

641—9.6(135) Application procedures for programs not recognized by the American Diabetes Association or accredited by the Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators.

9.6(1) Each program shall apply for certification with the department.

9.6(2) Applications from programs not recognized by the ADA or accredited by the ADCES/AADE shall provide the following information:

a. Name, address and telephone number for the program, program physician and program coordinator and email address of the program coordinator. The names of instructional staff and advisory committee members and copies of their current Iowa licenses shall also be included.

b. Identification of the target population, an estimate of the program caseload, estimated number of programs to be conducted annually, minimum and maximum class size, and a calendar identifying the hours per day and number of days per week scheduled in individual or group instruction to meet the minimum course requirements.

c. A description of goals and objectives, participant referral mechanism, and means of coordinating between the community, physicians, and program staff.

d. Evaluation methods designed by individual programs and samples of documents to be used.

e. A description of the curriculum designed to instruct the participant with diabetes how to achieve self-management competency. The curriculum shall cover the same content areas as are required by the ADA for recognition or the ADCES/AADE for accreditation including:

(1) Diabetes overview: includes content about the diabetes disease process, pathophysiology and treatment/management options.

(2) Stress and psychological adjustment: includes developing personal strategies to address psychological issues, healthy coping, and problem solving.

(3) Family involvement and social support: includes strategies for safety and risk reduction and creating healthy environments and social supports.

(4) Nutrition: includes incorporating nutritional management (healthy eating) into lifestyle.

(5) Exercise and activity: includes incorporating physical activity (being active) into lifestyle.

(6) Medications: includes using medications safely and for maximum therapeutic benefit.

(7) Monitoring and use of results: includes monitoring blood glucose and other health indicators or parameters and interpreting and using the results for self-management decision making.

(8) Reducing risks: includes prevention, detection, and treatment of acute complications (including hypoglycemia, hyperglycemia, diabetic ketoacidosis, sick days, and severe weather or crisis supply management) and chronic complications (including foot, eye and dental; exams; immunizations; and kidney function testing as indicated).

(9) Behavior change strategies, goal setting, risk-factor reduction, and problem solving: includes personal goals and strategies to address risks and build positive habits.

(10) Preconception care, pregnancy, and gestational diabetes.

(11) Use of health care systems and community resources.

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