Dear CDC-Recognized Organization,

The purpose of this email is to inform you of changes to the *CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures (DPRP Standards).* Updated program standards have been approved and will go into effect on January 1, 2018. This email includes two attachments: the 2018 *DPRP Standards* and the 2018 National Diabetes Prevention Program (National DPP) Datasheet. Please read this message in its entirety, and review the attachments thoroughly to ensure that you understand the changes. This email will be followed-up by an email that contains your updated evaluation data submission schedule which should be retained for future reference. Please note that if Medicare Diabetes Prevention Program (MDPP) preliminary recognition status was achieved in 2017 based on the CMS rule, CDC will convert that status to preliminary recognition beginning on January 1, 2018, in accordance with the *DPRP Standards*.

Summary of changes

CDC is making the following changes in the data elements collected and frequency and timing of data submissions:

1. The addition of enrollment source (ENROLL). Will identify the source (person, place, or thing) which led the participant to enroll in the yearlong program (see data dictionary for the appropriate code).
2. The addition of payer type (PAYER). Will identify the payment method participants are using to pay for their participation in the yearlong program (see data dictionary for the appropriate code).
3. The addition of delivery mode (DMODE). Will identify the delivery mode for each session, as defined in the Applying for Recognition section, for this specific participant (i.e., in-person, online, distance learning). If a participant attending an in-person program completes a make-up session over the phone, then that make-up session will be classified as a "distance learning" session using the DMODE variable.
4. The addition of Session ID (SESSID). Will identify weekly sessions offered throughout the yearlong program. Session IDs in months 1-6 should be numbered sequentially, and may range from 1 through 26depending on frequency of weekly offerings. This is because many organizations offer more than the minimum-required 16 sessions in months 1-6. There are 26 weeks in months 1-6; thus, weekly sessions could be numbered 1-26, depending on whether or not they are offered during each of the 26 weeks. Session IDs in months 7-12 will all be numbered as 99, and sessions in ongoing maintenance months (for Medicare DPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions) will all be numbered as 88. If a session designed to be given in months 7-12 (such as one from PreventT2) is used in months 1-6, it should be coded as 1 through 26, since it is being delivered during that timeframe. Similarly, if a session designed to be given in months 1-6 is used in either months 7-12 or for ongoing maintenance (MDPP suppliers only), it should be coded 99 or 88, respectively.

5. The addition of Session Type (SESSTYPE). Will identify the session attended within months 1-6 (scheduled core sessions) as "C", core maintenance sessions attended within months 7-12 as "CM", or ongoing maintenance sessions as "OM" in the second year and third year (post-yearlong lifestyle change program) for Medicare DPP suppliers or other organizations that choose to offer ongoing maintenance sessions. Make-up sessions will be identified as "MU" and should be used with the corresponding Session ID that was previously missed by the participant (i.e., the session they are making up). If a 7-12 month curriculum module (such as one from PreventT2) is used in months 1-6, it should be coded as a "C", since it is technically being utilized as a core session. Similarly, if a 1-6 month curriculum module is used in months 7-12 or for ongoing maintenance sessions (MDPP suppliers only), it should be coded CM or OM, respectively.
6. A change in the way physical activity minutes (PA) will be evaluated. At some or all program sessions, participants are asked to report the number of minutes of brisk physical activity they completed in the preceding week. If the number of minutes is greater than or equal to 997, 997 should be used. Zero (0) minutes reported will not count as documented PA minutes. It is unlikely that participants are not completing any PA minutes, since the curriculum indicates that even simple activities such as house cleaning and gardening can count as PA minutes. The default value of 999 should only be used until physical activity monitoring begins in the curriculum.
7. The frequency and timing of the data submissions. The frequency of data submissions is changing from every 12 months to every 6 months. Beginning January 1, 2018, an organization's data submissions will be due every 6 months on their effective date.

Because your organization was recognized prior to January 1, 2018, you are not expected to comply with the new standards immediately. In order to ensure an orderly transition from the 2015 *DPRP Standards* to the revised 2018 *DPRP Standards*, CDC will allow you the option of submitting the 2015 data elements or submitting the new 2018 data elements, up to June 30, 2018. Thereafter, you will be required to transition to the 2018 *DPRP Standards*.

If your organization is currently listed in CDC's Registry of All Recognized Organizations as offering the program using more than one delivery mode (for example, you are offering an in-person program as well as an online program), please inform us as to which delivery mode you are predominantly offering. After January 1, 2018, we will be providing organizations that offer more than one delivery mode additional organization codes to represent these additional modes. Moving forward, you will be asked to submit a single spreadsheet for each delivery mode.

According to the 2018 DPRP Standards, we will be collecting additional organization-level information. Please provide us with the following:

Class Type. Select all applicable class types offered: public (open to anyone who qualifies for the lifestyle change program without further restrictions), employee (open only to employees of

the organization or the host organization), member-only (open only to member insureds; membership required), or other. Organizations offering classes to the public should provide the physical addresses of the classes, or online link to class offerings, to DPRPApply@cdc.gov.

Organization Type. Choose the option that best describes the organization type. This refers to an organization's main headquarters location or main office: Local or community YMCAs; Universities/Schools; State/Local Health Departments; Hospitals/Healthcare Systems/Medical Groups/Physician Practices; Community-Based Organizations/Community Health Centers/Federally Qualified Health Centers; Pharmacies/Drug Stores/Compounding Pharmacies; Indian Health Service/Tribal/Urban Indian Health Systems; Business Coalitions on Health/Cooperative Extension Sites; Worksites/Employee Wellness Programs; Senior/Aging/Elder Centers; Health Plans/Insurers; Faith-Based Organizations/Churches; For-profit Private Businesses; Other (please specify).

Lifestyle Coach Training Entity. Provide the name of the training entity the applicant organization will use or has used to train their main Lifestyle Coaches. Choose from 1) a training entity that has an MOU with CDC and is listed on the CDC website (found here: https://www.cdc.gov/diabetes/prevention/lifestyle program/staffing training.html), 2) a private organization with a national network of program sites, 3) a CDC-recognized virtual organization with national reach, or 4) a Master Trainer (has completed at least 12 hours of formal training as a Lifestyle Coach, has successfully offered the National DPP lifestyle change program for at least one year, and has completed a Master Trainer program offered by a training entity listed on the CDC website).

If you have any other questions about the DPRP program changes, please email the CDC DPRP directly at DPRPask@cdc.gov.

We understand that important changes have been introduced to the DPRP, and some of these may impact your program delivery operations. We hope you agree with us that these changes are necessary to provide a stronger lifestyle change program, and will help us to expand our reach to more people with prediabetes.

The CDC DPRP Team

[Transition Timeline to be Sent after Transition Letter Above]

Dear CDC-Recognized Organization,

The purpose of this email is to follow up on the changes to the *CDC Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures.* This email contains your updated evaluation data submission schedule and should be retained for future reference.

Your organization information is displayed below. Your data submission schedule is based on your effective date.

Your Organization Name:	Organization Name
Your DPRP Assigned Organization Code:	ORGCODE
Your DPRP Approved Date:	mm/dd/yyyy
Your DPRP Evaluation Data Submission Status:	Baseline Date is mm/dd/yyyy. Last submitted data file was for XX months
Your Effective Date:	**mm/dd/yyyy**

Your data submission schedule:

	Data Collection Period From	Data Collection Period To	Data Reporting Period From	Data Reporting Period To
Next Data Submission	your last data submission	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Biannually Thereafter	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

If you have any other questions about the DPRP changes, please email the CDC DPRP directly at DPRPask@cdc.gov.

We understand that important changes have been introduced to the DPRP, and some of these may impact your program delivery operations. We hope you agree with us that these changes are necessary to provide a stronger foundation for the DPRP, and will help us to expand our reach to more people with prediabetes. There is no action required on your part to continue your organization's participation in the DPRP.

The CDC DPRP Team