Audit Toolkit

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What & Why?

What?

An audit is a randomly selected onsite visit that allows the American Diabetes Association (ADA) Education Recognition Program (ERP) to verify a Recognized DSMES service was operating under the National Standards for Diabetes Self-Management and Support (DSMES) at the time of the most recent application and has continued to meet the National Standards during the current recognition period.

Why?

Medicare (CMS) requires the ADA to audit 5%, up to 70 recognized DSMES services annually. If the service refuses the onsite audit, recognition will be withdrawn per CMS guidelines.

When?

When do onsite audits take place?

If a service is chosen for an audit, the quality coordinator will be notified **10** business days prior to the onsite audit date. This allows the service to prepare for the audit as well as address any questions or concerns with ERP staff.   The lead auditor will contact the quality coordinator once the service has confirmed receipt of the audit notification. This allows the auditor to answer any questions and confirm meeting arrangements and/or logistics. *Onsite audits occur throughout the entire calendar year.*

Where?

Where does the onsite Audit take place?

The onsite audit will take place at the DSMES service's primary location on file with ERP unless other arrangements are made between the service and the two person audit team. The quality coordinator will need to supply the auditors with a quiet, well-lit room from 9:00 AM through 3:00 PM unless other arrangements have been made.

Audit Overview
3 Phases of the Onsite Audit

Phase 1: Opening Meeting
The audit team will briefly (15-30 minutes) meet with the quality coordinator (QC) and any other staff or service representatives prior to starting the actual audit.

Phase 2: Auditor Investigation
Please provide the auditors with a quiet well lit room from 9am to 3pm during this audit phase. The QC does not have to be present during this phase but available should questions arise.

Phase 3: Closing Conference
After phase 2, the audit team will meet with the QC to review findings and then the QC is welcome to invite other service representatives for the closing meeting.

NOTE: If the QC is not available on the audit date, another DSMES service representative can be identified and to perform the QC duties. This needs to be communicated to ADA.

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Audit Overview
The Two Periods of Audit Documentation

Reporting Period

The reporting period is based on the reporting period used by the DSMES service's most recent renewal or original application.   The reporting period can be found on your Audit Notification Letter.

Documentation reflecting that each standards' indicators were in operation during the reporting period needs to be presented during the audit.

Current Operations

The current operations refers to the 6 month period prior to the audit date in relation to the **complete** participant charts (Std. 7,8,9) required for the audit. At least one element of the DSMES cycle (A-J) must have occurred during this 6 month period.

For standards 1-6 and 10 the current period documentation must be from the past 12 months of the onsite audit date.

It is important to note that during an audit auditors can request documentation reflecting adherence to the 10 standards during any time during the services 4 year Recognition cycle.

Quality Coordinator Guide (QCG)
& Required Documentation

Did You Know?

If your DSMES service is using the QCG and it is up to date with the required elements, your QCG will have all of the required documents for the audit except for the team member list. Please complete the team member list and present to the auditors during the opening meeting.

If the QCG does not have the actual complete DSMES charts indicated on page 50 of the QCG, please add the charts with each element (A-J) identified. The DSMES Chart Review form on page 51 of the QCG can assist with this step.

If you are not using the QCG, please continue with this toolkit which will guide you through audit preparation and documentation presentation steps.

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De-Identified Patient Charts (Pg. 1 of 2)

Chart Audits per Multi-Site	
#Multi-Sites	# Charts from current period and data period of each Multi-Site
Parent Site Included	
1-2 Multi-Sites	5 Charts each period
3-4 Multi-Sites	3 Charts each period
5+ Multi-Sites	2 Charts each period

EMR Charts not printed are covered by the confidentiality agreement signed by the service and the auditor prior to the audit. You will be required to access and navigate the electronic charts and stay with the auditor during the entire chart review.
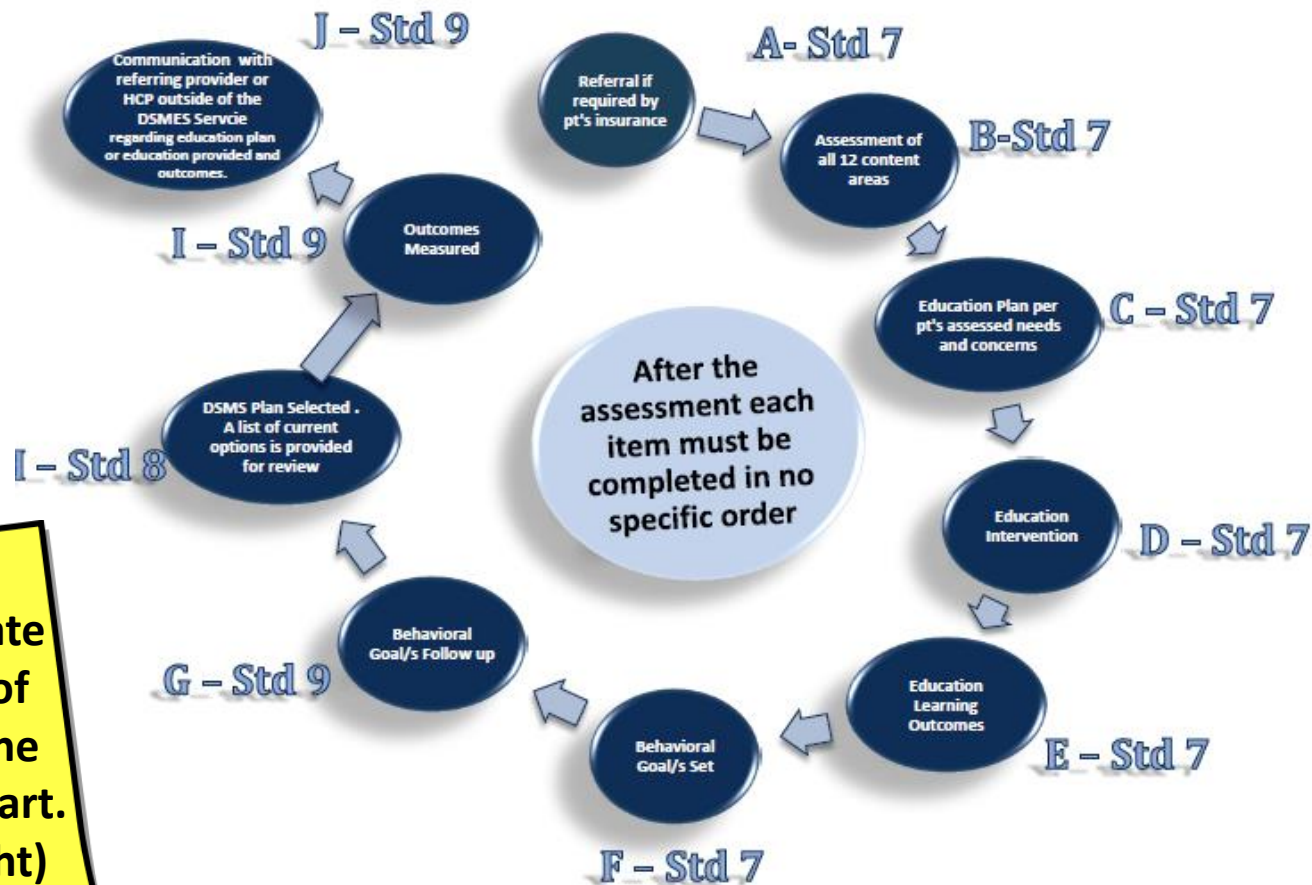
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De-identified Patient Chart

(Pg. 2 of 2)

Use sticky tabs to indicate each item (A, B, C etc.) of the education cycle in the de-identified patient chart. (See diagram on the right)

A complete chart should have a sticky tab for A through J.

J – Std 9 — Communication with referring provider or HCP outside of the DSMES Servcie regarding education plan or education provided and outcomes.

A- Std 7 — Referral if required by pt's insurance

B-Std 7 — Assessment of all 12 content areas

I – Std 9 — Outcomes Measured

C – Std 7 — Education Plan per pt's assessed needs and concerns

After the assessment each item must be completed in no specific order

I – Std 8 — DSMS Plan Selected. A list of current options is provided for review

D – Std 7 — Education Intervention

G – Std 9 — Behavioral Goal/s Follow up

E – Std 7 — Education Learning Outcomes

F – Std 7 — Behavioral Goal/s Set

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On the next two pages you will find the Audit Documentation Checklist for both the Reporting Period and Current Operations. The DSMES Team can use these checklists to ensure all documentation is present for the auditors.

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Required Documentation
Audit Documentation Checklist – Reporting Period

The audit team will require the following documentation from the **Reporting Period** of the most recent renewal or original application and from the **Current Operation Period.**

Reporting Period: From most Recent Application: _____/_____/_____ to _____/_____/_____

☐ **Standards 1:**
- Documentation reflecting organizational support of the DSMES service within 12 months of the application submission.
- Documentation reflecting organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set within 12 months of the application submission and the review of the goals

☐ **Standard 2:**
- Documentation reflecting the within 12 months prior to the online application submission.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ **Standard 3:**
- Documentation reflecting population served and planned to serve assessment performed 12 months prior to the online application submission.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed 12 months prior to the online application submission.
- Documentation of the plan to address any gaps identified.

☐ **Standard 4 and 5**
- Completed DSMES Team List
- Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
- For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's the 12 months prior to the online application and each DSMES service year.

☐ **Standard 4:**
- The reporting period's Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
- The reporting period's Quality Coordinator's CV or resume.

☐ **Standard 5:**
- Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
- Documentation reflecting paraprofessional educators' 15 hours of training the 12 months prior to the online application and each DSMES service year.
- Documentation reflecting paraprofessional educators' competency in the areas taught the 12 months prior to the online application and each DSMES service year.
- DSMES service Out of Scope of Practice Policy.

☐ **Standard 6:**
- The evidence based DSMES curriculum used during the reporting period and documentation of the curriculum or supporting material's annual review/revision 12 months prior to the online application submission.

☐ **Standards 7, 8, and 9:**
- At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
- At least one element of the DSMES cycle must have occurred within the Reporting period
  - Please indicate on each chart the location of the DSMES cycle elements (A through J). See Initial Comprehensive DSMES Cycle
  - **Please Note:** The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 9 of the Audit Toolkit).

☐ **Standard 10:**
- Documentation reflecting a CQI Project, Plan & Outcomes (if not a new DSMES service) 12 months prior to the online application submission.

Audit Documentation Checklist – Current Operations

Note: The DSMES service recognition year is a 12month period based on the date reflected on the recognition certificate.

Current DSMES service Recognition Year: _____ to _____.
Previous DSMES service Recognition Year: _____ to _____.

☐ **Standards 1:**
- Documentation reflecting organizational support of the DSMES service for the current or previous DSMES service recognition year.
- Documentation reflecting the current organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set and reviewed during the current or previous DSMES service recognition year.

☐ **Standard 2:**
- Documentation reflecting the advisory group activity for the current or previous DSMES service recognition year.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ **Standard 3:**
- Documentation reflecting population served and planned to serve assessment for the current or previous DSMES service recognition year.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed during the current or previous DSMES service recognition year.
- Documentation of the plan to address any gaps identified during the current or previous DSMES service recognition year.
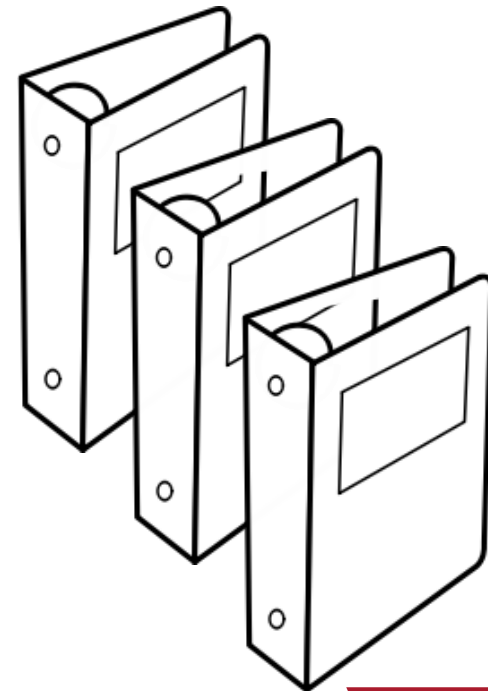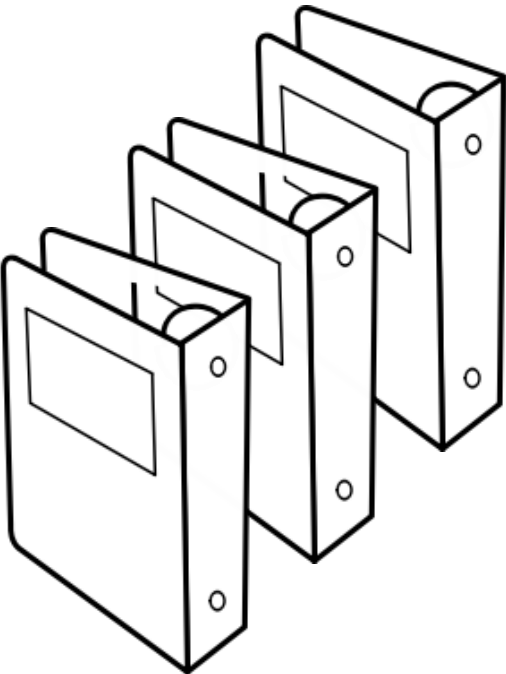
☐   **Standard 4 and 5**
- [Completed DSMES Team List](#)
- Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
- For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's during the current or previous DSMES service recognition year.

☐   **Standard 4:**
- The current Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
- The current period's Quality Coordinator's CV or resume.

☐   **Standard 5:**
- Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
- Documentation reflecting paraprofessional educators' 15 hours of training for the current or previous DSMES service recognition year.
- Documentation reflecting paraprofessional educators' competency in the areas taught during the current or previous DSMES service recognition year.
- DSMES service Out of Scope of Practice Policy.

☐   **Standard 6:**
- The evidence based DSMES curriculum currently in use and documentation of the curriculum or supporting material's review/revision during the current or previous DSMES service recognition year.

☐   **Standards 7, 8, and 9:**
- At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
- At least one element of the DSMES cycle must have occurred within the 6 months prior to audit date.
  - Please indicate on each chart the location of the DSMES cycle elements (A through J). See [Initial Comprehensive DSMES Cycle](#)
  - **Please Note:** The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 9 of the Audit Toolkit).

☐   **Standard 10:**
- Documentation reflecting a [CQI Project, Plan & Outcomes](#) for the current or previous DSMES service recognition year.

Helpful Tips & Recommendations for Audit Preparation
Organizing Required Documentation (Pg. 1 of 2)

Recommendations:
- Use the [Audit Documentation Checklist](#) to ensure you have the required documents
- Provide separate binders/folders for the reporting period documents and for the current operation documents

- Label each documentation section accordingly
- **Ensure that all documents include the date the activity occurred.**

Applications & Annual Status Reports

Services have access to previous Applications and Annual Status Reports through the Applications/ASRs tab of the ERP Portal. The Application/ASR can be printed by clicking on the magnifying glass next to the appropriate application.

The auditors will ask to see documentation to support the reported behavior goals and other participant outcomes reflected on the most recent Application and ASR.

Worksheets & Resources

*ERP has many resources but the **top four***
listed below will be especially helpful for your audit preparation

- [ERP Quality Coordinator Guide – 2017 Standards Edition](#)

- [*10th Edition Review Criteria, Indicators and Audit Summary](#)

- [*Participant Record/Chart Review Form](#)

- [Initial Comprehensive DSMES Cycle](#)

*Indicates the forms used by the audit team

Frequently **A**sked **Q**uestions

Q: **Is the Audit date negotiable?**
A: The audit date is **NOT** negotiable per CMS guidelines.

Q: **What if I refuse the audit?**
A: Refusing the audit will result in the loss of your DSMES service's ADA Recognition.

Q: **When will I be notified of the audit outcome?**
A: The DSEMS service will receive notification of the audit outcome 30-45 business days after the audit date.

Thank you!

It is ADA's intention for your DSMES service's audit experience to be positive and pleasant. We are simply visiting your service to ensure the DSMES participants are receiving the high quality education and support they deserve. In addition CMS also requires that ADA verifies recognized DSMES services' compliance with the standards. In addition audits also provide the ADA staff and auditors the opportunity to observe, recognize and highlight best practices. Audits also afford the opportunity for DSMES services to receive coaching and support when requested or a need is identified.

On behalf of the ADA ERP National Committee, ERP volunteers and ADA staff – thank you and your team for what you do for people living with diabetes and their families and loved ones.

Please visit www.diabetes.org/erp to learn more about all of the new resources available to your DSMES service.

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