



Title

Diabetes Prevention and Care Management Program

Review Procedure

No less than annually and as needed as determined by ongoing monitoring and evaluation of the Diabetes Prevention and Care Management Program (DPCMP), the Director of Care Management will review and ensure compliance with all applicable state and federal laws and regulations. The policy will be reviewed and approved by the Quality Management (QM) Committee.

REVIEW AND APPROVAL HISTORY						
VERSION	AUTHOR	REVIEWED BY	REVIEW DATE	APPROVED BY	APPROVAL DATE	DESCRIPTION OF CHANGE
1.0	Richard Petrucci, MD	Quality Committee	03/28/23	Quality Committee	03/28/23	

General Statement of Policy

SOMOS Your Health LLC (the “MSO”) is a management services organization that has contracted with managed care companies (“MCOs”) to provide certain services on the behalf of the MCO. SOMOS will provide available services to members managed by SOMOS and is not required to provide coverage for benefits not otherwise covered. This policy describes the DPCMP and provides eligibility requirements and processes for current and future eligible members in accordance with the New York State (NYS) Diabetes Prevention Program, Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (NDPP), and pursuant to the Medicaid approved SPA in accordance with 42 CFR Section 440.130(c).

Contacts/Scope

Policy 101.6 is intended to provide guidance to Diabetes Prevention Program providers, SOMOS Care Management Department and to current and future eligible DPCMP members.

SOMOS will ensure that any Diabetes Prevention Program (DPP) providers are informed and comply with all applicable state and federal laws and regulations, contract requirements and New York State Department of Health guidance.

The Chief Medical Officer (CMO) and the Director of Care Management provide oversight of the overall DPCMP structure. The Diabetes Prevention Program Coordinator(s) are responsible for overall program implementation and provides guidance to the Lifestyle Coaches. Lifestyle Coaches implements CDC-approved curriculum to eligible SOMOS members designed for effective lifestyle change for preventing or delaying type 2 diabetes.

Glossary/Definitions

Chief Medical Officer: The governance of the CMO is critical to the Care Management program’s effectiveness. The CMO serves as a resource to determine the medical needs of the Member and clinical appropriateness of treatment based on established evidence-based clinical guidelines and standards.

Diabetes Prevention Program (DPP): Evidence-based, education and support program designed for people at risk for type 2 diabetes to participate in lifestyle change programs to reduce their risk of type 2 diabetes.

Diabetes Prevention Program Coordinators (also known as Program Coordinators): An individual responsible for overall program implementation, provides guidance and support for the Lifestyle Coaches and understands the DPP data collection and submission requirements.

Director of Care Management: Provides oversight of the Case Management programs and services. Works with the CMO and Medical Directors to meet organization and department goals and develop and tracks measurable outcomes of department services.

Lifestyle Coach: An individual formally trained in CDC approved curriculum for a minimum of 12 hours or two day and implements a CDC-approved curriculum designed for effective lifestyle change for preventing or delaying type 2 diabetes and provides support and guidance to participants in the program. Lifestyle coaches may have credentials (e.g., Registered Dietitians, Registered Nurses, Pharmacists, Certified Diabetes Care and Education Specialists), but credentials are not required.

Procedures

To ensure that the DPCMP is provided according to best practice standards, SOMOS develops and implements written policies and procedures, consistent with best practices and complying with state and federal law as well as SOMOS’s contractual obligations. The following procedure outlines the overall identification and eligibility criteria for members and the structure of the Diabetes Care Management Program.

- I. Member Identification and Eligibility Criteria
 - a. Members are identified for the DPCMP via the following methods:
 - i. By interdepartmental referral, PCP and Provider referral, Hospital referral, Member and/or Member family/caregiver referral or sent directly to the CM department via phone.
 - ii. Data sources that include applicable lab data, Utilization Management authorizations, claims and encounter data and via Case Management (CM) analytic tools that review population trends before, during and after CM interventions as well as attributed and risk stratified patient population reports.
 - b. Eligibility for the DPCMP is inclusive of SOMOS’s established criteria.
 - i. SOMOS Established Criteria
 1. Must be 18 years or older and,
 2. Primary diagnosis of Diabetes (pre-existing Diabetes diagnosis)

3. HbA1C level > 9
 4. Two (2) Diabetes related Emergency Department (ED) visits over a 6-month period
 5. One (1) inpatient admission for Diabetes in the past 6 months
 - ii. SOMOS DPCMP Eligibility Exclusion Criteria
 1. End Stage Renal Disease/Dialysis
 2. Members under 18 years old
 3. Current or past Gestational Diabetes
 - iii. CDC DPP Guidelines
 1. Must be 18 years or older as the program is intended for adults at high risk of developing type 2 diabetes.
 2. Must have a body mass index (BMI) of $\geq 25\text{kg/m}^2$ ($\geq 23\text{kg/m}^2$ if Asian American).
 3. Must be considered eligible based on either:
 - a. A blood test result within one year of participant enrollment and must meet one of the following specifications:
 - i. Fasting glucose of 100 to 125mg/dl
 - ii. Plasma glucose of 140 to 199 mg/dl measured 2 hours after a 75gm glucose load
 - iii. HbA1C of 5.7 to 6.4; or,
 - iv. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy
 - b. A positive screening for prediabetes based on the Prediabetes Risk Test online at:
www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf
 4. Cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
 5. Cannot be pregnant at the time of enrollment. However, if a member becomes pregnant while in the program, members may continue at the discretion of their health care providers and the CDC-recognized organization.
 6. A health care professional may refer potential participants to the program, but a referral is not required for participation in a CDC-recognized program.
- II. DPP Provider Requirements
- a. Eligibility for enrollment in NYS Medicaid as an NDPP provider, providers must achieve CDC-National Diabetes Prevention Recognition Program (DPRP) Pending, Preliminary or Full recognition.
 - b. DPP must follow a CDC-approved curriculum content that consists of the following:
 - i. A series of sessions that present information and interactive learning activities.

- ii. Outside-of-class activities that allow for self-monitoring of diet and physical activity, self-efficacy, and social support for maintaining lifestyle changes and allow members to explore problem-solving strategies for common challenges.
 - iii. Provides a place to offer feedback to optimize behavioral change.
 - iv. Requires member weigh-ins to track and achieve goals.
- III. DPP Program Structure
 - a. NYS NDPP allows members to participate in 22 sessions over the course of one (1) year. This includes 16 weekly sessions that take place in the first six (6) months and six (6) monthly maintenance sessions that take place in the last six (6) months.
 - b. NYS NDPP allows for all CDC-DPRP (Pending, Preliminary, and Full) recognitions.
 - c. NYS NDPP does not limit NDPP services to once per lifetime.
 - d. NYS NDPP consists only of in-person, group training sessions.
 - i. The “Delivery Mode” referenced on the CDC-NDPP recognition letter awarding Pending, Preliminary, or Full recognition must reference a “Delivery Mode” of “In-Person”.
 - ii. As the COVID Public Health Emergency (PHE) Order is in place, NYS NDPP has released “[NDPP Telehealth Guidance](#)” that provides information pertaining to the temporary flexibilities that NYS Medicaid implemented to prioritize the availability and continuity of NDPP services for providers and Medicaid members during the PHE. NYS Medicaid is temporarily allowing the use of telehealth (e.g., remote/distance learning sessions) as an acceptable delivery modality for all NDPP sessions rendered during the PHE and includes the delivery of the first NDPP core session.
 - e. NYS NDPP sessions are taught using a CDC approved curriculum by a trained Lifestyle Coach.
 - f. NYS NDPP sessions must be approximately one-hour in length.
 - g. The member’s body weight must be recorded at all sessions; and
 - h. Pursuant to the Medicaid approved SPA, NDPP services are provided as preventative services in accordance with 42 CFR Section 440.130(c), and services must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice.
- IV. Curriculum and Translations
 - a. SOMOS will ensure that DPP providers utilize a CDC approved curriculum, whether it be the official CDC curriculum, or a CDC approved modified curriculum.
 - b. SOMOS will monitor DPP providers to ensure DPP services are provided in a culturally and linguistically appropriate manner. SOMOS will ensure that all curriculum materials are translated and made available in a timely manner to members as required by **45 CFR Part 92** and Section 1557 of the Federal Patient Protection and Affordable Care Act [[42 U.S.C. § 18116](#)].

Members referred to DPCMP would require completion of a Diabetes: Self Care Assessment. The assessment will be completed by an assigned case manager within 15 days of the date of the referral.



Care plans will be developed specific to the needs identified and ranked by priority during assessment and include goals and level of involvement discussed with the member and/or families or caregivers. A written care plan will be completed and implemented within 30 days of the date of referral. Each of the ranked issues identified on the care plan will indicate a target completion date and will identify any known barriers to achieving the goal(s) within the targeted completion timeframe. The care plan will outline the action(s) the member and/or families of caregivers have agreed to take in managing the condition and issues. A reassessment of the member’s need for continuation in the DPCMP will be completed every six (6) months, or sooner if required by changes in the member’s condition or circumstances.

Remediation

The overall DPCMP is monitored and evaluated on a continuous basis and progress towards goals are measured and evaluated. Progress and results of the DPCMP are reviewed and discussed in the QM Committee on a quarterly basis. Program quality is monitored through monthly case audits on randomly selected cases to ensure compliance with program guidelines. In the event non-compliance is discovered, immediate investigation of the root cause commences and is reported to the Director of Care Management and Chief Medical Officer and shared with the QM Committee. Audit findings are used to share with the individual and is used as training and guidance for the DPCMP staff.

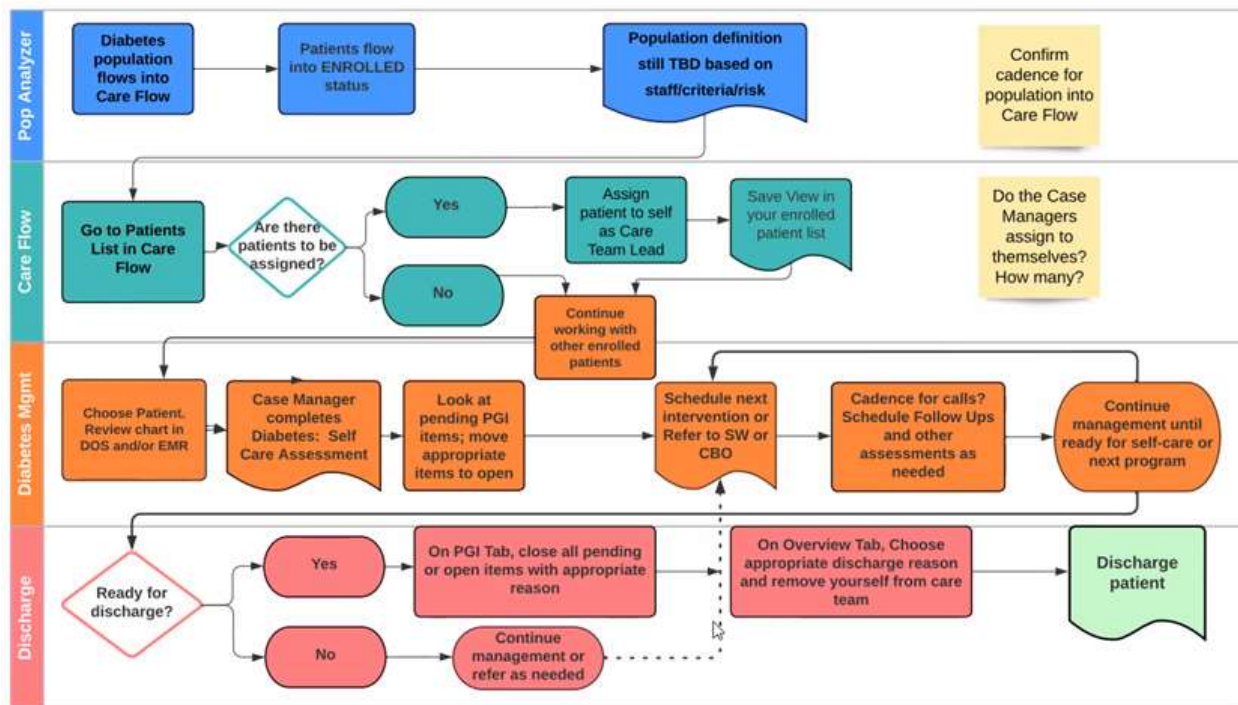
Documentation/Attachments

Checklists or monitoring tools—If the SOP is overseen with a checklist or some other tool, reference it in the SOP and/or attach it. This may include an ongoing monitoring tool as well as an annual audit tool.

Attachment 101.6.1 – Diabetes Prevention and Care Management Program Workflow

SOMOS Diabetes Care Management Program Workflow

KimDu Marder | March 8, 2023



Governance

42 CFR § 440.130

42 U.S.C. § 18116

45 CFR Part 92

N.Y. Comp. Codes R. & Regs. Tit. 18 § 505.16

Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures

Evidence Based Benefit Review Advisory Committee (EBBRAC) – Diabetes Prevention Programs, October 2017

NDPP Telehealth Guidance

New York State Diabetes Prevention Program (NDPP)

New York State Plan Amendment (SPA) # 19-0037

SOMOS Your Health, LLC (“MSO”)
Department Care Management
Policy Number 101.6



Related Policies

Whom Do I Contact with Further Questions?

Chief Executive Officer
Chief Compliance Officer
General Counsel