

2022-23 DSME Mini-Grant Application

* 1. Applicant Information

Organization Name	<input type="text"/>
Organization Address	<input type="text"/>
Website Address	<input type="text"/>
Contact Name	<input type="text"/>
Contact Title	<input type="text"/>
County Headquarters	<input type="text"/>
Email Address	<input type="text"/>
Contact Phone Number	<input type="text"/>

* 2. What type of agency is your organization?

- For-profit
- Non-profit
- Government (this grant cannot fund county DOHs, please contact state office for funding opportunities)

3. How did you find out about this funding opportunity?

* 4. What population does (or will)your DSME program serve? *(Please note, this funding is for DSME programs serving adults ONLY.)*

- Adults
- Children
- Both adults and children

* 5. List the counties where your organization **currently** provides DSME (whether or not they are recognized or accredited), the counties where you **plan** to provide DSME, and counties where you propose to increase access to people with physical or intellectual disabilities.

Counties currently served:

Counties you plan to serve:

Counties where you propose to increase access to people with physical or intellectual disabilities:

* 6. What is the current status of your DSME program? (check what applies to you)

- Currently do not offer diabetes education services
- Offer diabetes education services, but not DSME
- Offer DSME, but program is not accredited or recognized
- Offer DSME and program is accredited or recognized

* 7. How long have you provided diabetes education services?

* 8. Describe your organization's knowledge and experience with providing diabetes education services.

* 9. How do you [will you] provide your services? (check all that apply)

- In person
- Telehealth
- To individuals
- In Group settings

* 10. Please describe any gaps in existing services or special populations that your program helps [will help] to serve.

Review of National Standards

The DSME Mini-grant program is based around programs striving to meet the National Standards for Diabetes Self-Management Education Programs. Below is a review of the new National Standards. Please check your program's status against each of these standards. This section will not be scored. Programs can qualify for the grant at any stage in the development of DSMES programs. The results of this section will help to determine what stage each program may be in the process and therefore how the grant funding request matches the current needs of the program.

11. Standard 1: Support for DSMES Services

The DSMES team will seek leadership support for the 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.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

12. Standard 2: Population and Service Assessment

The DSMES service will evaluate their chosen target population to determine, develop, and enhance the resources, design, and delivery methods that align with the target population's needs and preferences.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

13. **Standard 3: DSMES Team**

All members of a DSMES team will uphold the National Standards and implement collaborative DSMES services, including evidence-based service design, delivery, evaluation, and continuous quality improvement. At least one team member will be identified as the DSMES quality coordinator and will oversee effective implementation, evaluation, tracking, and reporting of DSMES services outcomes.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

14. **Standard 4: Delivery and Design of DSMES Services**

DSMES services will utilize a curriculum to guide evidence-based content and delivery, to ensure consistency of teaching concepts, methods, and strategies within the team, and to serve as a resource for the team. DSMES teams will have knowledge of and be responsive to emerging evidence, advances in education strategies, pharmacotherapeutics, technology-enabled treatment, local and online peer support, psychosocial resources, and delivery strategies relevant to the population they serve.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

15. **Standard 5: Person-Centered DSMES**

Person-centered DSMES is a recurring process over the life span for PWD. Each person's DSMES plan will be unique and based on the person's concerns, needs, and priorities collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcome of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

16. 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. Systemic evaluation of process and outcome data will be conducted to identify areas for improvement and guide to services optimization and/or redesign.

- The program has met this standard
- The program will be striving to meet this standard during the grant period
- The program is not yet ready for this standard
- Not sure/Need more information

2022-23 DSME Mini-Grant Application

* 17. Please check which goal(s) your organization would like to accomplish with this grant.

- Build infrastructure that aligns with national standards for DSME programs
- Achieve DSME accreditation or recognition
- Establish a recognized or accredited satellite site
- Increase sustainability of an existing recognized or accredited DSME programs
- Increase access to a recognized or accredited DSME program by people with physical or intellectual limitations

* 18. Below is a list of items that the grant money can be spent on. Please select the types of items your organization will like to request through this grant.

- | | |
|--|--|
| <input type="checkbox"/> Membership fees (ex. American Diabetes Association, Association of Diabetes Care & Education Specialists) | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Accreditation/recognition application fees | <input type="checkbox"/> Training registration fees (ADA or ADCES approved) |
| <input type="checkbox"/> Curriculum, education materials | <input type="checkbox"/> Telehealth/remote service cost (ex. equipment, video conference subscription) |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Client incentives and educational items |
| <input type="checkbox"/> Marketing and outreach/printing | <input type="checkbox"/> Items to increase access to those with physical or intellectual disabilities |
| <input type="checkbox"/> Salaries, fringe for program development/marketing outreach only | |
| <input type="checkbox"/> Other (please specify) | |

* 19. Why is your organization requesting these funds and how will your organization use the items selected above?

THESE FUNDS MAY NOT BE USED FOR DIABETES PREVENTION PROGRAMS.

* 20. How does your current program incorporate accessibility for participants with physical/intellectual disabilities? How would you use these funds to increase accessibility? (Examples include ease of wheelchair access, covered portico, sign language interpreter provided, large-text documents, or other ways.)

* 21. Does your organization currently (or within the last year) bill any of the following:

- Medicaid
- Medicare
- Private insurance for any services
- Other payer sources

* 22. Do you have any staff that are responsible for the DSME program?

- Yes
- No

2022-23 DSME Mini-Grant Application

Describe the staff who are currently or proposed to be involved in diabetes education or management.

23. Staff Member

Name (If position is vacant, show TBD or new position)

Credentials related to DSME (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

24. Staff Member

Name

Credentials related to DSME (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

25. Staff Member

Name

Credentials related to DSME (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

26. Staff Member

Name

Credentials related to DSME (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

27. Staff Member

Name

Credentials related to DSME (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

2022-23 DSME Mini-Grant Application

Provide three community references (outside of your organization) who can speak to your organization's capability and commitment to provide education services. For each reference, provide the following information:

28. Community Reference 1

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

29. Community Reference 2

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

30. Community Reference 3

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

* 31. I hereby state that I have read the entire DSME Mini-Grant Funding Opportunity Announcement. I hereby certify that my company, its employees, and its principals agree to abide by all of the terms, conditions, provisions and specifications during the solicitation and any resulting funding. I hereby certify that I am authorized to apply for this funding on behalf of my company or organization.

Name (first and last)

Title

Email