# VR-SFP Chapter 7: Diabetes Self-Management Education Services

Revisions effective September 1, 2020

## 7.1 Overview of Diabetes Self-Management Education Services

Diabetes self-management education is the process of developing the customer's knowledge, skills, and abilities that are necessary to manage diabetes and improve his or her health outcomes. Vocational Rehabilitation (VR) customers might require education about diabetes to address the cause of the disease. Diabetes self-management education provides adaptive techniques and/or equipment to help the customer self-manage his or her diabetes.

Assessment and teaching of blood sugar monitoring, medication delivery, and other self-care skills related to diabetes self-management require close, hands-on evaluation and training when working with individuals who are blind or visually impaired.

Diabetes self-management education services are based on the American Association of Diabetes Educator's 7 Self-Care Behaviors™, which are:

* healthy eating;
* being active;
* self-monitoring;
* taking medications;
* healthy coping;
* problem solving; and
* reducing risk.

The diabetes self-management education services are for customers who:

* are newly diagnosed;
* need surgery or a medical procedure and are at risk of further complications because of poor diabetes management;
* are unable to maintain employment because of their diabetes;
* need additional training about diabetes management after losing their sight;
* must self-manage diabetes for admittance to training programs and for full participation in training such as that offered by the Criss Cole Rehabilitation Center; and/or
* cannot benefit from community-based educational programs; or
* have unique needs that cannot be met through medical providers paid through the Maximum Affordable Payment Schedule.

## 7.2 Staff Qualifications and Training

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## 7.3 Assessment of Diabetes Self-Management

### 7.3.1 Service Description

A diabetes self-management assessment is the diabetes educator's evaluation of a customer's ability to manage the diabetes. The assessment must gather information about the customer's:

* medical history;
* age;
* cultural influences;
* beliefs and attitudes about maintaining good health; and
* knowledge about diabetes.

A diabetes self-management assessment is provided in person with the trainer and customer at the same location. The diabetes self-management assessment may be provided remotely only with a VR director approved VR3472, Contracted Service Modification Request.

When the Center for Disease Control and Prevention (CDC) or federal, state, and/or local governments issue health and safety protocols such as social distancing, diabetes self-management assessment may be provided only with a VR director approved VR3472, Contracted Service Modification Request.

The VR3472 must include:

* how the service will be delivered:
	+ in person, remotely, or a combination thereof;
	+ following health and safety protocols; and
	+ meeting the customers individual training needs,
* justification for need of the service; and
* verification the customer has agreed to participate in the services as described above.

For more information refer to 3.6.4.2 Evaluation of Service Delivery.

For information on acceptable signatures refer to 3.11.1 Documentation and Signatures.

It is recommended that the diabetes educator use adaptive equipment and disposable supplies for demonstration during the assessment. The suggested items include:

* a talking blood-glucose meter;
* an insulin-measuring device, such as Count-A-Dose, which allows a blind or vision-impaired individual with diabetes to fill an insulin syringe without assistance;
* a syringe magnifier;
* a portion-control plate, such as Meal Measure;
* an insulin pen (or other injectable device for demonstration purposes);
* a talking blood-pressure monitor; and
* disposable supplies such as test strips, syringes, and insulin.

The customer and instructor develop an education and support plan that is created from evidence-based approaches for effective health communication and education while taking into consideration the customer's barriers to self-management, abilities, and expectations as well as information from the diabetes self-management assessment. (ADA, 2016)

The initial diabetes self-management assessment helps the diabetes educator recommend the skills training from which the customer would benefit. The training areas include information and skills relating to:

* an overview of the pathophysiology of diabetes;
* nutrition;
* exercise and activity;
* blood-glucose monitoring and how to use the monitoring results;
* diabetes-related complications;
* management of sick days;
* medical treatment;
* medication;
* foot, skin, and dental care;
* preconception care, pregnancy, and gestational diabetes, if applicable;
* insulin;
* use of the health care system;
* community resources;
* stress and psychosocial adjustment;
* goal setting;
* employment aspects and/or barriers related to diabetes; and
* adaptive diabetes self-management equipment and tools.

The initial assessment should evaluate all the above topics. The training plan should recognize the partial or complete deficits in self-management knowledge and identify the specific deficits that should be addressed. If the results of the initial diabetes self-management assessment warrant, training may begin immediately if:

* an initial diabetes self-management assessment was conducted in the previous 12 months;
* no significant change to the customer's medical status, including no new medications or new complications, has occurred;
* a service authorization has been issued; and
* the service provider has adequate information to begin skills training based on the results of the Initial Diabetes Self-Management Assessment.

Should the provider of the diabetes education training be different from the provider who conducted the initial assessment, the [VR2888, Diabetes Self-Management Education Assessment](https://www.twc.texas.gov/forms/index.html), and the [VR2901, Diabetes Self-Management Pre- and Post-Assessment](https://www.twc.texas.gov/forms/index.html), should be reviewed by the new provider prior to initiating diabetes education training.

If the new diabetes educator does not agree with the original assessment recommendations, a consultation between the VR counselor, new diabetes educator, and state office program specialist for diabetes education is scheduled to establish an agreement on appropriate diabetes education for the VR customer.

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## 7.4 Diabetes Skills Training

### 7.4.1 Service Description

Diabetes skills training is provided by a diabetes educator who instructs and counsels the customer and family by means of individual and/or group skills training sessions that have been authorized by means of a service authorization.

Diabetes skills training is provided in person with the trainer and customer at the same location.

When the Centers for Disease Control and Prevention (CDC) or federal, state, and/or local governments issue health and safety protocols, such as social distancing, diabetes skills training may be provided only with a VR director approved [VR3472, Contracted Service Modification Request.](http://www.texasworkforce.org/forms/VR3472.docx%22%20%5Co%20%22https%3A//twc.texas.gov/forms/index.html%22%20%5Ct%20%22_blank)

The VR3472 must include:

* how the service will be delivered:
	+ in person, remotely or a combination thereof;
	+ following health and safety protocols; and
	+ to meeting the customer’s individual training needs,
* the number of hours for each training session;
* justification for the need of the service; and
* verification the customer has agreed to participate in the services as described above.

For more information refer to 3.6.4.2 Evaluation of Service Delivery.

For information on acceptable signatures refer to 3.11.1 Documentation and Signatures.

Diabetes skills training is intended to:

* provide self-management education;
* identify best methods for managing diabetes medication(s); and
* help the customer identify barriers, solve problems, and develop coping skills to achieve effective self-care and behavior changes.

Diabetes skills training helps customers set goals and make effective health and care decisions that fit their values and lifestyles. Diabetes educators help customers:

* develop a plan to improve their health;
* develop goals through individualized problem solving;
* provide motivation; and
* incorporate health recommendations into daily life.

The number of training hours recommended for individual diabetes self-management is based on:

* the initial assessment; and
* the topics covered that are related to the customer's vocational goals.

Up to 12 hours of skills training for diabetes self-management can be provided:

* individually;
* in a group of two to eight customers; or
* as a combination of one-on-one and group training sessions

Diabetes educators are reimbursed only for the time spent teaching customers. Trainers are not reimbursed for:

* planning time, such as in meetings or talking with VR staff; or
* time spent completing and submitting the required paperwork,

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## 7.5 Post-Training Assessment

The post-training assessment is the final meeting provided for diabetes services. In this one-hour assessment, the customer and diabetes educator develop a follow-up plan for ongoing support. The plan includes information about goals, educational and equipment outcomes, and ongoing needs.

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### 7.5.2 Process and Procedure

To document the one-hour post-training assessment, the diabetes educator completes the:

* VR2900, Diabetes Self-Management Education Post-Training Assessment; and
* VR2901, Diabetes Pre- and Post-Assessment.

The post-training assessment must be completed for all customers 30 days after the last training session. Only the post-training assessment may be completed in person, by phone, or by video conferencing with the customer. The preferred method to complete the post-training assessment is in person. If a post-training assessment must be provided sooner than 30 calendar days after the skills training, the trainer must request approval from the referring VR counselor or the OIB worker prior to the post assessment being completed. The VR counselor or OIB worker requests approval from the VR director using VR3472, Contracted Service Modification Request.

For more information refer to 3.6.4.2 Evaluation of Service Delivery.

To evaluate the customer's progress, the post-assessment fields are completed on the same VR2901, Diabetes Pre-and Post-Assessment that was submitted at the initial assessment.

For information on acceptable signatures refer to 3.11.1 Documentation and Signatures.

### 7.5.3 Outcomes Required for Payment

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