



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 delivered 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 to begin an application. 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/NPI number 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

You may be asked about components of your application throughout the accreditation process. You may need to update certain components of your application and 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 DEAP webpage includes helpful guides/templates to completing the application and accreditation requirements. [Click here](#) to access.

Top 10 tips for submission success:

1. Create a 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. In order to submit the application, payment must be received. The \$1,100 application fee is non-refundable.
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 the required components throughout the application will result in a faster review process. [Click here](#) to access the documentation checklist.
8. Consider exactly what is being requested and avoid submitting extraneous information such as redundant pages within de-identified chart from EMR. Labeling each item throughout your de-identified chart will also result in a faster review process. [Click here](#) to access Chart Review Form.
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. To book a time slot, email the team at 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 begins **only after we have received both your payment and all required documents**. Once everything has been submitted and your application is complete, please allow up to 4–6 weeks for review. We recommend submitting all required materials at least 4–6 weeks in advance to allow sufficient time for processing.

When will I hear if my application is approved?

The DEAP team will reach out to you via email after the application has been reviewed. Final approval and accreditation dates are confirmed after the Quality Coordinator Virtual Orientation.

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?

Your certificate will be available through the DEAP Dashboard.

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. The Quality Coordinator should ensure they are able to receive emails from 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 **www.adces.org**
2. Scroll over to LOGIN at the top right of the screen



3. Log into your account. **Please note if you are already signed in, skip to #4

Welcome Back!

E-Mail Address * Password *

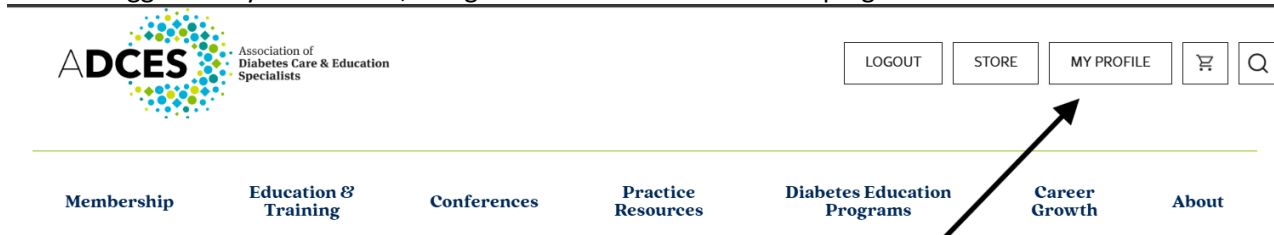
First Name Type Password.... Show

Login

Forgot Your Password?

Create An Account

4. Once logged into your account, navigate over to PROFILE at the top right of the screen:



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

Welcome Back!

E-Mail Address *	Password *
Email Address	Type Password... Show
Login	
Forgot Your Password?	
Create An Account	



Account Creation

Email Address *

[Continue](#)

6. Navigate to DEAP Dashboard, located within MY PROFILE.

- ◆◆◆
- [My Profile Home](#)
- [Contact Information](#)
- [Order History](#)
- [Payment Information](#)
- [Membership](#)
- [Event Registrations](#)
- [Committees](#)
- [CE History](#)
- [ADCES Connect](#)
- [My Learning](#)
- [DEAP Dashboard](#)
- [Communication Preference](#)

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

DEAP Online Application | Main Menu

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

Start New Application

7. 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

Name of Sponsor Organization

Program Demographics

DSMES Team

Additional Locations

Standards & Documents

Complete Application

DEAP Online Application | Terms and Conditions

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

1. 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](#)
2. 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.
3. 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.
4. 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

8. Enter our program name and city and state, and press search. The system will then check to see if the program is already registered and bring back information about the program.

Back to DEAP Main Page

New Application

Terms and Conditions

Program/Site Information

Name of Sponsor Organization

Program Demographics

DSMES Team

Additional Locations

Standards & Documents

Complete Application

DEAP Online Application | Find Program/Site

Program/Site Name: TEST PROGRAM Required

City: BIRMINGHAM Required

State: Alabama Required

Search Previous Step Cancel

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/Site.”**

DEAP Online Application | Program/Site Information

Back to DEAP Main Page

New Application

- Terms and Conditions
- Program/Site Information
- Name of Sponsor Organization
- Program Demographics
- DSMEs Team
- Additional Locations
- Standards & Documents
- Complete Application

No matching Program/Site found

Add New Program/Site

Previous Step Cancel

- 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 completion of the virtual orientation form.

DEAP Online Application | Program/Site Information

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New Application

- Terms and Conditions
- Program/Site Information
- Name of Sponsor Organization
- Program Demographics
- DSMEs Team
- Additional Locations
- Standards & Documents
- Complete Application

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: TEST SITE Required

Doing Business As:

Program/Site Type: Community-Based Program Required

Address Line 1: 125 S WACKER Required

Address Line 2:

City: CHICAGO Required

State: Illinois Required

ZIP Code: 60606 Required

Country: UNITED STATES Required

Phone Type: Work

Program Phone Number: 8003383633 Required

Phone Extension:

Website address for your program: http://adces.org

Save & Continue Previous Step Cancel

- Enter 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.

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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: TEST SITE Required

Doing Business As:

Program/Site Type: Community-Based Program Required

Address Line 1: 125 S WACKER Required

Address Line 2:

City: CHICAGO Required

State: Illinois Required

ZIP Code: 60606 Required

Country: UNITED STATES Required

Phone Type: Work

Program Phone Number: 8003383633 Required

Phone Extension:

Website address for your program: <http://adces.org>

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

12. The Program Demographics screen asks for information about the demographics of the community or population you plan to serve. Enter the information on the screen and press ***“Save and Continue.”***

- Select the ***“CTRL on the keyboard and right click using the mouse”*** to select more than one option in the “choose all that apply” questions

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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
Type 3
Gestational Diabetes

Ages Treated: (choose all that apply) Required

Juvenile & Adolescent (under 18)
Young Adult (18 - 25)
Adult (26 and over)

Ethnicity: (% of total population served)

Hispanic/Latino: Not Hispanic/Latino: Other: Not Reported:

Race: (% of total population served)

American Indian: Asian or Asian American: Black or African American: Native Hawaiian or Other Pacific Islander:

White: Other: Not Reported:

Target Population Geographic Reach: (choose all that apply) Required

Small Geographic Area/Local Community
Regional or Statewide Community
Rural Community that includes more than 1 state
Multiple States

Expected Volume: 401 or greater monthly Required

(choose all that apply) Unique Characteristic / Support Services offered: Required

Interpreter Services
Languages other than English
Our program is also ADA Recognized for DSMES
Sliding Scale Payment Options

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 ☒ No ☐

Curriculum used for DSMES Services: Required

ADA Life with Diabetes
ADCES/ Diabetes Care & Education Curriculum
Conversation Maps
Other

Preferred Setting: (choose all that apply) Required

Telehealth/Virtual
In-Person

Preferred Program Format: (choose all that apply) Required

Group Classes
Individual (1:1)

Additional/Other Services Offered: (choose all that apply) Required

CGM Initiation/Training/Follow-Up
DIY (Open-Source) Automated Insulin Delivery
Emotional and/or Behavioral Health Services
Family/Caregiver Education

Schedule DSMES Phone Number:

hide main site location from program finder? ☐

☒ I confirm that I have reviewed the information, and the details provided are accurate and correct.

[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 your team members. Enter the information and press **“Save.”**

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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

DSMES Team					
+ Add DSMES Team Member					
Name	Type	Email	Phone	Credentials	Certificates

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

Add Instructor

First Name: Required

Last Name: Required

Worker Type: Please select Required

email: Required

phone: Required

Credentials: (choose all that apply)

- DO
- DPM
- MD
- NP/CNS
- PA
- PharmD
- RDN
- RPh
- RN
- Other

(choose all that apply) Certifications:

- BCADM
- CDCES
- Other

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

14. 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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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
+ Add Additional Location			

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

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

[← Back to Profile](#)

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.

[New Application](#)

- [Terms and Conditions](#)
- [Program/Site Information](#)
- [Name of Sponsor Organization](#)
- [Program Demographics](#)
- [DSMES Team](#)
- [Additional Locations](#)
- [Standards & Documents](#)
- [Complete Application](#)

[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](#)

16. Please ensure to read the description of each Standard before you upload documentation to ensure you are uploading the appropriate document. 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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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 from sponsor organization (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 **“Choose File”** to search for the document on your computer. Type in the document name and click **“Save.”**

[Back to Profile](#)

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

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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

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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.

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[Upload Document](#)

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

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.

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 6 - Measuring and Demonstrating Outcomes of DSMES Services

DSMES services will have ongoing continuous quality improvement (CQI) strategies in place that measure the impact of the DSMES services. Systematic evaluation of process and outcome data will be conducted to identify areas for improvement and to guide services redesign and optimization

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

CQI PROJECT TO IMPROVE DSMES SERVICES

DSMES teams must have a procedure in place to collect, combine, analyze, and demonstrate outcomes for participants seen as part of the DSMES services across all sites.

Three fundamental questions to be answered by the CQI project:

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

Initial applicants are required to submit:

1. Plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report
2. Two Outcome measures to track each year. One must be a clinical or behavioral participant outcome; The other can be a clinical, behavioral, or process outcome measure.

6.1 - Measuring and Demonstrating Outcomes of DSMES Services

Initial applicants will provide a plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report. -AND- identify TWO outcome measures that will be reported to ADCES Annually including at least ONE clinical or behavioral outcome and ANOTHER clinical, behavioral or process outcome.

[Test document](#)

[Upload Document](#)

[Delete](#)

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

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

[Back to Profile](#)

DEAP Online Application | Complete Application

Thanks for completing all required information, you can now submit your application.

New Application

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

[Submit Application](#) [Cancel](#)



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

ADCES DEAP Wizard Payment | [Payment](#)

[Accreditation Fees](#)

Organization: TEST SITE

Accreditation Program: DEAP Program

[Accreditation Application Fee\(s\)](#)

	Product	Unit Price	Qty	Price	Currency	Member Type
☒	DEAP Accreditation Fee	1,100.00	1	1,100.00		[Any]

[Total](#) 1,100.00

[Add to Cart](#) [Cancel](#)



22. 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)

Source

Code:

discounts applied:



CARD Payment

23. 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 will send payment by check: ☐

Payment amount: 1100.00

Payment method: Required

Invoice total: 1100.00



Obtaining an Invoice

- Please note: Your application is not considered submitted until our team has received all required documents and payment.

24. If you need an invoice, please click the box next to “I will send payment by check”. Please only select this option if a check will be sent to ADCES. Click “**Continue**” when you are done.

Payment Information

I will send payment by check: ☐

Payment amount: 1100.00

Payment method: Please select Required

Invoice total: 1100.00

[Continue](#)

25. Press “**Submit for Review.**”

Payment Information

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

Send confirmation by email? ☒

21624

Enter code above:

[Edit Payment](#) [Submit for Review](#)

26. 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.

Shopping Cart | [Receipt](#)

Thank you for your order.

Your Confirmation Number is 4927275

You may print this page for your records. [Print](#)

