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DATE: November 16, 2018

ALL PLAN LETTER 18-018

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DIABETES PREVENTION PROGRAM

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the implementation of the Diabetes Prevention Program (DPP).

BACKGROUND:

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 DPP¹ and set national standards and guidelines, also known as the CDC Diabetes Prevention Recognition Program (DPRP),² for the effective delivery of the National DPP lifestyle change program. The Department of Health Care Services (DHCS) is authorized to implement the DPP pursuant to Welfare and Institutions Code (WIC) Section 14149.9³ as revised by Senate Bill 97 (Chapter 52, Statutes of 2017)⁴ and Assembly Bill 1810 (Chapter 34, Statutes of 2018).⁵

POLICY:

Commencing January 1, 2019, MCPs must cover the DPP benefit and make it available to eligible members. MCPs must comply with requirements for the DPP benefit as outlined in this APL and all Medi-Cal NewsFlash updates, Provider Bulletins, and Provider Manual updates on the Medi-Cal website.^{6, 7}

¹ General information on the National Diabetes Prevention Program can be found at:

<https://www.cdc.gov/diabetes/prevention/index.html>

² The most current CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures can be found at: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>

³ WIC Section 14149.9 can be found at:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14149.9.&lawCode=WIC

⁴ Senate Bill 97 (Chapter 52, Statutes of 2017) can be found at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB97

⁵ Assembly Bill 1810 (Chapter 34, Statutes of 2018) can be found at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1810

⁶ NewsFlash updates and Provider Bulletins are available at: <http://www.medi-cal.ca.gov/default.asp>.

⁷ The Provider Manual is available at: http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp

I. DPP Providers

DPP providers, typically organizations, deliver direct services to members through sessions taught by peer coaches. MCPs must ensure that DPP providers comply with the most current CDC DPRP guidelines and obtain pending, preliminary, or full CDC recognition.⁸

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.

II. Peer Coaches

DPP sessions 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.

III. Eligibility Criteria

Members must meet the most current CDC DPRP participant eligibility requirements to qualify for the DPP benefit.⁹

IV. Program Structure

MCPs must 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, 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, MCPs must 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:

⁸ CDC recognition requirements can be found in the most current CDC DPRP Standards and Operating Procedures at: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>

⁹ CDC DPRP participant eligibility requirements can be found in the most current CDC DPRP Standards and Operating Procedures at: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>

(1) the member achieves and/or maintains minimum weight loss of five percent from the first core session, and (2) the member meets the attendance requirement, as outlined in the Medi-Cal Provider Manual.

MCPs may determine the modalities acceptable to the MCP 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

MCPs can 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

The benefit may be offered 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 MCP to a different MCP;
- Member transitioned from Fee-for-Service Medi-Cal into an MCP;
- 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 Translations

MCPs must 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.¹⁰

MCPs are responsible for ensuring that DPP services are provided in a culturally and linguistically appropriate manner. MCPs must also ensure that translated curriculum materials are timely made available 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).¹³

VIII. Documentation of Performance-Based Codes

MCPs should maintain documentation of appropriate codes for all DPP services.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

¹⁰ For guidance on modifications of the official CDC curriculum (such as language translations or cultural adaptations), the CDC approval process, and publicly available translations, please send inquiries to the CDC at this electronic mail address: dprpAsk@cdc.gov.

¹¹ WIC Section 14029.91 can be found at: http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=7.&article=1.

¹² Part 92 of Title 45 of the CFR can be found at: <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=a456b052532c14027607c3fab320bd7a&ty=HTML&h=L&mc=true&n=pt45.1.92&r=PART>.

¹³ 42 USC Section 18116 can be found at: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section18116&num=0&edition=prelim>.

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If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division