



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Diabetes Prevention Program				POLICY #: 11.28-P	
DEPARTMENT: Health Education					
Effective Date: 1/1/2019	Review/Revised Date: 4/18/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Chief Executive Officer

Date _____

Chief Medical Officer

Date _____

Chief Health Services Officer

Date _____

Senior Director of Provider Network

Date _____

Director of Health Education Cultural and Linguistics Services

Date _____

POLICY:

Commencing January 1, 2019, Kern Health Systems (KHS) will cover the Diabetes Prevention Program (DPP) benefit and make it available to eligible members. KHS will comply with requirements for the DPP benefit as outlined in the Department of Health Care Services (DHCS) All Plan Letter 18-018 and all future Medi-Cal News Flash updates, Provider Bulletins, and Provider Manual updates on the Medi-Cal website.

The DPP is an evidence-based lifestyle change program, taught by peer coaches, designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP and set national standards and guidelines, also known as the CDC Diabetes Prevention Recognition Program (DPRP) for the effective delivery of the National DPP lifestyle change program. DHCS has authorized the implementation of the DPP pursuant to Welfare and Institutions Code (WIC) Section 14149.93 as

DEFINITIONS:

<p>Eligible Program Participant (for inclusion in KHS DPP)</p>	<p>A participant who meets the requirements for age, BMI, and prediabetes/risk determination. The participant cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of enrollment. If a participant becomes pregnant or is diagnosed with type 2 diabetes during the program, they may continue participation, but their data will not be included in the evaluation.</p>
<p>The National DPP lifestyle change program</p>	<p>The translated adaptation of the DPP lifestyle intervention which: is a yearlong structured program (in-person, online, combination, or other as defined in the DPRP Standards and Operating Procedures) consisting of:</p> <ul style="list-style-type: none"> • An initial 6-month phase offering at least 16 sessions over 16–26 weeks and • A second 6-month phase offering at least one session a month (at least 6 sessions). • Is facilitated by a trained Lifestyle Coach/Peer Counselor • Uses a CDC-approved curriculum. • Includes regular opportunities for direct interaction between the Lifestyle Coach and participants. • Focuses on behavior modification, managing stress, and social support.

PROCEDURES:

I. MEMBER ELIGIBILITY CRITERIA

KHS Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit. A Member who meets the requirements for age, BMI, and prediabetes/risk determination will be considered eligible for the KHS DPP. The Member cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of their enrollment. If a participant becomes pregnant or is diagnosed with type 2 diabetes during the program, they may continue participation, but their data will not be included in the evaluation of the Program.

KHS will enroll Members according to the following requirements

- A. All Members must be 18 years of age or older and not pregnant at time of enrollment. This program is intended for adults at high risk for developing type 2 diabetes.
- B. All KHS DPP participants will have a body mass index (BMI) of $\geq 25 \text{ kg/m}^2$ ($\geq 23 \text{ kg/m}^2$, if Asian).
- C. All of the KHS DPP participants must be considered eligible based on either:
 1. A recent (within the past year) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:

- a. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)
 - b. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
 - c. A1c of 5.7 to 6.4
 - d. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy or
2. A positive screening for prediabetes based on the CDC Prediabetes Screening Test or a screening result indicating high risk for type 2 diabetes on the hard copy or electronic version of the American Diabetes Association Type 2 Diabetes Risk Test
- D. DPP participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
- E. A health care professional may refer potential participants to the KHS DPP, but a referral is not required for participation in the program.

Participants who develop type 2 diabetes while in the KHS DPP will be referred to their primary care provider for diabetes management..

Lifestyle change programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are currently pregnant. KHS DPP participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.

II. DIABETES PREVENTION PROGRAM PROVIDERS

KHS will ensure that DPP providers comply with the most current CDC DPRP guidelines and obtain pending, preliminary, or full CDC recognition. KHS DPP providers will deliver direct services to members through sessions taught by peer coaches.

KHS DPP providers must use a CDC-approved lifestyle change curriculum that does all of the following:

- Emphasizes self-monitoring, self-efficacy, and problem solving;
- Provides for coach feedback;
- Includes participant materials to support program goals; and
- Requires participant weigh-ins to track and achieve program goals.

III. PEER COACHES

DPP sessions provided to KHS Members must be taught by peer coaches, also known as lifestyle coaches, who promote realistic lifestyle changes, emphasize weight loss through healthy eating and physical activity, and implement the DPP curriculum. A peer coach may be a physician, non-physician practitioner, or an unlicensed person who is trained to deliver the required curriculum content and who possesses the skills, knowledge, and qualities specified in the most current CDC DPRP guidelines.

IV. PROGRAM STRUCTURE

KHS will cover a minimum of 22 DPP sessions for the first 12 months of the DPP benefit. Months 1 through 12, known as the core services period, will typically consist of weekly core sessions in the first 6 months (months 1 through 6) followed by monthly core maintenance sessions in the next 6 months (months 7 through 12). Thereafter, KHS will provide 12 months of ongoing maintenance sessions (months 13 through 24) to qualified members to promote continued healthy behaviors. A member qualifies for the ongoing maintenance sessions if:

- a. The member achieves and/or maintains minimum weight loss of five percent from the first core session, and
- b. The member meets the attendance requirement, as outlined in the Medi-Cal Provider Manual.

KHS may determine the modalities acceptable to KHS members for the required weigh-ins. Acceptable modalities may include, but are not limited to, an in-person weigh-in at a DPP session or DPP provider location, a remote weigh-in at the member's home using scales with digital or Bluetooth communications capability, or self-reported weigh-ins with or without confirmatory documentation.

V. DELIVERY METHODS FOR DPP SESSIONS

KHS will cover the following delivery methods for DPP sessions as deemed clinically appropriate:

- **In-Person** – For in-person delivery, members are physically present in a classroom or classroom-like setting with a peer coach.
- **Distance Learning** – Distance learning occurs when peer coaches deliver sessions via remote classroom or telehealth. The peer coach is present in one location while participants call in or participate by video-conference from another location.
- **Online** – Online delivery can be conducted either through synchronous real-time interactive audio and video telehealth communication or through asynchronous store and forward telehealth communication. Members can log into DPP sessions via a computer, laptop, tablet, mobile phone, or other device from any location, such as the member's home, without a practitioner or coach present. In addition, members must interact with peer coaches at various times and by various communication methods, including but not limited to online classes, emails, phone calls, or texts.
- **Combination** – Combination refers to any combination of in-person, distance learning, or online delivery methods.

VI. FREQUENCY

KHS may offer the benefit as often as necessary, but the Member's medical record must indicate that the member's medical condition or circumstance warrants repeat or additional participation in the DPP benefit.

Examples of circumstances that warrant repeat or additional participation include, but are not limited to:

- Member switched enrollment from one Health Plan to a different Health Plan;
- Member transitioned from Fee-for-Service Medi-Cal into KHS;
- Member moved to a different county;
- Member experienced a lapse in Medi-Cal enrollment; and
- Member has or had medical conditions that hinder DPP session attendance.

VII. CURRICULUM TRANSLATORS

KHS will ensure that DPP providers use a CDC-approved curriculum. DPP providers may use either the official CDC curriculum or a modified curriculum that has been approved by the CDC.

KHS will be responsible for ensuring that DPP services are provided in a culturally and linguistically appropriate manner. KHS will also ensure that translated curriculum materials are made available timely to Members and meet all requirements per WIC Section 14029.91,11 Part 92 of Title 45 of the Code of Federal Regulations (CFR),¹² and Section 1557 of the federal Patient Protection and Affordable Care Act (42 United States Code (USC) Section 18116).

VIII. DOCUMENTATION OF PERFORMANCE BASED CODES

KHS will maintain documentation of appropriate codes for all DPP services.

IX. DELEGATES

KHS will ensure that contracted delegates comply with all applicable state and federal law and regulations and other contractual requirements as well as DHCS guidance, including APLs and Dual Plan Letters. KHS will revise and update the Division of Financial Responsibility (DOFR) as necessary based on DHCS requirements. DHCS' readiness review process includes a review of KHS's delegation oversight. KHS will receive prior approval from DHCS for each delegate.

Revision 2021-11: Updates made by Director of HE/C&L. Policy renumbered from 3.90-P to Health Education Department. On 10/27/2022, the policy was accepted by the DHCS under the File and Use criteria. **Revision 2019-01:** Policy created 12/04/2018 to comply with All Plan Letter (APL) 18-018. The most current CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating WIC Section 14149.9 can be found at: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>