



**North Carolina Diabetes Education Recognition Program**  
**Policies and Procedures**

**The mission of the Diabetes Self-Management Program is to provide quality comprehensive diabetes self-management education to empower persons with diabetes.**

Updated June 2011

**North Carolina Diabetes Education Recognition Program  
Policies and Procedures**

**Table of Contents**

<b>Advisory Committee</b> .....	3
<b>Advisory Committee Annual Meeting</b> .....	3
<b>Data Report to Advisory Committee</b> .....	3
<b>Program Goals</b> .....	4
<b>1.0 Participant Behavioral Outcomes</b> .....	4
<b>2.0 Outcome Measures</b> .....	4
<b>Revised Program Goals</b> .....	4
<b>1.1 Participant Behavioral Outcomes</b> .....	4
<b>2.1 Outcome Measure</b> .....	4
<b>Health Department Financial Contributions</b> .....	5
<b>Minimum Level of Participation</b> .....	5
<b>Procedure Statement</b> .....	6
<b>Recruiting Health Departments</b> .....	6
<b>Cohort I (2007-2008)</b> .....	6
<b>Cohort II (2008-2009)</b> .....	7
<b>Cohort III (2009-2010)</b> .....	8
<b>Cohort VI (2010-2011)</b> .....	9
<b>Cohort V (2011-2012)</b> .....	10
<b>Standards for Participation</b> .....	11
<b>Staff Training</b> .....	12
<b>Site Visits</b> .....	13
<b>Site visit #1 (new sites):</b> .....	13
<b>Site Visit #2</b> .....	14
<b>Annual Site Visits</b> .....	15
<b>Chronicle Training</b> .....	16
<b>Data Collection</b> .....	16
<b>Data Reporting</b> .....	16
<b>Forms and Manuals</b> .....	16
<b>Process for Establishing a New Patient</b> .....	17
<b>Continuous Quality Improvement</b> .....	18
<b>NC Diabetes Education Recognition Program</b> .....	18
<b>Participating Sites</b> .....	18
<b>Monthly PDSA</b> .....	18
<b>Increase in Hbg A1C</b> .....	18
<b>Evaluation</b> .....	18
<b>Appendix A</b> .....	19
<b>Site Visit Forms</b> .....	19
<b>Initial Site Visit</b> .....	19
<b>Site Visit #2</b> .....	20
<b>Annual Site Visit (as ADA accredited site)</b> .....	21
<b>Appendix B</b> .....	22
<b>Chart Audit Form</b> .....	22
<b>Appendix C</b> .....	23
<b>Monthly PDSA Form</b> .....	23
<b>Elevated A1c Form</b> .....	24
<b>Appendix E</b> .....	25

<b>Sample Letter of Acceptance into New Cohort.....</b>	<b>25</b>
<b>Appendix F.....</b>	<b>26</b>
<b>Site Information Form.....</b>	<b>26</b>
<b>Appendix G.....</b>	<b>28</b>
<b>Registration Form for Program/Curriculum Training.....</b>	<b>28</b>
<b>Appendix H.....</b>	<b>29</b>
<b>Letter of Agreement Between Local Health Department and NC Public Health Foundation.....</b>	<b>29</b>
<b>Appendix I.....</b>	<b>31</b>
<b>Business Associate Agreement Between Local Health Department and NC Public Health Foundation.....</b>	<b>32</b>

## **Advisory Committee**

The North Carolina Diabetes Education Recognition program will establish and maintain an Advisory Committee in accordance with standards set by the American Diabetes Association. At a minimum, the Advisory Committee will consist of a health professional, a person affected by diabetes and a community member. In addition, the Advisory Committee will include regional representation and a representative from each participating Cohort. The Program Coordinator will serve as Chair of the Advisory Committee.

## **Advisory Committee Annual Meeting**

The Advisory Committee will meet at least annually. At the annual meeting, the Advisory Committee will review DSME operations and provide oversight for ensuring quality services is provided. The Advisory Committee will provide strategic planning guidance, input on staffing levels and funding. Advisory Committee members may participate in person, via telephone or other electronic means. In addition to the annual meeting, Advisory Committee members may be asked to participate in conference calls, respond to emails, surveys, ballots, etc.

## **Data Report to Advisory Committee**

At the annual meeting, the NC DERP staff will provide the Advisory Committee with data related to demographic and program content areas as indicated. These items may include, but are not limited to:

- Target population
- Access to care
- Follow up rates
- Patients seen vs. referrals
- Population Served
- Barriers to care
- Educational levels of participants
- Cultural influences
- Transportation issues
- Economic issues
- Resources
- Community concerns
- Data reports
  - A1c
  - Self-foot exams
  - Demographics
    - Age
    - Sex
    - Type of Diabetes
    - Insurance Type
    - Learning barriers

## **Policy Statement**

The North Carolina Diabetes Education Recognition Program (NC DERP) Advisory Committee will approve all policies. The Advisory Committee must approve revisions or exceptions to policies. Revisions are to be documented in the policy and procedure manual, including the date the revision was approved by the Advisory Committee.

## **Program Goals**

### **1.0 Participant Behavioral Outcomes: Self Foot Exams**

Goal: 50% of patients report they are checking their feet daily.

### **2.0 Outcome Measures: Hemoglobin A1C**

Goal: 50% of patients will have a 1% decrease in Hgb A1C by the 3 month follow-up visit.

Approved July 11, 2007

## **Revised Program Goals**

### **1.1 Participant Behavioral Outcomes: Self Foot Exams**

Goal: 75% of patients report they are checking their feet daily.

Approved 4/7/09

### **2.1 Outcome Measure: Hemoglobin A1c**

Goal: 75% of patients with a pre- and post-test will have a Hgb A1c of 7% or less.

Approved 10/23/08, reapproved 4/7/09

### **3.0 Outcome Measure: Blood Pressure**

**Goal:** 75% of patients who complete the DSME program will have a post-program BP of 130/80 or less.

Approved 3/2/10

## **Gestational Diabetes**

For those health departments participating in the NC Diabetes Education Recognition Program that provide diabetes self-management education to women with gestational diabetes, the health department will measure A1c, BP and checking blood glucose four times a day (not self foot exams).

### **4.0 Participant Behavioral Outcomes**

**Goal:** 75% of women with gestational diabetes will report checking their blood glucose four times a day.

Approved 12/15/10

### **Health Department Financial Contributions**

Each participating health department will contribute 10% of the income earned from the Diabetes Self-Management Program or \$1,000 (whichever is greater) to the NC Public Health Foundation to sustain the program. Health departments will be invoiced twice yearly in April and October. Health departments with 80% or greater uninsured are exempt from these contributions.

Approved 6/18/08

Health departments will be invoiced quarterly in April, July, October and January, effective July 1, 2009.

Approved 4/7/09

### **Minimum Level of Participation**

Each health department participating in the Diabetes Self-Management Program must see an average of three patients per month per year. After a three month period with no activity, the Advisory Committee will be notified and will recommend further action, up to and including the ability to vote that county out of the program.

Approved 6/18/08

### **Payment for Expansion Applications**

When ADA 'recognizes' a site, the recognition is only granted for the physical location that was included on the application. For example, if ABC County had initially started their program at the health department (Site A), and then wanted to expand the program to serve another area of the county (Site B), they would only be 'recognized' to see/bill patients seen at site A. To address that issue, we would need to file an expansion application with ADA, to allow them to expand to Site B.

Local health departments who wish to add expansion sites are responsible for the \$100 fee for each expansion site.

Approved 9/14/09

## **Procedure Statement**

Procedures are processes that are devised, implemented and reviewed by the North Carolina Diabetes Education Recognition Program staff. The Advisory Committee is not required to approve procedures.

## **Recruiting Health Departments**

### **Cohort I (2007-2008)**

To recruit the pilot sites for the North Carolina Diabetes Education Recognition Program:

1. Letters and criteria for selection will be sent to all 85 NC local health departments.
2. All of the application information including the timeline will be available on the NC Diabetes Prevention and Control program website ([www.ncdiabetes.org](http://www.ncdiabetes.org)).
3. Health Departments will be given 2 weeks to notify the Program Coordinator of their intent to apply.
4. One week after the deadline for notification of intent, the NC Diabetes Education Recognition Program staff will hold a conference call to answer questions and provide additional information about applying.
5. All health departments that submit a notification of intent to apply for the program will be sent the date, time and call in information for the conference call.
6. Questions and answers from the conference call will be posted to the website as a resource.
7. After the conference call, health departments will be given two weeks to submit applications.
8. A review committee will have two weeks to review and score each application. All scoring sheets will be returned to the Program Coordinator and kept on file.
9. The review committee's results will be reviewed with the Advisory Committee. NC DERP Program staff will make recommendations to the Advisory Committee. The Advisory Committee has the final vote on acceptance of the health departments, based on the information provided by reviewers and program staff. Program staffing and funds may impact the selection decisions.
10. Health Departments will be notified of their acceptance status within one week of the Advisory Committee's decision.

## **Cohort II (2008-2009)**

To recruit sites for Cohort II of the North Carolina Diabetes Education Recognition Program:

1. Letters and criteria for selection will be sent to all non-ADA recognized NC local health departments.
2. All of the application information including the timeline will be available on the NC Diabetes Prevention and Control program website ([www.ncdiabetes.org](http://www.ncdiabetes.org)).
3. Health Departments will be given 2 weeks to notify the Program Coordinator of their intent to apply.
4. One week after the deadline for notification of intent, the NC Diabetes Education Recognition Program staff will hold a conference call to answer questions and provide additional information about applying.
5. All health departments that submit a notification of intent to apply for the program will be sent the date, time and call in information for the conference call.
6. Questions and answers from the conference call will be posted to the website as a resource.
7. After the conference call, health departments will be given two weeks to submit applications.
8. A review committee will have two weeks to review and score each application. All scoring sheets will be returned to the Program Coordinator and kept on file.
9. The review committee's results will be reviewed with the Advisory Committee. NC DERP Program staff will make recommendations to the Advisory Committee. The Advisory Committee has the final vote on acceptance of the health departments, based on the information provided by reviewers and program staff. Program staffing and funds may impact the selection decisions.
10. Health Departments will be notified of their acceptance status within one week of the Advisory Committee's decision.

## Cohort III (2009-2010)

To recruit sites for Cohort III of the North Carolina Diabetes Education Recognition Program:

1. Local health departments with the highest rates of diabetes and the highest poverty rates will be targeted for recruitment.
2. Site visits and technical assistance will be offered to these health departments in advance of the release of the selection criteria.
3. Then, letters and criteria for selection will be sent to all non-ADA recognized NC local health departments.
4. Pre-selection site visits and technical assistance will be offered to all local health departments that express an interest.
5. All of the application information including the timeline will be available on the NC Diabetes Prevention and Control program website ([www.ncdiabetes.org](http://www.ncdiabetes.org)).
6. Health Departments will be given 2 weeks to notify the Program Coordinator of their intent to apply.
7. One week after the deadline for notification of intent, the NC Diabetes Education Recognition Program staff will hold a conference call to answer questions and provide additional information about applying.
8. All health departments that submit a notification of intent to apply for the program will be sent the date, time and call in information for the conference call.
9. Questions and answers from the conference call will be posted to the website as a resource.
10. After the conference call, health departments will be given two weeks to submit applications.
11. A review committee will have two weeks to review and score each application. All scoring sheets will be returned to the Program Coordinator and kept on file.
12. The review committee's results will be reviewed with the Advisory Committee. NC DERP Program staff will make recommendations to the Advisory Committee. The Advisory Committee has the final vote on acceptance of the health departments, based on the information provided by reviewers and program staff. Program staffing and funds may impact the selection decisions.
13. Health Departments will be notified of their acceptance status within one week of the Advisory Committee's decision.
14. The acceptance packet will include:
  - Acceptance notification letter (see Appendix E)
  - Site information form (see Appendix F)
  - Registration for program/curriculum training (see Appendix G)
  - Memorandum of Agreement between the local health department and the NC Public Health Foundation (see Appendix H)
  - Business Associate Agreement between the local health department and the NC Public Health Foundation (see Appendix I)

## **Cohort IV (2010-2011)**

To recruit sites for Cohort IV of the North Carolina Diabetes Education Recognition Program:

1. Local health departments with the highest rates of diabetes and the highest poverty rates will be targeted for recruitment.
2. Site visits and technical assistance will be offered to these health departments in advance of the release of the selection criteria.
3. Then, letters and criteria for selection will be sent to all non-ADA recognized NC local health departments.
4. Pre-selection site visits and technical assistance will be offered to all local health departments that express an interest.
5. All of the application information including the timeline will be available on the NC Diabetes Prevention and Control program website ([www.ncdiabetes.org](http://www.ncdiabetes.org)).
6. Health Departments will be given 2 weeks to notify the Program Coordinator of their intent to apply.
7. One week after the deadline for notification of intent, the NC Diabetes Education Recognition Program staff will hold a conference call to answer questions and provide additional information about applying.
8. All health departments that submit a notification of intent to apply for the program will be sent the date, time and call in information for the conference call.
9. Questions and answers from the conference call will be posted to the website as a resource.
10. After the conference call, health departments will be given two weeks to submit applications.
11. A review committee will have two weeks to review and score each application. All scoring sheets will be returned to the Program Coordinator and kept on file.
12. The review committee's results will be reviewed with the Advisory Committee. NC DERP Program staff will make recommendations to the Advisory Committee. The Advisory Committee has the final vote on acceptance of the health departments, based on the information provided by reviewers and program staff. Program staffing and funds may impact the selection decisions.
13. Health Departments will be notified of their acceptance status within one week of the Advisory Committee's decision.
14. The acceptance packet will include:
  - Acceptance notification letter (see Appendix E)
  - Site information form (see Appendix F)
  - Registration for program/curriculum training (see Appendix G)
  - Memorandum of Agreement between the local health department and the NC Public Health Foundation (see Appendix H)
  - Business Associate Agreement between the local health department and the NC Public Health Foundation (see Appendix I)

## **Cohort V (2011-2012)**

To recruit sites for Cohort V of the North Carolina Diabetes Education Recognition Program:

1. All local health departments will be targeted for recruitment.
2. Site visits and technical assistance will be offered to health departments in advance of the release of the selection criteria.
3. Letters and criteria for selection will be sent to all non-ADA recognized NC local health departments.
4. Pre-selection site visits and technical assistance will be offered to all local health departments that express an interest.
5. All of the application information including the timeline will be available on the NC Diabetes Prevention and Control program website ([www.ncdiabetes.org](http://www.ncdiabetes.org)).
6. Health Departments will be given 2 weeks to notify the Program Coordinator of their intent to apply.
7. One week after the deadline for notification of intent, the NC Diabetes Education Recognition Program staff will hold a conference call to answer questions and provide additional information about applying.
8. All health departments that submit a notification of intent to apply for the program will be sent the date, time and call in information for the conference call.
9. Questions and answers from the conference call will be posted to the website as a resource.
10. After the conference call, health departments will be given two weeks to submit applications.
11. A review committee will have two weeks to review and score each application. All scoring sheets will be returned to the Program Coordinator and kept on file.
12. The review committee's results will be reviewed with the Advisory Committee. NC DERP Program staff will make recommendations to the Advisory Committee. The Advisory Committee has the final vote on acceptance of the health departments, based on the information provided by reviewers and program staff. Program staffing and funds may impact the selection decisions.
13. Health Departments will be notified of their acceptance status within one week of the Advisory Committee's decision.
14. The acceptance packet will include:
  - Acceptance notification letter (see Appendix E)
  - Site information form (see Appendix F)
  - Registration for program/curriculum training (see Appendix G)
  - Memorandum of Agreement between the local health department and the NC Public Health Foundation (see Appendix H)
  - Business Associate Agreement between the local health department and the NC Public Health Foundation (see Appendix I)

## Standards for Participation

Each participating site will meet all of the standards established by the American Diabetes Association in the current *National Standards for Diabetes Self-Management Education* and will abide by any policy/procedure established by the NC Diabetes Education Recognition Program.

These standards include, but are not limited to:

- 1) Provide data as requested
  - County data/demographics
  - Type of diabetes (1, 2, gestational) and age demographics
  - Ethnicity
  - Cultural Influence
  - % Medicaid, Medicare, uninsured, other insurance
  - Positive and negative issues with the target population (Educational levels, transportation issues, economic issues, barriers to obtaining education)
  
- 2) Compliance with program standards
  - 2 educators (primary educator must be RN or RD or pharmacist), with one person who is designated as the program lead
  - Full participation in the six month data collection process
  - Agree to use our forms, manuals, etc. without exception
  - Provide the required monthly reports by the 5<sup>th</sup> of each month
  - Participate in quality improvement activities as requested
  - Ability and commitment to perform/obtain Hgb A1C regardless of patient ability to pay
  - Commitment to participate in monthly conference calls
  - Commitment to attend meetings, trainings and educational sessions
  - Commitment to obtain 20 hours of continuing education, related to diabetes, for each program staff member each year
  
- 3) Resources and funding ability to support the program
  - Ability and commitment to purchase Tiara software and pay the patient entry fee
  - Available classroom space and office/space for one on one visits
  - Describe the resources available for staffing, computers, travel and continuing education.
  - Ability to copy/reproduce patient education manuals  
Ability to purchase patient education materials

## **Staff Training**

1. Each new participating local health department will be requested to attend an initial Program Staff/Curriculum training.
2. The two day long training will include:
  - Review and discussion of required forms/documentation processes
  - Referral processes
  - Marketing
  - Patient education manuals
  - Educator manuals
  - Diabetes education
  - Review of AADE Diabetes Self-Management Curriculum (provided for each site)
3. Continuing education hours will be offered if possible

## **Site Visits**

### **Site visit #1 (new sites):**

After the program/curriculum training is complete, each participating health department will have a site visit from the Diabetes Education Specialist (or other NC DERP staff).

The purpose of the site visit is to ensure each health department has established processes for referrals, marketing, appointments, assessments, classes, follow up, obtaining Hgb A1c, etc. (Please refer to the site visit form – Appendix A)

The site visit will provide additional training and technical assistance to the health departments, and will ensure that American Diabetes Association standards are being met.

At the end of the site visit a summary report is sent to the staff within 1 week reviewing the site visit and noting any areas of improvement. If necessary, a follow up visit may also be scheduled at this time.

## **Site Visit #2**

The second site visit is conducted by the Diabetes Education Specialist (or other NC DERP staff) between 60 days prior to and 60 days after the data collection period has ended. This site visit is an opportunity to review the initial site visit report, determine strengths and weaknesses of the program and assess the current status of that particular sites program. (Please refer to the site visit form – Appendix A)

At this visit, NC DERP staff will perform chart audits, reviewing the records of 10% of the patient population (maximum of 10 charts/site visit) for evidence that the guidelines are being followed. The audit tool will be the ADA chart audit form. This will ensure that all charts are uniform and meet ADA standards. (Please refer to the chart audit form – Appendix B)

At the end of the site visit a summary report is sent to the staff within 1 week indicating what was discussed and any areas of improvement that are needed. If necessary, a follow up visit is also scheduled at this time.

## **Annual Site Visits**

Each ADA recognized site will receive an annual site visit conducted by the Diabetes Education Specialist or other NC DERP staff. This site visit is an opportunity to review the program, ensure adherence to ADA standards, and determine strengths and weaknesses of the program.

At this visit, NC DERP staff will perform chart audits, reviewing the records of 10% of the patient population (maximum of 10 charts/site visit) for evidence that the guidelines are being followed. The audit tool will be the ADA chart audit form. This will ensure that all charts are uniform and meet ADA standards. (Please refer to the chart audit form – Appendix B)

At the end of the site visit a summary report is sent to the staff within 1 week indicating what was discussed and any areas of improvement that are needed. If necessary, a follow up visit is also scheduled at this time.

## **Chronicle Training**

During the time period between staff training and data collection all sites will obtain access to Chronicle data collection software.

A representative from Chronicle will lead a conference call to demonstrate the software. Each site will enter in a sample patient to allow for questions about the process. After data entry is completed for the sample patient, the data will then be removed from the system.

## **Data Collection**

For each new Cohort, data collection will start in September of each year and will be continuous from that point forward. The data collection period for the ADA recognition is from January to April of the application year. (Specific beginning and ending dates will vary each year.)

Data tracked in Tiara includes:

1. Demographics
  - a. Age
  - b. Race/ethnicity
  - c. Type of Diabetes
  - d. Special Needs
  - e. Payer mix (Insured, Insured and < 200% poverty level, Uninsured, Medicare, Medicaid)
2. Education
  - a. Patient Visits
    - i. Date
    - ii. Type (initial, class, follow up)
  - b. Hours of education per patient
3. Program Outcome/Behavioral Goal Tracking
  - a. At the initial and follow up appointment, a Hgb A1c is completed and documented.
  - b. Foot exams dates are entered ONLY when the patient reports checking their feet daily.

## **Data Reporting**

On the 5<sup>th</sup> of each month, each site will send required reports to the NC DERP. . These reports will be reviewed by the diabetes education specialist to be sure that all pertinent data is being entered and for accuracy of data collection. Each site will get an e-mail/phone call about the data review within 1 week after the report is received.

## **Forms and Manuals**

Each site will be given a CD that includes all of the most current forms. These are the forms that must be used for initial assessments, classes and follow up visits. With the use of Chronicle (June 2011), paper forms will no longer be required.

Each new site is given a supply of patient education manuals at the program/curriculum training, as available. The patient education manual will be made available in Spanish for all sites, as funds for purchase are available. Gestational patient education manuals will be made available to all sites, as funds for purchase are available.

## **Conference Calls**

Beginning October 2008, the NC DERP staff will host a monthly conference call on the first Wednesday of each month from 12 to 1 p.m. for all participating programs.

Agenda items for each call include but are not limited to: roll call, updates from the NC DERP staff, a site's report on quality improvement, a site's report of a success story, Tiara Q&A, program reminders, general Q&A.

The agenda and call-in number will be sent to all participating sites approximately one week prior to the monthly call. Minutes will be taken and will be distributed to all sites.

**Beginning September 2010, the monthly meeting is now held via webinar. The webinars are recorded and available for review. Minutes are not generated.**

## **Process for Establishing a New Patient**

Each site will:

1. Get a signed referral form from the patient's medical provider.
2. Call the patient and set up an appointment with the educator.
3. See the patient for 1 hour initial assessment and address Hgb A1c status.
4. Schedule patient for class.
5. At each patient visit, set a behavior change goal.
6. Enter dates of appointments and enter goals into Chronicle.
7. See patient in class, assess old goal and set another goal.
8. Have patient back for 3 month follow up, Hgb A1c and goal assessment and set new goal.
9. Document all data.

## **Continuous Quality Improvement**

### **NC Diabetes Education Recognition Program**

The NC Diabetes Education Recognition Program will meet all of the standards established by the American Diabetes Association in the current *National Standards for Diabetes Self-Management Education*.

One component of these standards is establishing a method to measure the effectiveness of the education processes and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the process and outcome data. Continuous Quality Improvement (CQI) is a formal process/plan that is a cyclic series of steps designed to enhance DSME processes leading to improved participant and DSME outcomes.

(See NC DERP CQI Plan)

### **Participating Sites**

Each participating site will utilize a formal continuous quality improvement plan/process to evaluate the effectiveness of the DSME program at the site, and whether the results of the continuous quality improvement evaluation are used to determine opportunities for improving DSME services at the site.

### **Monthly PDSA**

Each site will participate in quality improvement activities, and will have a current project in progress. Beginning in December 2008, each site will submit a monthly PDSA reports. (See Appendix C) The Diabetes Education Specialist(s) will review each PDSA report and track progress and outcomes.

### **Increase in Hgb A1C**

For any patient that demonstrates an increase in Hgb A1C of 0.5% or greater, the patient should be contacted to return to the health department for an A1C follow-up visit. The patient's education needs should be assessed, as well as any psychosocial factors that may be impacting the patient. Three contact attempts should be made and documented. If the patient does not respond to follow up requests, a note should be sent to their physician stating that three attempts have been made to contact the patient. After three attempts, release the patient back to their physician. Any site in which a patient has an increase in Hgb A1c of .5% or more must complete the Increased A1c form (see Appendix D) for each patient with an increase in A1C.

### **Evaluation**

The purpose of the N.C. Diabetes Education Recognition Program is to provide infrastructure at the state level that allows local health departments to achieve ADA recognition, provide diabetes self-management education and bill for diabetes self-management education programs. The NC DERP will to measure the quality of interaction between the instructional team and local health departments through an annual satisfaction survey. The survey will cover all aspects of interaction including, software and technical assistance, the curriculum, newsletter, site visits and other resources. Respondents will use a Likert scale of Strongly Agree to Strongly Disagree to express their opinions and will be able to include comments as well. The survey will be the basis for improving protocols and interactions during program expansion.

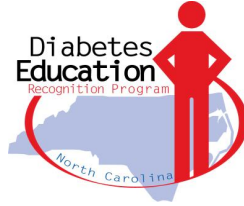
## Appendix A

### Site Visit Forms

Initial Site Visit

Site Visit #2

Annual Site Visit



**Division of Public Health, Chronic Disease and Injury Section  
Diabetes Prevention and Control Branch  
NC Diabetes Education Recognition Program**

### Initial Site Visit

Health Department: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

Program Contact: \_\_\_\_\_ Reviewer: \_\_\_\_\_

<b>Files:</b>
<b>Referral Marketing Plan:</b>
<b>Referral Fax Process:</b>
<b>Scheduling:</b>
<b>Assessment Facility and Staff:</b>
<b>Scheduling for Classes:</b>
<b>Classroom Facility and Staff:</b>
<b>Scheduling Follow-Up After Classes:</b>
<b>Reporting Data and Data Collection – Staff:</b>
<b>Limitations:</b>
<b>Needs:</b>
<b>Wants/Wish List Items:</b>
<b>Cool Things That Other LHDs May Want To Do or Have:</b>



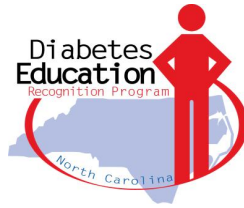
**Division of Public Health, Chronic Disease and Injury Section  
Diabetes Prevention and Control Branch  
NC Diabetes Education Recognition Program**

**Site Visit #2**

**Health Department:** \_\_\_\_\_ **Date of Site Visit:** \_\_\_\_\_

**Program Contact:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

<b>Chart Audit Commonalities:</b>
<b>Past site visit review:</b>
<b>Future Referral Marketing Plan:</b>
<b>Scheduling:</b>
<b>Any Staff Changes:</b>
<b>Classes—set up, how often, lunch, participation:</b>
<b>A1c collection—strengths and weaknesses:</b>
<b>Follow-Up After Classes—participation rate, successes:</b>
<b>Reporting Data and Data Collection – Tiara issues:</b>
<b>Limitations:</b>
<b>Needs:</b>
<b>Wants/Wish List Items:</b>
<b>Cool Things That Other LHDs May Want To Do or Have:</b>



**Division of Public Health  
Chronic Disease and Injury Section  
Diabetes Prevention and Control Branch  
NC Diabetes Education Recognition Program**

**Annual Site Visit (as ADA accredited site)**

**Health Department:** \_\_\_\_\_ **Date of Site Visit:** \_\_\_\_\_

**Program Contact:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

<b>Referral Marketing Plan:</b>
<b>Scheduling:</b>
<b>Assessment Facility and Staff:</b>
<b>Scheduling for Classes: Retention Success:</b>
<b>Classroom Facility and Staff:</b>
<b>Scheduling Follow-Up After Classes:</b>
<b>Reporting Data and Data Collection (Tiara issues):</b>
<b>Limitations:</b>
<b>Needs/Wants:</b>

## Appendix B Chart Audit Form

### Auditor Education Record Chart Review Form

### Data Period or Current Operations

Use the following checklist to review at least one patient record of each program component (1:1 or group) to ensure that each element is included. A minimum of 5 charts from the data period and 5 current charts must be reviewed. If you have more than 6 patient records to review, initiate a second sheet.

Place a x in the box to indicate if an item is present and leave the space blank if the item is not present. The coordinator may point out to you the location of an item if it is not clearly evident.

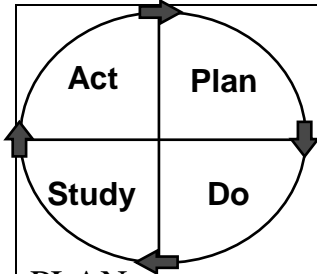
<b>Documentation in permanent record:</b>	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5	Patient record #6
<b>Program component (please write component in the space provided i.e. Individual, Group):</b>						
<b>1. Provider referral</b>						
<b>2. Participant assessment:</b>						
▪ Clinical: Relevant medical history, diabetes history						
▪ Cognitive: Functional health literacy, Age, Self-management skills and diabetes related behaviors based on the 9 content areas:						
- Describing the <b>diabetes disease process</b> and treatment options						
- Incorporating <b>nutritional management</b> into lifestyle						
- Incorporating <b>physical activity</b> into lifestyle						
- Using <b>medications</b> safely (if applicable)						
- <b>Monitoring</b> blood glucose and other parameters; interpreting and using results						
- Preventing, detecting and treating <b>acute complications</b> .						
- Preventing, through risk reduction behaviors, detecting, and treating <b>chronic complications</b>						
- Developing personalized strategies to address <b>psychosocial issues</b> and concerns						
- Developing personalized strategies to <b>promote health and behavior change</b> (goal setting, behavior change strategies aimed at risk reduction e.g. preconception care, etc.)						
• Psychosocial and self care behaviors: (i.e., cultural influences, health beliefs, health behavior, lifestyle practices, support systems, barriers to learning, relevant socioeconomic factors, experience and behavior change potential )						
<b>3. Education Plan based on assessment including:</b>						
▪ Patient selected behavioral goal/objective (at least one)						
<b>4. Summary of education intervention:</b>						
▪ Date						
Content taught						
Name of instructor						
<b>5. Evaluation of Learning, including</b>						
▪ progress toward/or achievement of behavioral objectives and related outcomes						
<b>6. Diabetes Self Management Support Plan (DSMS)</b>						
<b>7. Evidence of Communication with referring provider, including</b>						
▪ DSMS plan an						
▪ Additional education needs if applicable						

# Appendix C

## Monthly PDSA Form

MODEL FOR IMPROVEMENT

CYCLE: \_\_\_\_\_ DATE: \_\_\_\_\_



CYCLE FOR LEARNING AND IMPROVEMENT

Objective:

PLAN:

Questions:

Predictions:

Plan for change or test: who, what, when, where

Plan for collection of data: who, what, when, where

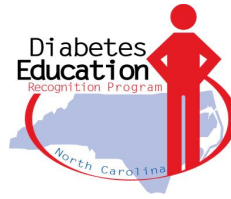
DO: carry out the change or test; collect data and begin analysis.

STUDY: complete analysis of data; summarize what was learned.

ACT: are we ready to make a change? Plan for the next cycle.

## Appendix D

# Elevated A1c Form



## Increase in A1C

Assessment: Elevated A1C after receiving diabetes education.

A1C before class \_\_\_\_\_ date \_\_\_\_\_

A1C after class \_\_\_\_\_ date \_\_\_\_\_

A1C after action taken (if applicable) \_\_\_\_\_ date \_\_\_\_\_

Problem: Ineffective therapeutic regimen management related to diabetes.

Goal: The patient's A1C will decrease at recheck (no sooner than 3 months after intervention).

Planning and/or possible reason for elevation in A1C.

1. Communicate with patient/date \_\_\_\_\_

\_\_\_\_\_

2. Communicate with physician/date \_\_\_\_\_

\_\_\_\_\_

3. Communication with other/date (MSW, pharmacist, etc.) \_\_\_\_\_

\_\_\_\_\_

Action: What will take place in order to decrease the patients A1C?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Evaluation: Results of actions taken.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Comments

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## Appendix E

### Sample Letter of Acceptance into New Cohort

(To be put on DPH Letterhead)

May 19, 2009

Health Director Name  
Health Department  
Address  
City, state, zip

Dear ,

On behalf of the NC Diabetes Education Recognition Program staff and Advisory Committee, I am pleased to inform you that (insert county health dept name) has been selected to participate in Cohort xx of the NC Diabetes Education Recognition Program. Congratulations!

This year, we are offering two program trainings. The first program training will be held on XX date at XX location. The second program training will be held XX date at XX location. Both trainings will be from XX a.m.—XX p.m. and lunch will be provided. **The trainings are identical, so choose the date/location that works best for you.** Additional information, the draft agenda and registration forms are included in this packet. Travel assistance is available.

Also in the packet, you will find a Letter of Agreement from the NC Public Health Foundation. Please sign and return as soon as possible. Once we have received your signed copy, the NC Public Health Foundation will issue a check for \$XX to help offset your program expenses.

We have included a Business Associate Agreement between your health department and the NC Public Health Foundation. If you have your own agreement that you would prefer to use, feel free to do so. Please return a copy of the signed agreement.

Finally, we have included a form that asks for demographic data as well as the name, profession and licensure information for each staff person that will be working with the program. Please complete the form and return it as soon as possible.

If you have any questions, please do not hesitate to contact me at 919-699-5886 or Joanne.Rinker@dhhs.nc.gov. We look forward to working with you to increase access to diabetes education and decrease the burden of diabetes for North Carolinians.

Sincerely,

Joanne Rinker, MS, RD, CDE, LDN  
Diabetes Education Recognition Program Coordinator

Enclosures (4)

## Appendix F

### Site Information Form



#### SITE INFORMATION (as you want it listed on ADA's website)

SITE NAME:	
STREET ADDRESS:	
CITY:	
STATE:	ZIP:
PHONE:	FAX:
HOW MANY YEARS HAS DIABETES EDUCATION BEEN OFFERED AT THIS SITE? ___	
HOW MANY PATIENTS ARE SEEN AT THIS SITE? (JUST DIABETES PATIENTS): ___	
WHAT OTHER SERVICES ARE OFFERED IN ADDITION TO DIABETES EDUCATION (MEDICAL, DENTAL, BEHAVIORAL HEALTH, PEDIATRICS, OTHER NUTRITIONAL SERVICES SUCH AS WIC, ETC.)	

For EACH person working with your diabetes education program, fill out the information below. Make copies if needed to accommodate all instructional staff:

#### LEAD STAFF PERSON (primary point of contact for the program)

Indicate profession: RD ___ RN ___ Pharmacist ___ Physician ___ Podiatrist ___ FNP ___ PA ___ Exercise Physiologist ___ Social Worker ___	Last Name	
	First Name	
	Middle Initial	
	Phone Number	
	Email Address	
	Professional License #	Expiration Date:
	CDE #	Expiration Date:
	BC-ADM #	Expiration Date:

#### ADDITIONAL STAFF

Indicate profession RD ___ RN ___ Pharmacist ___ Physician ___ Podiatrist ___ FNP ___ PA ___ Exercise Physiologist ___ Social Worker ___	Last Name	
	First Name	
	Middle Initial	
	Phone Number	
	Email Address	
	Professional License #	Expiration Date:
	CDE #	Expiration Date:
	BC-ADM #	Expiration Date:
Indicate profession	Last Name	

RD ___ RN ___ Pharmacist ___ Physician ___ Podiatrist ___ FNP ___ PA ___ Exercise Physiologist ___ Social Worker ___	First Name	
	Middle Initial	
	Phone Number	
	Email Address	
	Professional License #	Expiration Date:
	CDE #	Expiration Date:
	BC-ADM #	Expiration Date:
Indicate profession RD ___ RN ___ Pharmacist ___ Physician ___ Podiatrist ___ FNP ___ PA ___ Exercise Physiologist ___ Social Worker ___	Last Name	
	First Name	
	Middle Initial	
	Phone Number	
	Email Address	
	Professional License #	Expiration Date:
	CDE #	Expiration Date:
	BC-ADM #	Expiration Date:

- Please return this form by mail to 1915 Mail Service Center, Raleigh, NC 27699-1915 or via fax at 919-870-4801.
- With this form, please include for each staff person listed:

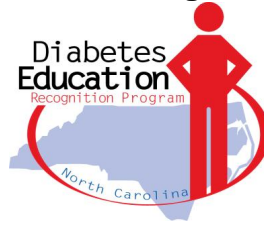
\_\_\_\_\_ Copy of licenses and certifications

\_\_\_\_\_ \*Copy of any continuing education certificates (April 2009 to present) and the agenda for each program for which a CEU certificate is submitted.

\*Remember that ALL non-CDE program staff must have 20 hours of continuing education credit per year (April – April) that are related to diabetes (may be diabetes specific, diabetes related, psychosocial, educational or program management).

## Appendix G

### Registration Form for Program/Curriculum Training



#### Diabetes Self-Management Program Training

Monday, June 15, 2009  
8:30 a.m. – 4:30 p.m.  
Hilton RTP at RDU  
4810 Page Creek Lane  
Durham, NC 27703  
919-941-6000

**OR**

Tuesday, June 23, 2009  
8:30 a.m. – 4:30 p.m.  
Renaissance Asheville Hotel  
31 Woodfin Street  
Asheville, NC 28801  
828-252-8211

This training is for all program staff that will be implementing the ADA education recognition program in local health departments.

You may register by completing the form below and faxing it to 919-870-4801 or emailing it to [Brenda.Brogden@ncmail.net](mailto:Brenda.Brogden@ncmail.net).

**Registration deadline for the June 15 training is Friday, June 5, 2009.**  
**Registration deadline for the June 23 training is Friday, June 12, 2009.**

Attendance is encouraged for all staff who will be involved in the ADA program.

**At least one person per program site should attend.**

Name		Job Title/Position	
Agency			
Business Address			
City		State	Zip
Contact Phone		Fax	Email
I will attend the training in: (please check one box)		<b>Durham</b>	<b>Asheville</b>

There is no registration fee for this training. **Travel assistance is available.** Please contact Joanne Rinker at [joanne.rinker@dhhs.nc.gov](mailto:joanne.rinker@dhhs.nc.gov) if you need travel assistance.

## **Appendix H**

### **Letter of Agreement**

#### **Between Local Health Department and NC Public Health Foundation**

(To be put on NC PHF Letterhead)

**North Carolina Public Health Foundation  
and  
ABC Health Department  
Letter of Agreement  
May 19, 2011  
NC Diabetes Education Recognition Program**

#### **Project Background:**

According to the American Diabetes Association (ADA), diabetes is a chronic disease that affects more than 18 million Americans. The total cost of diagnosed diabetes in the U.S. in 2002 was estimated to be \$132 billion. A 2006 report from the State Center for Health Statistics (SCHS) shows over 600,000 or 9.1% of North Carolina adults have been diagnosed with diabetes.

Diabetes is characterized by serious, costly, and often fatal complications. Appropriate medical care based on current standards of practice, self-management education and medication must be available to everyone with diabetes in order to prevent these complications. The ADA states "an integral component of diabetes care is self-management education delivered by an interdisciplinary team." Diabetes self-management education teaches persons with diabetes about the importance of managing their diabetes through the use of medications, diet, exercise and managing stress.

Today, self-management education is such a critical part of diabetes care that medical treatment of diabetes without self-management education is considered inadequate. Yet the 2006 SCHS report shows that 47% of adults with diabetes have never taken a class on how to manage their diabetes. In addition, a 2005 survey of all 85 local health departments (LHD's) in North Carolina demonstrated that only 58% of local health departments report the capacity to provide health education services for persons with diabetes (unpublished data, Dr. Deborah Porterfield, UNC-CH, email communication). To receive third party reimbursement for diabetes self-management education, a site must be recognized by the ADA or the Indian Health Service.

#### **Purpose:**

To address this issue, the NC Division of Public Health (DPH) has become an "umbrella" recognized program with the American Diabetes Association to provide diabetes self-management education. The purpose is to increase access in all areas of the state for people with diabetes to get needed self-management training, while providing reimbursement to local health departments for support staff to do this. ADA recognized programs may bill Medicaid, Medicare and private insurers for the self-management training. The additional reimbursement will build capacity at the local level to also provide self-management education for the uninsured and underinsured.

The ADA requires a core "Instructional Team" of a Registered Nurse (RN) and a Registered Dietician (RD) for the program. The Instructional Team, housed within DPH, will train local health department staff in the use of the NC Diabetes Self Management Curriculum as a model for diabetes self management education classes. The content of the curriculum is updated per the ADA's recommendations and meets the National Standards for Diabetes Self-Management Education. The state Instructional Team will provide technical assistance through site visits, phone calls and written communication.

The local health departments will designate staff comprised of an RN, RD or pharmacist to serve as "Instructional Staff." The Instructional Staff will ensure adherence to ADA guidelines, provide assessment, education and follow up for persons with diabetes, ensure data is collected and submitted in a timely manner, and work with state Instructional Team in developing all components of the program.

The purpose of this Letter of Agreement is to provide guidelines for the partnership between the NC Public Health Foundation and ABC Health Department.

### **Party Responsibilities:**

#### **ABC Health Department**

ABC Health Department will oversee the following components of the **NC Diabetes Education Recognition Program (DERP)**.

- Designate qualified staff to serve as "Instructional Staff" for the ADA Education Recognition Program, specifically RN, RD or pharmacist
- Ensure that Instructional Staff will obtain 20 continuing education units (CEUs) per year related to diabetes and provide evidence of CEU to state ADA Education Recognition Instructional Team
- Ensure that Instructional Staff are supported (time and travel) in attending ADA Education Recognition Program Staff meetings
- Ensure adequate and appropriate teaching and educational materials are available for Instructional Staff use
- Install, train and support the use of Chronicle Software, specifically designed for data collection for ADA Education Recognition sites
- Ensure availability of computer (laptop or desktop) and internet access for Instructional Staff to perform data entry in Chronicle software.
- Agree to use NC Diabetes Education Recognition Program's forms, manuals, etc. without exception
- Provide the required monthly reports to NC DPH by the 5<sup>th</sup> of each month
- Participate in quality improvement activities as requested
- Commit to perform/obtain HbgA1C (regardless of patient ability to pay) from all patients seen through the program
- Commitment to participate in monthly conference calls/webinars with NC DPH
- Commitment to attend meetings, trainings and educational sessions as needed
- Ensure availability of classroom space and office/space for one on one visits with patients
- Copy/reproduce patient education manuals if needed
- Purchase patient education materials as needed

#### **ABC Health Department also agrees to the following conditions of ongoing participation in DERP:**

1. To sustain the DERP, each year participating local health departments will contribute to the Public Health Foundation 10% of income derived from diabetes education or \$1,000, whichever is greater. Reminders will be sent to each participating health department in January, April, July and October of each year. Payments of 10% of revenues (up to that point) or \$250 will be due within 30 days of the payment notice. Local health departments whose diabetes self management programs reflect 80% uninsured (or greater) are exempt from these payments. This policy will be effective once billing is in place - anticipated by October 2010.

2. Each year, each participating health department must see an average of 3 patients per month in their diabetes self management program. If there are 3 consecutive months of inactivity, the DERP program coordinator will contact the health director to discuss the issues. After 3 more months of continued inactivity the matter will be referred to the Advisory Committee for discussion and action.

**NC Public Health Foundation (NC PHF)**

The NC PHF will oversee the following components of the **NC Diabetes Education Recognition Program**

- Provide support to the Diabetes Prevention and Control Branch, NC DPH, NC DHHS to ensure the provision of technical assistance to the communities and program oversight and reporting
- Maintain all financial records for the program for a period of up to four years after the end of the grant period, and make available to the participating counties reports of all financial activity within 15 business days of any such request
- Disburse grant funds to the counties once LOA is signed and after review and authorization by the Diabetes Prevention and Control Branch
- Assist with the program evaluation
- Assist participating counties in all financial or subcontracting issues connected with the program

The terms of this agreement are accepted by:

**NC Public Health Foundation**

---

Elizabeth MacLachlan  
Executive Director  
NC Public Health Foundation

Date

**ABC Health Department**

---

Name  
Health Director  
ABC Health Department

Date

**Appendix I**

## **Business Associate Agreement**

### **Between Local Health Department and NC Public Health Foundation**

(Suggested, not required)

## **HIPAA Privacy Business Associate Agreement**

### **DEFINITIONS:**

1. **Covered Entity.** Covered Entity shall mean “**ABC Health Department.**”
2. **Business Associate:** Business Associate shall mean “**North Carolina Public Health Foundation.**”
3. **Protected Health Information:** Protected Health Information (PHI) shall mean individually identifiable health information maintained or transmitted in any form or medium, including, without limitation, all information (including demographic, medical, and financial information), data, documentation, and materials that relate to: (i) the past, present, or future physical or mental health or condition of an individual; (ii) the provision of health care to an individual; or (iii) the past, present or future payment for the provision of health care to an individual. PHI does not include health information that has been de-identified in accordance with the standards for de-identification provided for the HIPAA Privacy Rule.
4. **Underlying Services Agreement:** Underlying Service Agreement shall mean the contract, agreement or arrangement in effect at that time which governs interaction between Covered Entity and Business Associate.
5. **Terms used,** but not otherwise defined, in this Agreement shall have the same meaning as those terms have in 45 CFR 16.10 and 164.501.

### **PREAMBLE**

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and its implementing regulation, the Standards for Privacy of Individually Identifiable Health Information, 45 CFR part 160 and part 164 subparts A and E, hereinafter referred to as the HIPAA Privacy Rule, the Covered Entity (as defined above) and Business Associate (as defined above) (jointly the Parties) wish to enter into an Agreement that addresses the requirements of the HIPAA Privacy Rule with respect to “business associates” as defined in the HIPAA Privacy Rule.

Specifically this Agreement is intended to ensure that Business Associate will establish and implement appropriate safeguards (including certain administrative requirements) relating to Protected Health Information Business Associate may create, receive, use, or disclose in connection with certain functions, activities, or services (collectively Services) to be provided by Business Associate to Covered Entity. The Services to be provided by the Business Associate are identified in the Underlying Service Agreement between the Parties.

The Parties acknowledge and agree that in connection with the services to be provided, Business Associate will create, receive, use, or disclose Protected Health Information (PHI).

### **GENERAL TERMS**

1. In the event of an inconsistency between the provision of this Agreement and the mandatory terms of the HIPAA Privacy Rule, as may be expressly amended from time to time by the Department of Health and Human Services (HHS) or as a result of interpretations by HHS, a court, or another regulatory agency with authority over the Parties, the interpretation of HHS, such court or regulatory agency shall prevail. In the event of a conflict among the interpretations of these entities, the conflict shall be resolved in accordance with rules of precedence.
2. Where provisions of this Agreement are different from those mandated by the HIPAA Privacy Rule, but are nonetheless permitted by the Rule, the provision of this Agreement shall control.
3. Except as expressly provided in the HIPAA Rule or this Agreement, this Agreement does not create any rights in third parties.
4. The respective rights and obligations of Business Associate under the Term and Termination of Agreement Section shall survive the termination of this Agreement.

## **OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE**

1. Business Associate agrees to create, receive, use, or disclose PHI only in a manner that is consistent with this Agreement or the HIPAA Privacy Rule and only in connection with providing the services to Covered Entity identified in the Underlying Service Agreement. Accordingly, in providing services to or for the Covered Entity, Business Associate, for example, will be permitted to use and disclose PHI for Treatment, Payment and Health Care Operations in accordance with the HIPAA Privacy Rule. Additionally, under the HIPAA Privacy Rule, Business associate also may use or disclose PHI received by Business Associate in its capacity as a Business Associate to the Covered Entity if:
  - a. the use relates to: (i) the proper management and administration of the Business Associate or to carry out legal responsibilities of the Business Associate; or (ii) data aggregation services relating to the health care operations of the Covered Entity; or
  - b. the disclosure of information received in such capacity will be made in connection with a function, responsibility, or service identified in a.(i), and such disclosure is required by law or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidential and the person agrees to notify the Business Associate of any breaches of confidentiality.
2. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for his Agreement.
3. Business Associate agrees to report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement.
4. Business Associate agrees to include in all contracts with any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, the same restrictions and conditions on the use and disclosure of PHI that apply through this Agreement to Business Associate with respect to such information.
5. Business Associate agrees to provide access, at the request of Covered Entity, and within a reasonable period of time and at a reasonable location, to PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an individual who is the subject of the PHI in order to meet the requirements under 45CFR 164.524.
6. Business Associate agrees to make PHI available for amendment and to incorporate any amendment to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an individual, within a reasonable time and in a reasonable manner.
7. Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to the Covered Entity, or at the request of the Covered Entity to HHS or its agents within a reasonable time and in a reasonable manner, for the purpose of determining Covered Entity's compliance with the HIPAA Privacy Rule.
8. Business Associate agrees to document such disclosures of PHI and information related to such disclosure as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Business Associate agrees to provide to Covered Entity or an individual, within a reasonable time and in a reasonable manner, information collected to permit Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

## **OBLIGATIONS OF COVERED ENTITY**

1. Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
2. Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.
3. Covered Entity shall notify Business Associate of any restrictions to the use or disclosure of PHI that the Covered Entity has agreed to in accordance with 45 CFR 164.522.
4. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy Rule if done by Covered Entity.

## **TERMS AND TERMINATION OF AGREEMENT**

1. **Term.** The term of this agreement shall be effective as of April 1, 2009, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protection: are extended to such information in accordance with the termination provisions in this Section.
2. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall have the right to terminate this Agreement or seek other remedies as Covered Entity sees fit.
3. **Termination of Underlying Service Agreement.** Parties agree that the termination of the Underlying Service Agreement between Parties will result in the termination of the Agreement.
4. **Effect of Termination.** Except as further provided in this Section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of the Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement effective on:

Date:	_____	Date:	_____
Company Name:	_____	Company Name:	_____
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
Title	_____	Title:	_____