Online Application | Standards & Documents

Each Standard Requires you to upload documents. You may upload your documents and come back to this screen until you submit.

Please follow the links below to provide the supporting documents for each standard.

- Standard 1 - Support for DSMES Services**
- Standard 2 - Population and Service Assessment
- Standard 3 - DSMES Team
- Standard 4 - Delivery and Design of DSMES Services
- Standard 5 - Person-Centered DSMES
- Standard 6 - Measuring and Demonstrating Outcomes of DSMES Services

### Standard 1 - Support for DSMES Services

The DSMES team will seek leadership support for implementation and sustainability of DSMES services. The sponsor organization will recognize and support quality DSMES services as an integral component of diabetes care. Sponsor organizations will provide guidance and support for DSMES services to facilitate alignment with organizational resources and the needs of the community being served.

**DIRECTIONS:**

1. Prepare documents for each of the sub-standard below
2. Upload documents
3. You can change/delete documents until submission is final
4. Preferred format is PDF and should not exceed 250MB

Support must come from administrative level to which the DSMES services report, sponsoring organization owner or referring physician/qualified healthcare professional stating support for and commitment to the DSMES services and people with diabetes in your target population.

Examples of administrators from your sponsoring organization who could provide your letter of support may be the CEO, President, Director, Clinical Manager, Quality Manager or Director, Owner, Supervisor, etc.

Choosing who will write the letter of support depends on the specific organization and circumstances. Choose the person at the highest level of authority who can support long term sustainability of your DSMES services.

Date of Letter of Support: Letter of support must be dated within 6 months of initial and renewal DSMES applications. If change in leadership or signatory occurs, new letter should be obtained and kept on record.

**1.1 - Letter of support (Required)**

Letter of support from sponsor organization dated within 6 months of initial and/or renewal application -OR- In cases where DSMES services are delivered and/or sponsored by a solo healthcare professional, the letter will come from a referring physician/qualified healthcare professional who will champion and refer to DSMES services.

[+ Upload Document](#)

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

17. Click on “**Chose File**” to search for the document on your computer. Type in the document name and click “**Save.**”

**Add - Upload Additional Document**

Program: Association of Diabetes Care & Education Specialists

Document: [Choose File](#) No file chosen

Document Name:  **Required**

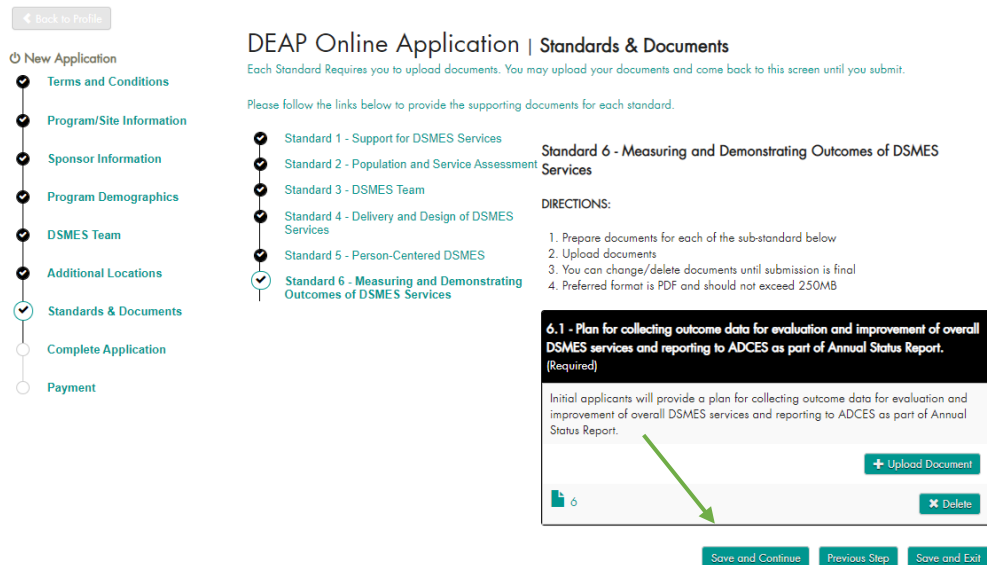
Document Description:

[Save](#) [Cancel](#)

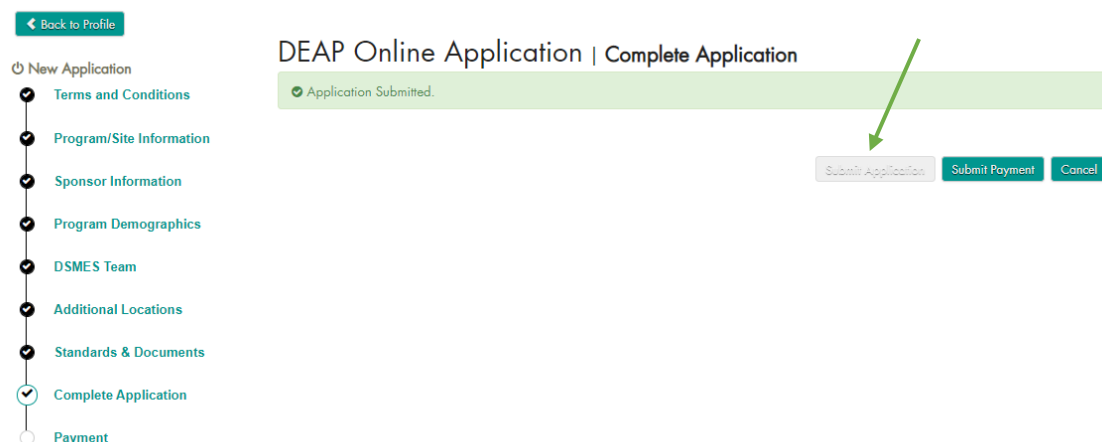
18. When you are finished uploading documents for a standard, click on **“Save and Continue.”**



19. After you have finished uploading documentation for each of your standards, click on the **“Save and Continue”** button.



20. When you have finished uploading your documentation for each of the standards, click the **“Submit Application”** button on the next screen.



21. To proceed with paying for the accreditation fee (or receive an invoice for a check), click ***“Submit Payment.”***

DEAP Online Application | Complete Application

Application Submitted.

Submit Application Submit Payment Cancel

DEAP Online Application | Payment

Submit Payment Cancel

22. Click on ***“Add to Cart.”***

ADCES DEAP\_Wizard Payment | Payment

Accreditation Fees

Organization: Association of Diabetes Care & Education Specialists

Accreditation Program: DEAP Program

Accreditation Application Fee(s)

	Product	Price	Currency	Member Type
<input checked="" type="checkbox"/>	DEAP Accreditation Fee	1,100.00		[Any]

total 1,100.00

Add to Cart Cancel

23. Click on **“Check-Out.”**

Shopping Cart | [View](#)

discount	net total	price	quantity	item
\$0.00	\$1,100.00	\$1,100.00	1.000	DEAP Accreditation Fee

Sub total: 1100.00

Total discount: 0.00

Total tax: 0.00

Total: 1100.00

Discount: (please use UPPERCASE)  [apply](#)

Source:  [apply](#)

Code:  [apply](#)

discounts applied:

[Continue to Shop](#) [Check Out](#)

### CARD Payment

24. If you are paying via credit card, select the type of card via the drop-down menu next to **“Payment Method”**. Follow the on-screen prompts to enter your payment information. Click **“Continue”** when you are done.

Payment Information

I have sent my payment: ☐

Payment amount: 1100.00

Payment method:  Required

Invoice total: 1100.00

[Continue](#)

### Invoice

25. If you need an invoice, please click the box next to **“I have sent my payment”**. Click **“Continue”** when you are done.

Payment Information

I have sent my payment: ☒

Invoice total: 1100.00

[Continue](#)

26. Press ***“Submit for Review.”***

**Payment Information**

Credit to apply: 0.00	Total discount: 0.00
Net applied: 1100.00	Total tax: 0.00
Net balance: 0.00	Total shipping: 0.00
	Net total: 1100.00

Send confirmation by email? ☒

08955

Enter code above:

08955

Edit Payment

Submit for Review

27. In the new page that appears, click ***“Print”*** next to “You may print this page for your records” to receive the invoice.

If paying by check please attach this invoice with the payment. To pay by card call 800-338-3633 option 6.

Shopping Cart | [Receipt](#)  
Thank you for your order.

Your Confirmation Number is 3296095  
You may print this page for your records. [Print](#)