



State Specialist Workforce Initiative Guide

Training, Networks, Transitions,
and Long-Term Sustainability

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The Diabetes MATCH Initiative: Mobilizing Access Through Capacity Building & Health



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Introduction

Introduction

The National Diabetes Prevention Program (National DPP) lifestyle change program (LCP) and diabetes self-management education and support (DSMES) services are evidence-based approaches that help prevent and manage type 2 diabetes. Expanding access to these programs and services requires strong coordination, partner engagement, and ongoing technical assistance (TA) and support for organizations delivering these services within states and local communities.

To strengthen these efforts, NACDD developed the National DPP and DSMES State Specialist Workforce Initiative in collaboration with CDC and other national partners. The initiative helps build and support a workforce with the knowledge and skills needed to provide TA and support to delivery organizations and partners working to increase the availability, quality, sustainability, and reach of the National DPP LCP and DSMES services.

State Specialists play an important role in supporting diabetes prevention and management efforts within state health departments (SHDs) and other CDC-funded organizations, such as large city health departments or partner organizations. State Specialists may support activities such as providing TA to delivery organizations, using data to support TA and quality improvement, strengthening referral pathways, coordinating resources, supporting partner engagement efforts, and helping organizations work toward long-term sustainability.

Purpose of This Guide

The purpose of this guide is to support continuity, onboarding, transition planning, and long-term sustainability of the State Specialist role within SHDs and other CDC-funded organizations. This guide is intended to help organizations and State Specialists preserve institutional knowledge, maintain partner and delivery organization relationships, organize key resources and responsibilities, and support continuity of TA and support during both planned and unexpected staffing changes.

In addition to transition planning, this guide provides practical information about the State Specialist Workforce Initiative, trainings, onboarding expectations, State Specialist Networks, first-year activities, and strategies to sustain and strengthen the role over time. This guide is designed to support both new and experienced State Specialists, supervisors, and organizational leadership involved in diabetes prevention and management efforts.

Intended Audience

This guide was developed primarily for National DPP State Quality Specialists (SQSs) and DSMES State Specialists working within SHDs. This guide may also be useful for supervisors, program staff, leadership, and other team members involved in supporting diabetes prevention and management efforts within SHDs.

While the guide was designed primarily for State Specialists working in SHDs, some information and approaches may also be useful for State Specialists and staff working within other CDC-funded organizations that support the National DPP LCP and/or DSMES services.

Introduction

Technical Assistance

In this Guide, TA refers to the support provided to delivery organizations, partners, and other collaborators to strengthen the implementation, quality, sustainability, and reach of the National DPP LCP and DSMES services.

TA activities may include sharing resources, responding to questions, reviewing data, supporting quality improvement efforts, connecting organizations to national and state resources, strengthening referral systems, supporting sustainability planning, and facilitating peer learning and collaboration.

State Specialist responsibilities may vary across organizations based on staffing structures, funding, priorities, and state or organizational needs.

How to Use This Guide

This guide is designed to be practical and flexible. Some users may review the entire guide, while others may use individual sections based on their role, needs, or stage of transition.

This guide includes planning considerations, examples, tools, and suggested approaches that organizations may adapt based on their structure, staffing model, priorities, and available resources.

Throughout this document, the general term “State Specialist” is used when referring collectively to both DSMES State Specialists and National DPP SQSs.

Workforce Continuity and Sustainability

Thoughtful succession and transition planning can help maintain momentum, strengthen continuity of TA efforts, and support the long-term sustainability of diabetes prevention and management activities. Planning ahead can also help preserve operational knowledge and key resources, maintain relationships with delivery organizations and partners, and support a smoother transition for both outgoing and incoming staff.

While staffing transitions are inevitable, organizations can take steps to reduce disruption and continue supporting delivery organizations, partners, and communities during periods of change.

Sections in This Guide

The remaining sections of this guide provide practical guidance, tools, checklists, and resources related to peer networks, transition planning, training and onboarding, first-year activities, and long-term sustainability of the State Specialist role.

The sections follow the typical progression of a State Specialist, from understanding the Initiative and peer network through transition planning, onboarding, first-year activities, and ultimately sustaining the role over time.

Acronyms

Acronym	Full Term
ADA	American Diabetes Association
ADCES	Association of Diabetes Care & Education Specialists
CMS	Centers for Medicare & Medicaid Services
CDC	Centers for Disease Control and Prevention
DEAP	Diabetes Education Accreditation Program
DPRP	Diabetes Prevention Recognition Program
DSMES	Diabetes self-management education and support
DTTAC	Diabetes Training and Technical Assistance Center
ERP	Education Recognition Program
FAQ	Frequently asked questions
FQHC	Federally Qualified Health Center
KSAs	Knowledge, skills, and abilities
LCP	Lifestyle change program
MATCH	Mobilizing Access Through Capacity Building and Health
MDPP	Medicare Diabetes Prevention Program
NACDD	National Association of Chronic Disease Directors
National DPP	National Diabetes Prevention Program
SHD(s)	State health department(s)
SME(s)	Subject matter expert(s)
SQS	State Quality Specialist
TA	Technical assistance

Section 1: Overview of the State Specialist Workforce Initiative

Background

The State Specialist Workforce Initiative is a workforce development and support model designed to build and sustain a trained network of specialists with the knowledge, skills, and competencies needed to provide high-quality TA and support to delivery organizations and partners working to expand access to and participation in the National DPP LCP and DSMES services.

The Initiative combines comprehensive training, onboarding, peer collaboration opportunities, professional development, and SME support to strengthen the capacity of specialists working in diabetes prevention and management. Through this model, State Specialists help delivery organizations strengthen program quality, sustainability, referrals, coverage, and participant access to services. In some states, one individual may support both National DPP and DSMES activities depending on staffing structure and funding.

History and Development

In addition to NACDD and CDC, the Initiative was shaped and piloted in 2020 by NACDD's Diabetes Council Leadership Group made up of diabetes-focused staff and SMEs from SHD diabetes programs, the Emory University Diabetes Training and Technical Assistance Center (DTTAC), the American Diabetes Association (ADA), and the Association of Diabetes Care & Education Specialists (ADCES). In 2024, the Initiative began receiving support and TA from Emory University through the MATCH Initiative.

The State Specialist Workforce Initiative is designed to support people at risk for diabetes and diabetes-related complications through community-centered and responsive approaches. Older adults, people living in rural areas, people with limited access to health care, and populations disproportionately affected by diabetes may experience barriers to accessing diabetes prevention and education services. State Specialists work with delivery organizations and partners to help increase access to the National DPP LCP and DSMES services for these populations and communities.

The Initiative is supported collaboratively by CDC, NACDD, Emory University, DTTAC, ADA, ADCES, and other national partners that provide training, resources, TA, and peer learning support.

What Is the State Specialist Workforce Initiative?

The State Specialist Workforce Initiative is designed to support and strengthen a trained workforce that provides TA to National DPP delivery organizations, DSMES service organizations, and partners involved in diabetes prevention and management efforts.

The Workforce Initiative provides:

- Standardized training and onboarding support.
- Peer collaboration opportunities.
- Regular professional development.
- Access to SMEs.
- Opportunities for collaboration and shared learning.

Section 1: Overview of the State Specialist Workforce Initiative

The goal of the Initiative is to strengthen the ability of State Specialists to support delivery organizations and increase access to high-quality diabetes prevention and management services across states and communities. See Figure 1.1: State Specialist Workforce Initiative Framework for an overview of the Initiative’s components.

“Delivery organizations” is the term used throughout this guide to refer to organizations that are offering or interested in offering the National DPP LCP (also called a CDC-recognized organization) and/or DSMES programs and other support services, such as the Diabetes Education Empowerment Program from the University of Illinois at Chicago.

Figure 1.1: State Specialist Workforce Initiative Framework



Section 1: Overview of the State Specialist Workforce Initiative

What Is a State Specialist?

State Specialists are a trained workforce primarily housed within SHDs, though some may be based in local health departments or other CDC-funded organizations. They provide TA to National DPP and DSMES delivery organizations and key partners. State Specialists may receive requests for TA and support from CDC, national organizations, delivery organizations, and partners seeking assistance related to National DPP and DSMES implementation.

State Specialists support delivery organizations and partners through activities such as the following:

- TA
- Relationship building
- Problem solving
- Resource coordination
- Quality improvement support
- Data interpretation
- Systems-level collaboration

The vision of the State Specialist Workforce Initiative is to have a trained workforce of specialists focused on providing high-quality TA to delivery organizations and their partners. The vision is for every SHD to have at least one trained National DPP SQS and one DSMES State Specialist.

National DPP State Quality Specialists and DSMES State Specialists

State Specialists complete customized training and gain the skills and tools needed to expand the reach and availability of the National DPP LCP and/or DSMES services. State Specialists also participate in national networks that provide continued learning, collaboration, and peer support ([see Section 2: State Specialist Networks](#)).

Because specialists supporting National DPP delivery organizations have access to Diabetes Prevention Recognition Program (DPRP) delivery organization data, the term “quality” is included in their title: National DPP SQS. SQSs have access to aggregate participant data from the DPRP for delivery organizations in their state that have consented to share this information. These data help support TA, quality improvement activities, landscape analyses, and identification of delivery organizations that may benefit from additional support.

Section 1: Overview of the State Specialist Workforce Initiative

Table 1.1: Comparison of State Specialist Roles

Area	National DPP SQS	DSMES State Specialist
Primary focus	National DPP LCP	DSMES services and diabetes support programs
Delivery organizations supported	CDC-recognized organizations and organizations seeking CDC recognition	Organizations offering DSMES services or diabetes support education and organizations seeking accreditation or recognition
Key TA topics	DPRP standards, recognition, data review, quality improvement, referrals, sustainability, and reimbursement support	Accreditation and recognition, referrals, sustainability, reimbursement support, and program implementation
Data access responsibilities	Access to CDC DPRP aggregate participant data for consenting organizations and use of the National DPP Operations Center to support quality improvement, monitoring, and TA activities	Access to publicly available DSMES-related data sources and statewide data used to support TA and planning activities

How to Become a State Specialist

Eligible staff may apply to become a State Specialist (see criteria for eligibility requirements and information on training and onboarding in [Section 4: State Specialist Workforce Initiative Training and Onboarding](#)). Potential participants must be willing to participate in all the following :

- A training focused on providing TA for National DPP or DSMES delivery organizations
- Onboarding activities
- Peer State Specialist Network calls
- Specialized advanced trainings on topics such as Medicare Diabetes Prevention Program (MDPP) coverage or accreditation and recognition standards for DSMES, as needed

Section 1: Overview of the State Specialist Workforce Initiative

Roles and Responsibilities of State Specialists

State Specialists are responsible for activities that promote and support implementation of the National DPP LCP and/or DSMES services. Many roles and responsibilities are shared across DSMES State Specialists and National DPP SQSs, while some responsibilities are unique to each role and are outlined below.

Roles and responsibilities may vary based on SHD structure, staffing, funding, organizational priorities, and the setting in which the State Specialist is housed. If a State Specialist is not employed by the SHD, some responsibilities may not apply.

Core State Specialist Roles and Responsibilities

All State Specialists generally have the following core roles and responsibilities:

- Foster the SHD's relationships with partners that support the National DPP LCP and/or DSMES delivery organizations.
- Provide TA to current delivery organizations and organizations interested in beginning to offer the National DPP LCP and/or DSMES services to strengthen availability, coverage, referrals, and sustainability.
- Assist delivery organizations with completing organizational capacity assessments and support quality improvement efforts based on findings.
- Serve as a connector among partners, resources, and organizations that support these programs and services.
- Understand the National DPP and/or DSMES landscape and represent the SHD in the role of State Specialist.
- Stay informed about and share national, state, and local resources, including websites and materials that promote the National DPP and evidence-based diabetes education, including recognized and support the implementation of accredited DSMES services.
- Engage with State Specialist Networks to share resources, learn best practices, and build peer support through calls, emails, and one-on-one communication.
- Maintain knowledge of referrals, service coverage, and program implementation or know where to direct delivery organizations for additional support.

Section 1: Overview of the State Specialist Workforce Initiative

Specific to National DPP SQS

In addition to core roles and responsibilities, National DPP SQSs also have the following responsibilities specific to their role:

- Review and use CDC's National DPP Operations Center data to support landscape analyses and identify areas of the state that may benefit from increased program availability and support.
- Review and use CDC's DPRP data to support TA, quality improvement efforts, and identification of delivery organizations that may need additional support (e.g., organizations at risk of not meeting recognition criteria).

Specific to DSMES State Specialist

In addition to core roles and responsibilities, DSMES State Specialists also have the following responsibilities specific to their role:

- Connect delivery organizations with support for diabetes-related complications such as chronic kidney disease and diabetic retinopathy.
- Know when to refer questions or concerns to ADA and/or ADCES (e.g., highly technical billing and reimbursement questions).
- Provide TA to DSMES delivery organizations, including
 - Working with partners to establish DSMES service sites in communities with high rates of diabetes or where hemoglobin A1C (HbA1C) levels are greater than 9%.
 - Assisting DSMES delivery organizations in developing referral relationships with health systems and community organizations.
- Connect DSMES delivery organizations with resources that address billing, coding, credentialing, and legal concerns

Section 1: Overview of the State Specialist Workforce Initiative

Table 1.2: Examples of TA Activities

TA Activity	Examples
Data review and interpretation	Reviewing DPRP data, identifying trends, and discussing recognition status
Quality improvement support	Assisting organizations with improvement planning and follow-up activities
Referral support	Helping organizations strengthen provider and health system referral pathways
Resource coordination	Connecting organizations with tools, partners, SMEs, and training opportunities
Partnership development	Supporting relationship building with health care systems, payers, employers, and community organizations
Problem-solving support	Helping organizations address barriers related to participation, staffing, sustainability, or program delivery
Outreach and communication	Sharing promotional materials and increasing awareness of available services

See [Appendix 1 for Key Knowledge, Skills, and Abilities of State Specialists](#). SHD leaders may use these KSAs to support recruitment, hiring, and role development efforts, as needed.

Why Is the State Specialist Role Important?

The State Specialist role is important because it helps expand the availability of and access to high-quality diabetes prevention and management services by strengthening delivery organizations, building partnerships, connecting delivery organizations to one another and to key resources, supporting quality improvement efforts, and translating data into action. Through TA, coordination, convening partners, and strategic support, State Specialists help strengthen statewide systems and increase the availability, sustainability, and impact of National DPP and DSMES services across states and communities.

The State Specialist role can be successfully integrated into an existing SHD staff position by aligning State Specialist responsibilities with current chronic disease, diabetes, community health, quality improvement, or partner engagement functions. Embedding these responsibilities within existing roles allows staff to build on established relationships, state priorities, and ongoing initiatives. This approach can also strengthen the department's overall capacity to support delivery organizations and improve the lives of people with and at risk for diabetes. See [Section 6: Sustain the Role—Support Long-Term Success and Stability](#) for additional information about sustaining the role.

Section 2: State Specialist Networks

Purpose of State Specialist Networks

The State Specialist Workforce Initiative provides ongoing support and professional development beyond initial training. Because many State Specialists work independently or in small teams, regular peer connection and collaboration are essential. The State Specialist Networks are a key part of this support, connecting State Specialists across states, Washington, DC; and CDC-funded organizations.

The Networks help State Specialists continue learning after onboarding and provide opportunities for collaboration, problem-solving, and sharing promising practices. They also provide an important source of professional connection and support for State Specialists who may work independently within their organization.

Upon successfully completing the training and onboarding sessions, State Specialists are invited to participate in either the National DPP SQS Network or the DSMES State Specialist Network, depending on the training they completed. These networks are designed to support relationship building and collaboration among State Specialists, CDC, NACDD, ADA, ADCES, and other SMEs. In addition, network calls provide ongoing professional development opportunities that strengthen State Specialists' knowledge, skills, and capacity to effectively provide TA and support to delivery organizations and key partners.

Benefits of Participating in Networks

The Networks provide members with:

- Continuous learning and training opportunities.
- Enhanced problem-solving skills.
- Access to shared resources and tools.
- Opportunities to grow as leaders.
- Connection with peers and SMEs.
- Opportunities to learn from real-world experiences and promising practices.
- Support from peers facing similar challenges and opportunities.

The Networks include all states and Washington, DC. It currently offers access to more than 75 peers and continues to train new State Specialists as staffing changes occur.

Section 2: State Specialist Networks

Network Activities and Opportunities

Each network hosts at least two calls annually that include specialized training, updates, and dedicated time for peer-to-peer learning and support. State Specialists may also have opportunities to attend in-person Diabetes State Specialist Summits when available.

These networks foster collaboration by enabling State Specialists to share knowledge, ask questions, and learn from one another. Many State Specialists have expertise in specific areas (e.g., billing and coverage, partnerships, program implementation, data review, or sustainability strategies) and can provide valuable insights through network activities, email exchanges, and one-on-one communication.

Examples of peer-to-peer questions and discussion topics include:

- Support for MDPP suppliers.
- Access to National DPP trainings (e.g., Lifestyle Coach and Advanced Lifestyle Coach Trainings).
- Billing and reimbursement questions related to Medicare, Medicaid, and commercial payers.
- Strategies for health care provider engagement and referrals.
- Data review and interpretation.
- Support for organizations seeking National DPP recognition or DSMES accreditation.
- Sustainability and coverage strategies.
- Marketing and participant engagement approaches.

Table 2.1. Examples of State Specialist Network Activities

Activity Type	Examples
Peer learning	Sharing strategies, discussing challenges, and exchanging resources and tools
Training	Specialized trainings, guest speakers, and program updates
TA support	Troubleshooting delivery organization questions and implementation challenges
Communication	Email exchanges, listserv discussions, and announcements
Collaboration	Cross-state partnerships, shared presentations, and joint problem-solving

Section 2: State Specialist Networks

Communication and Support

In addition to network calls, the networks provide continued support through:

- Access to State Specialist rosters and contact information.
- Peer-to-peer email communication.
- Opportunities for collaboration outside of scheduled meetings.
- In-person meetings and Diabetes State Specialist Summits when available.

These communication channels help State Specialists remain connected between formal meetings and provide opportunities for sustained collaboration and resource sharing.

Benefits for Newly Trained State Specialists

Newly trained State Specialists may particularly benefit from participating in networks by:

- Learning from experienced peers.
- Identifying resources and tools.
- Understanding common implementation challenges.
- Building relationships with other State Specialists and SMEs.
- Increasing confidence in providing TA and support.
- Learning strategies that have been effective in other states and organizations.

Participation in networks can help newly trained State Specialists transition more quickly into their role and better understand the broader National DPP and DSMES landscape.

Importance of Networks During Transitions

Networks can play an important role during staffing transitions. Existing relationships and communication channels can help newly hired and trained State Specialists quickly connect with peers, identify resources, and maintain continuity of support to delivery organizations and partners.

Network Contacts and Support

NACDD maintains current lists of State Specialists and reviews and updates them regularly. See [Appendix 2](#) for NACDD and MATCH network contacts, including whom to contact if there is a State Specialist transition at your SHD or organization.

Section 3: Prepare for Transitions

Transitions are a natural part of any workforce. With thoughtful planning, core State Specialist responsibilities can be maintained, partner and delivery organization relationships preserved, and momentum sustained during both planned and unexpected staffing changes. Because the State Specialist role often involves relationship management, informal knowledge, and understanding of state-specific systems and priorities, transition planning should address both the operational tasks and institutional knowledge needed to support continuity of TA and collaboration.

Strong transition planning also supports long-term sustainability of the State Specialist role and helps maintain continuity for delivery organizations, partners, and ongoing diabetes prevention and management efforts within states and communities.

This section provides practical tools to help current State Specialists and supervisors prepare for and respond to transitions. Transition approaches may vary depending on staffing structure, funding mechanisms, organizational capacity, and how responsibilities are assigned within a state or organization. [Section 6: Sustain the Role—Support Long-Term Success and Stability](#) provides additional strategies to support long-term sustainability and continuity of the State Specialist role.

The tools in this section are designed for State Specialists and supervisors and may be used at different points during transition planning and implementation. Table 3.1 describes when each tool should be used.

Table 3.1: When to Use Each Transition Tool

Transition Situation	Recommended Tool
Routine transition preparedness	Tool 1: Transition Preparation Tool for State Specialists
Planned departure or reassignment	Tool 2: Supervisor or Manager Checklist

Transition planning is most effective before a staffing change happens. Regularly updating contacts for delivery organizations and key partners, organizing files, documenting ongoing work, and maintaining shared knowledge can help reduce disruptions during transitions.

Section 3: Prepare for Transitions

Effective transition planning requires thoughtful consideration of roles, responsibilities, and continuity needs. Transition planning tools are most effective when they are reviewed periodically to help minimize disruptions to relationships, communication, and TA provided to delivery organizations.

We suggested reviewing transition tools at the following times:

- Annually at minimum (ideally quarterly)
- Prior to known staffing changes
- Following a transition event
- When major responsibilities shift

Whenever possible, at least two individuals should understand core State Specialist responsibilities and know where key files, contacts, and priorities are located.

Tool 1. Transition Preparation Tool for State Specialists

State Specialists should use this tool **periodically to strengthen readiness** for planned or unexpected transitions.

Staffing and Coverage

- ☐ At least one backup person has been identified for essential State Specialist responsibilities.
- ☐ Supervisor/manager understands how interim coverage would be provided if needed.
- ☐ Key recurring meetings have a secondary attendee identified when feasible.

Files and Documentation

- ☐ Key files, including this State Specialist Workforce Initiative Guide, are stored in a shared, accessible location in accordance with your organization's file retention and records management policies.
- ☐ Important documents are clearly labeled and up to date.
- ☐ Folder structure is organized and easy to navigate. Creating an organized file system is an ongoing practice, and each State Specialist should develop an approach that works best for them and others who may access the file.

State Landscape and Resources

- ☐ Current state landscape information (e.g., delivery organizations, priorities, opportunities, barriers) is available.
- ☐ Key TA tools, templates, and resources are centrally stored.
- ☐ Relevant delivery organization lists or program locators are identified and accessible. Use the list below if actual sites are not known.

Section 3: Prepare for Transitions

Tool 1. Transition Preparation Tool for State Specialists, continued

DSMES

- ☐ [CDC Find a DSMES Program](#)
- ☐ [ADA Find a Diabetes Education Program](#)
- ☐ [ADCES Find Diabetes Education and Support Programs](#)

National DPP

- ☐ [CDC Find a Lifestyle Change Program](#)
- ☐ [Centers for Medicare and Medicaid Services \(CMS\) Map of MDPP Suppliers](#)
- ☐ TA tracking systems and document processes are maintained in a centralized and accessible location to support continuity during staffing transitions.

Partners and Relationships

- ☐ Key partner contact list is current.
- ☐ Priority relationships and active collaborations are documented.
- ☐ More than one staff person is connected to critical partners when possible.

TA Continuity

- ☐ Current TA requests or active support needs are tracked in one location.
- ☐ Upcoming deadlines or priority deliverables are documented.
- ☐ Immediate next steps for major initiatives are noted.

Communications and Coordination

- ☐ Recurring communication responsibilities are documented.
- ☐ Distribution lists, newsletters, or partner update processes are identified.
- ☐ Standing meetings and communication expectations are documented.

Section 3: Prepare for Transitions

Recurring Activities and Operational Cycles

Recurring annual, quarterly, and monthly activities are documented. Examples include:

- Network calls.
- Training opportunities and schedules.
- TA and training offered to state delivery organizations.
- TA tracking.
- Annual meetings or conferences.

A consistent TA tracking process helps support continuity, identify emerging needs, reduce duplication, and document progress over time.

See [Appendix 5: Technical Assistance Tracker Template](#) for more information.

Tool 2. Supervisor or Manager Checklist

Use this tool when a State Specialist **transition is expected** or when **duties must be reassigned** unexpectedly.

Communication

- ☐ Supervisor has been informed of transition timeline.
- ☐ CDC and NACDD points of contact have been notified, as appropriate (see [Appendix 2: Network Contacts and Support](#)).
- ☐ External partner communication needs have been identified.

Files and Access

- ☐ TA plans and trackers are accessible.

Active Work and Priorities

- ☐ Ongoing TA needs related to DSMES and/or the National DPP have been summarized.
- ☐ Upcoming trainings, network calls, onboarding sessions, or communities of practice requiring State Specialist participation are documented on a calendar accessible to supervisors.
- ☐ Interim coverage responsibilities have been assigned.
Priority activities requiring immediate continuation have been identified.

Partners and Relationships

- ☐ Key DSMES and/or National DPP contacts and meeting cadence have been documented.
- ☐ Warm introductions to key partners or delivery organizations have occurred when possible.

Knowledge Transfer

- ☐ Handoff meeting with supervisor has occurred or been scheduled.
- ☐ Lessons learned and recommendations have been shared.
- ☐ Immediate next best actions have been identified.

Section 3: Prepare for Transitions

Tool 2. Supervisor or Manager Checklist, continued

Effective transition planning is an ongoing process. Regularly reviewing and updating transition materials can help maintain continuity, reduce disruptions, and support long-term success of the State Specialist role and the delivery organizations and partners it supports.

Communication

- ☐ Supervisor has been informed of transition timeline.
- ☐ CDC and NACDD points of contact have been notified, as appropriate (see [Appendix 2: Network Contacts and Support](#)).
- ☐ External partner communication needs have been identified.

Files and Access

- ☐ TA plans and trackers are accessible.

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- ☐ Immediate next best actions have been identified.

Effective transition planning is an ongoing process. Regularly reviewing and updating transition materials can help maintain continuity, reduce disruptions, and support long-term success of the State Specialist role and the delivery organizations and partners it supports.

Section 4: Training, Onboarding, and Professional Development

Purpose of Training and Onboarding

Training and onboarding, ongoing support, and professional development are foundational components of the National DPP and DSMES State Specialist Workforce Initiative. The training process is designed to build the knowledge, skills, and competencies needed for State Specialists to provide high-quality TA and support to delivery organizations, partners, and SHDs.

Training helps State Specialists understand the broader diabetes prevention and management landscape, strengthen TA skills, and build confidence in working with delivery organizations and partners. Training also supports consistent implementation of the National DPP LCP and DSMES services across states and communities.

Training is not intended to be a one-time event. State Specialists continue to build knowledge and skills through onboarding activities and participation in State Specialist Networks. [See Section 2: State Specialist Networks](#) for more information.

Training and Onboarding Overview

State Specialist trainings are approximately 12 hours of training delivered across multiple virtual sessions and/or asynchronous coursework and assignments followed by onboarding activities specific to each State Specialist role. The information below provides additional context about training expectations and eligibility criteria. Understanding the training and onboarding process can help support planning during staffing transitions and prepare new staff who may assume State Specialist responsibilities.

The training provides foundational knowledge and skills related to the State Specialist role. The onboarding process occurs after the training and is designed to help newly trained State Specialists apply knowledge in practice, connect with CDC and national partners, understand systems and processes, and prepare to provide TA and support within their state or organization.

Role-Specific Training Pathways

The State Specialist Workforce Initiative includes separate training pathways for National DPP SQSs and DSMES State Specialists. Each training pathway is designed to support the knowledge and skills needed for the specific TA responsibilities associated with that role. While some training topics overlap, the content and onboarding activities differ based on the program area.

Some staff may participate in both training pathways over time depending on their responsibilities, organizational priorities, or state needs.

Section 4: Training, Onboarding, and Professional Development

Core Training Topics

Training topics may include:

- Overview of the National DPP LCP and/or DSMES services.
- Understanding the landscape of diabetes prevention and management efforts within states and organizations.
- Understanding capacity assessments to support delivery organizations.
- Understanding the National Standards for DSMES.
- TA approaches to support delivery organizations.
- Relationship building and partner engagement strategies.
- Data, quality improvement, and sustainability concepts.
- Referral systems and coverage.
- Use of national tools and resources.

To participate in the National DPP and DSMES State Specialist trainings, potential participants must complete an application and obtain approval from their SHD or organizational leadership. Participants typically must have at least one year of experience supporting diabetes efforts at the state or organizational level, although there may be exceptions.

Participants should expect to complete a pre-assessment and pre-work before each training session. Each training course offers approximately 12 hours of training plus onboarding activities. Participants are also expected to complete training and network evaluations. Trainings are continually updated to meet State Specialist needs, and training delivery methods continue to evolve. Future offerings may include additional asynchronous learning opportunities.

Training Expectations and Participation Requirements

[Appendix 3: Training Eligibility and Post-Training Requirements](#) outlines the training eligibility criteria, post-training requirements, and evaluation expectations for each type of State Specialist. Training expectations may vary slightly by program area and role responsibilities.

Onboarding

The onboarding process occurs after completion of all training sessions and is intended to help newly trained State Specialists apply training concepts within their role, organization, and state context. Onboarding supports operational readiness and helps specialists prepare to provide TA to delivery organizations and partners.

Section 4: Training, Onboarding, and Professional Development

Ongoing Professional Development and Continued Learning

Training and onboarding are intended to provide foundational preparation for the State Specialist role. Continued learning and professional development following training and onboarding help State Specialists remain informed about evolving guidance, tools, resources, and TA approaches.

Ongoing professional development through participation in State Specialist Networks may include:

- Peer learning and cross-state sharing opportunities.
- Webinars and trainings offered by CDC and national partners.
- SME consultations and office hours.
- The Diabetes State Specialist Summit.
- Review of updated tools, standards, guidance, and resources.
- Continued skill development related to TA, partnership engagement, data use, and sustainability.

See [Section 2: State Specialist Networks](#) for additional details about State Specialist Networks.

Section 5: The First Year in the State Specialist Role

After training and onboarding are complete, State Specialists begin applying their knowledge and building relationships with delivery organizations and partners. State Specialists should continue building their knowledge by reviewing key resources, deepening their understanding of delivery organizations within their state or region, and becoming familiar with available data sources and systems. In addition, ongoing planning is essential to effectively support delivery organizations and provide tailored TA based on identified needs.

Establishing strong organizational systems is also critical. This includes setting up a clear electronic file structure if one does not already exist and creating or maintaining a system to track and respond to TA requests (see [Section 3: Prepare for Transitions](#)). Together, these practices help ensure that TA is delivered in a coordinated and systematic way.

The first year as a State Specialist is a learning and relationship-building period. New Specialists are not expected to immediately have expertise in every aspect of diabetes prevention, DSMES services, reimbursement, or data analysis. Over time, confidence and knowledge develop through ongoing learning, collaboration with peers and SMEs, review of resources, and direct experience supporting delivery organizations.

State Specialists are encouraged to reach out to peers, national partners, and SMEs when questions arise. Many challenges faced by delivery organizations are shared across states and can often be addressed through collaboration and peer learning.

Table 5.1 below provides examples of activities and milestones that may support State Specialists during their first year in the role. [Appendix 6: First Year Road Map for New State Specialists](#) provides further details on potential activities for State Specialists as they begin their journey to learning more and providing TA to delivery organizations and partners.

Table 5.1 Examples of Activities and Milestones for Year One

Timeframe	All Specialists	National DPP SQS	DSMES SS	Output/Milestone
Weeks 1-2	Set up filing/organizational system for resources, tracking TA requests and responses, and data management	- Review/refine TA Plan created during training - Access Secure Access Management System (SAMS) - Review DPRP Standards and Operating Procedures	Create TA Plan (see Appendix 4 for sample TA Plan)	- Electronic file system - TA tracker - Draft TA plan

Section 5: The First Year in the State Specialist Role

Table 5.1 Examples of Activities and Milestones for Year One, continued

Timeframe	All Specialists	National DPP SQS	DSMES SS	Output/Milestone
Weeks 3-4	Outreach to delivery organizations per TA Plan	- Review DPRP and Operations Center data - Meet with evaluator to explore use of data	Review key resources (e.g., reimbursement, National Standards for DSMES)	Initial outreach to delivery organizations completed
Months 1-2		Review SQS Data Frequently Asked Questions (FAQs)	- Connect with ADCES Education Recognition Program (ERP) and ADA Diabetes Education Accreditation Program (DEAP) points of contact (see Appendix 2 for contacts) - Build relationships with SMEs	- Connection with SMEs - Review of key resources
Monthly	- Track TA - Review key resources - Connect with peers as needed			Updated TA tracker
Quarterly	Participate in network calls	Analyze DPRP data trends	Review available DSMES data quarterly to monitor program capacity, access, utilization, referral patterns, and geographic coverage	Quarterly data review completed
Annually	- Update TA Plan - Review training resources - Alert Emory or NACDD to any changes of State Specialist status, if needed		Review annual summary of DSMES encounters from ADA or ADCES	- Updated TA plan - Emory/NACDD notified of any State Specialist staffing changes

Section 6: Sustain the Role: Support Long-Term Success and Stability

Sustaining the State Specialist role is essential to maintaining the continuity, effectiveness, and long-term impact of diabetes prevention and management efforts within and across states. While strong onboarding and transition planning set the foundation, sustained success requires intentional actions by both State Specialists and SHD leadership over time.

Sustainability of the State Specialist role extends beyond funding. It also includes maintaining organizational knowledge, strong partner relationships, consistent TA capacity, and systems that support continuity during staffing or leadership changes.

This section outlines shared responsibilities and best practices to ensure the State Specialist role remains well supported, clearly defined, and effectively integrated into state and national efforts. It focuses on leadership engagement, role clarity, funding stability, workforce development, and continuous improvement. By investing in these areas, states can reduce turnover-related disruptions, strengthen TA capacity, and maximize the value of the State Specialist role for delivery organizations, partners, and communities.

Additional guidance related to onboarding, transitions, training, and network engagement is provided in Sections 2–5.

Sustainability planning is most effective when it is approached as an ongoing process. The following checklist includes strategies SHD leadership and State Specialists can use to support long-term role stability, continuity, and effectiveness.

Sustaining the State Specialist Role: Suggested Checklist

This checklist is intended to guide ongoing collaborative efforts between State Specialists and SHD leadership. Items may be reviewed annually or revisited during leadership or staffing changes.

Leadership Engagement and Role Visibility

☐ **Educate SHD leadership on the State Specialist role and value.**

Ensure leadership understands the purpose, scope, and impact of the State Specialist role, including how it supports delivery organizations, advances national priorities, and strengthens program outcomes.

☐ **Regularly communicate accomplishments and impact.**

Share summaries of TA provided, key data trends, partnerships supported, and notable successes with your SHD supervisor and CDC Project Officer to reinforce the role's value and relevance.

☐ **Support continuity of partner relationships.**

Encourage consistent engagement with delivery organizations, partners, and national organizations to maintain trust, collaboration, and program momentum over time.

Section 6: Sustain the Role: Support Long-Term Success and Stability

Sustaining the State Specialist Role: Suggested Checklist, continued

Role Clarity and Integration

- ☐ **Integrate the State Specialist role into official position descriptions.**
Clearly define responsibilities, expectations, and required competencies to reduce role ambiguity and support accountability. Review the KSAs described in [Appendix 1](#) to help inform position descriptions and performance expectations.
- ☐ **Align the role with state and national priorities.**
Ensure the State Specialist's workplan reflects evolving state needs and current SHD, CDC, and partner priorities.
- ☐ **Maintain organized systems and documentation.**
Ensure key resources, processes, TA materials, partnership information, and historical context are regularly updated and accessible to support continuity over time.

Funding and Organizational Support

- ☐ **Identify and maintain sustainable funding strategies.**
Explore braided or blended funding approaches and proactively plan for funding transitions to support the long-term stability of the State Specialist role.
- ☐ **Ensure adequate time and capacity for TA.**
Confirm workloads, staffing structures, and expectations that allow the State Specialist to provide meaningful and responsive TA.
- ☐ **Develop backup or cross-training strategies.**
Identify additional staff who understand key components of the State Specialist role to help maintain continuity during leave, vacancies, or staffing transitions.

Professional Development and Engagement

- ☐ **Encourage leadership development and national engagement.**
Support participation in State Specialist Network calls, peer learning opportunities, and relevant trainings to build expertise and reduce isolation.
- ☐ **Promote peer connection and informal mentorship.**
Encourage regular engagement with other State Specialists to share challenges, lessons learned, and effective practices.

Section 6: Sustain the Role: Support Long-Term Success and Stability

Sustaining the State Specialist Role: Suggested Checklist, continued

Measuring and Demonstrating Success

- ☐ **Define clear outcomes and indicators of success.**
Identify how progress and impact will be measured, such as TA utilization and improvements in program quality, data use, or delivery organization capacity.
- ☐ **Use data to inform continuous improvement.**
Regularly review available data (e.g., program performance, TA trends) and use insights to refine strategies and priorities.

Addressing Barriers and Supporting Well-Being

- ☐ **Identify common challenges and risks early.**
Acknowledge barriers such as role ambiguity, competing priorities, stress, or limited TA capacity and discuss them openly.
- ☐ **Create open communication and support pathways.**
Ensure State Specialists know who to contact for guidance or support and that leadership is responsive to emerging needs.
- ☐ **Support workforce retention and job satisfaction.**
Recognize the importance of manageable workloads, professional growth opportunities, and supportive supervision in retaining experienced State Specialists.

Outcome

When these practices are in place, states are better positioned to retain skilled State Specialists, demonstrate clear impact, and sustain high-quality TA over time, contributing to stronger diabetes prevention and management programs, better coordination, and long-term program sustainability.

Appendix 1: Key Knowledge, Skills, and Abilities

Based on the roles and responsibilities outlined in [Section 1: Overview of the State Specialist Workforce Initiative](#), the following KSAs support success in the State Specialist role. Many of these competencies can be developed and strengthened over time through structured training, peer learning, mentorship, supervision, and participation in the State Specialist Network.

SHDs and organizational leaders may use these KSAs, in part or in full, when recruiting for diabetes staff positions and developing position descriptions.

Knowledge Areas

These knowledge areas may be gained through onboarding, formal training, hands-on experience, and ongoing TA:

- Knowledge of the National DPP LCP and/or DSMES standards, requirements, and service models
- Understanding of data systems, reporting requirements, recognition/accreditation measures, and performance indicators related to National DPP and/or DSMES programs
- Knowledge of TA principles, quality improvement approaches, and capacity-building strategies for delivery organizations
- Understanding of health care and community referral pathways, coverage options, reimbursement models, and sustainability strategies
- Knowledge of state, local, and national partner landscapes, including health care systems, community-based organizations, payers, employers, and advocacy groups
- Understanding of outreach, marketing, and communication strategies used to increase awareness, participation, and referrals
- Knowledge of available resources, tools, and SMEs that support delivery organizations
- Awareness of emerging policies, trends, and barriers affecting diabetes prevention and management services

Skills

- These skills can be strengthened through practice, coaching, collaboration, and real-world experience:
- Ability to provide tailored TA to organizations at different stages of readiness and capacity
- Strong written and verbal communication skills, including presenting information clearly to varied audiences
- Skill in building relationships and engaging new partners to expand reach, referrals, and program sustainability

Appendix 1: Key Knowledge, Skills, and Abilities

Skills, continued

- Ability to facilitate meetings, trainings, peer learning opportunities, and collaborative discussions
- Skill in reviewing, analyzing, and interpreting data to identify trends, gaps, priorities, and TA opportunities
- Ability to translate data findings into actionable recommendations for delivery organizations and partners
- Skill in coordinating resources, making referrals, and connecting organizations to appropriate supports
- Ability to develop outreach and marketing approaches that promote services to providers, partners, and communities
- Strong organizational and project management skills, including tracking TA requests, follow-up actions, and progress
- Ability to adapt communication and TA strategies based on audience needs and changing environments

Abilities

These abilities are often developed over time through experience, reflection, and engagement with the State Specialist Network:

- Working independently while also collaborating across agencies and partner organizations
- Managing multiple priorities and responding effectively to evolving requests and timelines
- Maintaining a growth mindset and engaging in continuous learning
- Identifying opportunities for strategic partnership development and systems improvement
- Serving as a trusted connector among delivery organizations, state agencies, and national partners
- Using data and partner feedback to guide planning and decision-making
- Representing the SHD and State Specialist Workforce Initiative professionally and effectively

Successful State Specialists do not need to possess every competency on day one. With strong supervision, access to training, and participation in a supportive peer and SME network, many of these KSAs can be developed and refined over time. Removed “Ability to” from the start of each bullet, as we already stated in the heading and intro sentence that these are abilities.

Appendix 2: Networks Contacts and Support

Current State Specialist Network lists are maintained by NACDD. If there is a change in a State Specialist role, reach out to the NACDD and MATCH contacts listed below.

National DPP SQS Network

- Kris Grey, MATCH, kris.grey@emory.edu
- Tyler Hinson, MATCH, tyler.hinson@emory.edu
- Lauren Hooper Richard, MATCH, lauren.hooper@emory.edu
- Jennifer Mosst, NACDD SME, jmosst_ic@chronicdisease.org

DSMES State Specialist Network

- Sara Brokaw, NACDD SME, sbrokaw_ic@chronicdisease.org
- Teri Elkins, NACDD SME, telkins_ic@chronicdisease.org
- Kyandra Fox, MATCH, kfox@adces.org
- April Reese, NACDD SME, areese_ic@chronicdisease.org

Across Networks

- Alice Jaglowski, NACDD, ajaglowski@chronicdisease.org
- Lillian Madrigal, MATCH, lillian.helen.madrigal@emory.edu

Appendix 3: Training Eligibility and Post-Training Requirements

Tables 4.1 and 4.2 outline the training eligibility criteria, post-training requirements, and evaluation expectations for each type of State Specialist. Training expectations may vary slightly by program area and role responsibilities.

Table 4.1: Training Eligibility

Eligibility		
	National DPP	DSMES
Organizational and state factors	Leadership buy-in at SHD to attend training and participate in an orientation and onboarding process to become a National DPP SQS	Leadership buy-in at the SHD to attend training and participate in the post-training network meetings
Participant factors	- Has at least one year working in diabetes/chronic disease prevention and/or management at the state or local level preferred - Provides TA to partners and the National DPP LCP as part of their role - Interested in learning more and willing to serve as a National DPP SQS - Is willing to receive and respond to referrals from CDC/Division of Diabetes Translation for inquiries within their state/region - Available and committed to attend the 12-hour training	- Has less than two years of experience at the SHD working on diabetes management strategies or self-identified need for basic DSMES knowledge - Provides TA to partners and DSMES service sites as part of their role - Interested in learning more and willing to serve as a DSMES State Specialist - Available and committed to attend and participate in the 12-hour training, a 1-hour onboarding session, and a training evaluation - Expressed interest in this training to their CDC Project Officer - Completed the worksheets that accompany the pre-work for sessions two to four
Evaluation	Completed pre-assessment survey prior to first training session	Completed pre-assessment survey prior to first training session

Appendix 3: Training Eligibility and Post-Training Requirements

Table 4.2: Post-Training Requirements

Participant Post-Training Requirements		
Evaluation	National DPP	DSMES
	- Completed post-training and onboarding session evaluations - Completed SQS Annual Survey	- Completed post-training and onboarding session evaluations - Completed DSMES State Specialist Annual Survey
Agree to provide TA to these recipients	- CDC-recognized organizations or those interested in becoming CDC-recognized - State staff - Others as requested	- DSMES delivery organizations - Organizations looking to offer DSMES
Agree to participate in follow-up	- Onboarding training following initial training - Network calls	- One hour of onboarding following initial training - Network calls

Appendix 4: Sample Technical Assistance Plan

State/Region: _____ State Specialist: _____
 Timeframe: _____

Priority Area	Identified Needs or Opportunities	Planned TA and Support Activities	Partners and Resources	Timeline or Status
DSMES accreditation and recognition	Organizations interested in becoming accredited or expanding services	Share accreditation resources; connect organizations with peer mentors; provide readiness discussions	ADA, ADCES, peer organizations	Ongoing
Sustainability and reimbursement	Delivery organizations needing support with billing, reimbursement, and long-term sustainability	Share reimbursement resources and sustainability tools; discuss coverage opportunities	State Medicaid agency, payers, national resources	Q1–Q2
Referral pathways	Limited referrals from health care providers	Support referral workflow discussions and partner engagement activities	Health systems, Federally Qualified Health Centers (FQHCs), provider partners	Ongoing
Participation and engagement	Low enrollment and retention in DSMES services	Share outreach and marketing strategies and discuss barriers to participation	Community organizations, communications staff	Q2
Workforce and training	Need for additional staff training and peer learning opportunities	Connect organizations to trainings, webinars, and peer learning opportunities	NACDD, CDC, ADA, ADCES	Ongoing

Appendix 4: Sample Technical Assistance Plan

This example plan has very general TA activities under the Planned TA and Support Activities column. This column can be expanded to outline specific details about support for individual delivery organizations or support for group learning through webinars or communities of practice.

Notes and Follow-Up

- Review TA priorities regularly and update activities as needed.
- Track emerging challenges, partner opportunities, and follow-up activities.
- Coordinate TA activities with state and national priorities when possible.
- Document what TA was provided (see [Appendix 5: Technical Assistance Tracker Template](#)).

Appendix 5: Technical Assistance Tracker Template

Purpose

The TA Tracker is intended to help State Specialists document, organize, and monitor TA activities provided to delivery organizations and partners. Maintaining a consistent TA tracking process supports continuity during staffing transitions, helps identify recurring needs and trends, documents follow-up activities, and supports ongoing planning and reporting efforts.

TA tracking approaches may vary depending on organizational needs, staff capacity, and the intended use of the information. For example, one state may use a simple Excel spreadsheet to track TA provided each month to diabetes delivery organizations, while another TA provider maintains TA information in a shared database that is accessible to program leadership, helping preserve a history of TA requests and topics and ensuring that information remains available during staffing transitions.

The template provided in this appendix offers one approach for documenting TA activities. State Specialists may adapt the template based on organizational needs, reporting requirements, staff capacity, or internal systems already in use. The goal is to establish a consistent and accessible process that supports both ongoing TA management and continuity during staff transitions.

How to Use This Tracker

The TA Tracker should be updated regularly as TA requests, meetings, consultations, and follow-up activities occur. The tracker may be maintained in Excel, SharePoint, a project management system, or another centralized location accessible to appropriate staff.

At minimum, the tracker should document all of the following:

- Who received support
- Type of assistance requested
- Support provided
- Follow-up actions needed

Document all TA activities to create a comprehensive history of support, identify trends over time, inform future TA planning, and support continuity during staff transitions. If documenting every interaction is not feasible, prioritize recording significant TA requests, ongoing projects, key partner communications, decisions made, and planned follow-up actions. At minimum, the information captured should allow another team member to continue the work during a transition and provide enough detail to identify recurring TA needs and trends over time.

Appendix 5: Technical Assistance Tracker Template

State Specialists may also choose to include optional fields that support quality improvement, reporting, workload management, or transition planning.

Maintaining organized TA records can help:

- Support continuity during staffing or leadership transitions.
- Reduce duplication of effort.
- Identify common TA needs across organizations.
- Monitor progress over time.

Minimum Recommended Fields

Date	Delivery Organization or Partner	TA Topic or Need	Support Provided	Follow-Up Needed	Status	Notes/Outcomes
					Open, In Progress, Closed	
					Open, In Progress, Closed	
					Open, In Progress, Closed	

Appendix 5: Technical Assistance Tracker Template

Optional Fields

Organizations may choose to include additional fields, such as those described in the table below.

Optional Field	Purpose
Assigned Staff/TA Lead	Identifies primary person responsible for follow-up
Priority Level	Helps prioritize urgent or high-impact TA needs
Next Follow-Up Date	Supports ongoing communication and accountability
Resources Shared	Documents tools, templates, or materials provided
TA Delivery Method	Tracks whether TA was provided by phone, email, webinar, meeting, etc.
Delivery Organization Type	Identifies organization type (e.g., FQHC, pharmacy, health system, community-based organization)
Program Area	Distinguishes between National DPP, DSMES, or both
Funding or Grant Connection	Links TA activities to specific funding initiatives when applicable
Outcome or Resolution	Documents final outcomes or completed actions
Recurring Need Identified	Helps identify trends that may inform future trainings or resources

Example TA Topics

Examples of TA topics include the following:

- Program Implementation
 - Accreditation or Recognition
 - Telehealth
 - Data Collection and Reporting
- Coverage
 - Billing and Reimbursement
 - Expanding coverage
- Referral Pathways
- Marketing and Enrollment
 - Medicaid or Medicare Participation
 - Participant Engagement and Retention
- Sustainability Planning
- Workforce Capacity
- Community Partnerships
- Quality Improvement

Appendix 6: First Year Roadmap for New State Specialists

Because delivery organizations operate within evolving environments, policies, and systems, State Specialists should adopt a growth mindset. Continuous learning is essential. Some State Specialists bring extensive experience working with delivery organizations, while others may be newer to the field of diabetes prevention and management. Regardless of where a State Specialist is on their learning journey, the roadmap below offers a potential framework to support organization, regular learning, and effective use of data to inform TA activities.

These examples are intended to serve as guidance only. State Specialists may identify additional approaches or timelines that better support delivery organizations and help maintain organization and continuity over time.

Weeks 1–2: Foundation and Setup

The first few weeks as a State Specialist are critical for strategically planning how to support delivery organizations, establishing organizational systems, and reviewing key resources.

1. Strategy and Planning

Draft or refine your TA Plan aligned with:

- State priorities.
- National priorities.
- Delivery organization needs.

For National DPP SQSs, review and refine the plan developed as part of your SQS training.

For DSMES State Specialists, create a TA Plan (see [Appendix 4](#) for sample TA Plan). TA Plans may include:

- Priority focus areas.
- Identification of needs or opportunities.
- TA and support activities.
- Identification of partners, tools, and resources to support TA activities.
- Timeline.

2. Getting Organized

Complete each of the following to get organized and put systems in place:

- Review files and materials from predecessor (if available). See [Section 3: Prepare for Transitions](#) for additional guidance and recommended transition materials.

Appendix 6: First Year Roadmap for New State Specialists

2. Getting Organized, continued

- Set up an organized system for:
 - Tracking TA requests and responses. A sample TA tracker template is included in [Appendix 5](#).
 - Data.
 - Delivery organization needs.
 - TA response resources and templates.
- Identify recurring annual, quarterly, and monthly activities related to the State Specialist role, such as:
 - Network calls.
 - Training opportunities.
 - Grant or funding timelines.
 - Recognition renewal periods.
 - Awareness campaigns or partner meetings.
- Obtain and confirm access to SAMS data portal (National DPP SQS only).

3. Review Key Resources and Recognition Status

Review the following:

- DPRP Standards and Operating Procedures (National DPP SQS only)
- Program recognition statuses (National DPP SQS only)
- National Standards for DSMES (DSMES State Specialist only)
- Reimbursement resources or at least two additional resources based on identified needs (see [Appendix 7: Resources](#))

By the end of Weeks 1–2, you should have all the following:

- ☐ A draft initial TA Plan
- ☐ Organized electronic file structure
- ☐ Clear understanding of your role and priorities

SQS Only

In addition to the above milestones for all State Specialists, SQSs should also have the following:

- ☐ Ability to explain DPRP recognition statuses
- ☐ Access to DPRP and National DPP Operations Center data
- ☐ Basic confidence navigating DPRP and Operations Center data

Appendix 6: First Year Roadmap for New State Specialists

Weeks 3–4: Initial Engagement with Delivery Organizations and Data Use

By 3–4 weeks after training and onboarding, State Specialists should begin connecting with delivery organizations through proactive outreach and responses to TA requests. State Specialists should also begin reviewing available data and considering how data can inform TA priorities.

1. Engage with Delivery Organizations

- Complete the following to engage with delivery organizations:
- Use awareness/outreach toolkit.
- Begin proactive outreach to delivery organizations.
- Respond to TA requests.

2. Data Use

Complete the following to identify available data and plan for data use:

- Review data:
 - In DPRP Portal (National DPP SQS).
 - In DPRP Operations Center (National DPP SQS).
 - Shared by CDC, ADA, ADCES, or state partners to help identify DSMES trends and TA opportunities (DSMES State Specialists).
- Draft a plan for how you will:
 - Use data to prioritize TA.
 - Identify organizations needing support.
- Meet with evaluator at your organization to:
 - Review available data.
 - Identify TA opportunities.

By the end of Month 1, you should have all of the following:

- ☐ Initial contact with key organizations
- ☐ Established outreach approach
- ☐ Revised TA Plan with an initial data-informed TA approach

Appendix 6. First Year Roadmap for New State Specialists

Months 2–3: Relationship Building and Deeper Learning

Months 2–3 should focus on building relationships with key national, state, and local partners to better understand how they can support delivery organizations and State Specialists. State Specialists are also encouraged to connect with delivery organizations and other State Specialists to better understand common needs, challenges, and successful approaches.

State Specialists may receive multiple competing TA requests and priorities. Over time, the TA Plan and regular data review processes can help guide prioritization of activities and identify where support may have the greatest impact.

1. Key Partners and Delivery Organizations

Connect with the following contacts to engage key partners and delivery organizations:

- (For DSMES State Specialists) ADA ERP Coordinators and ADCES DEAP Coordinators; clarify when to refer organizations (e.g., billing issues, accreditation).
- Internal SHD staff who support evaluation, communications, partnerships, referrals, reimbursement, or chronic disease prevention efforts.
- Key state and local partners who can support prediabetes and diabetes awareness and referrals.
- Key state and local partners who can support reimbursement; note key contacts such as the contact for the state Medicaid agency and Medicare Administrative Contractor.
- Select delivery organizations to better understand their needs.

2. Technical Assistance

Complete the following TA activities in Months 2-3:

- Begin implementing TA Plan and offering TA to delivery organizations.
- Revise TA Plan, as needed, based on delivery organization needs.

3. SMEs and Peer Collaboration

Connect with:

- NACDD.
- CDC Project Officers.
- SMEs (e.g., billing).
- Peers in your training cohort.

Appendix 6: First Year Roadmap for New State Specialists

Months 2–3, continued

4. Data and Resource Review

Complete the following data and resource review in Months 2-3:

- Review SQS Data FAQs.
- Build confidence in answering common data questions.
- Continue reviewing resources and learning opportunities to support delivery organizations (See [Appendix 7: Resources](#)).

By the end of Month 3, you should have all of the following:

- ☐ Clear understanding of partner support and your role as a State Specialist
- ☐ Increased confidence in key resources (e.g., ADCES, ADA)
- ☐ Increased confidence in using data to guide TA
- ☐ Updated TA Plan based on organizational needs and priorities

Ongoing Monthly Activities

With the TA Plan established and initial connections underway, TA should continue through both proactive and responsive approaches. Proactive efforts may include trainings or peer-to-peer learning opportunities, while responsive efforts involve addressing specific TA requests as they arise.

Maintaining organization and consistently tracking TA activities remain critical. Because the environment and policies affecting delivery organizations continue to evolve, continuous learning is essential through State Specialist Network calls, self-directed learning, and collaboration with peers and SMEs.

1. Technical Assistance, Organization, and Tracking

The following ongoing monthly activities will support TA, organization, and tracking:

- Provide proactive and responsive TA to delivery organizations.
- Continue implementing and revising TA Plan, as needed.
- Maintain centralized resource folder.
- Track:
 - TA requests.
 - Support provided.
 - Outcomes of TA requests, when possible.
- Document lessons learned, successful TA approaches, frequently used resources, and key partner contacts to support continuity planning and future staff transitions.

2. Peer Collaboration

Connect with other State Specialists, as needed.

Appendix 6: First Year Roadmap for New State Specialists

Ongoing Monthly Activities, continued

3. Continuous Learning

Review:

- [NACDD Coverage Toolkit](#).
- New and updated resources.
- Resources in [Appendix 7](#).

Monthly goals:

- ☐ Stay organized, responsive, and engaged in continuous learning.

Quarterly Activities

Two key activities should be prioritized each quarter. First, participate in State Specialist Network calls. Review agendas in advance, note discussion questions, and discuss them with your team prior to the call when possible. If there are topics you would like to explore further, contact MATCH/NACDD coordinators so they can track and respond to State Specialists' interests and needs. Second, regularly review available data to better understand which delivery organizations may require TA and to identify emerging trends.

1. Networking and Learning

Participate in national State Specialist Network calls.

2. Data Review

The following data review activities should be completed quarterly:

- Analyze trends in:
 - DPRP Portal.
 - Operations Center.
- Review findings with evaluator.
- Review DSMES data trends. Use available data sources—such as ADA or ADCES recognition/accreditation information, partner reports, claims data, health system data, or other state-specific data—to identify trends, prioritize TA, and inform partner engagement and program improvement efforts.
- Identify opportunities for TA.

Quarterly goals:

- ☐ Use data and continuous learning to guide TA priorities.

Appendix 6: First Year Roadmap for New State Specialists

Annual Activities

Annually, State Specialists should review training materials and resources to identify areas where knowledge may need to be refreshed. This is also an opportunity to revisit and update the TA Plan to reflect evolving needs and priorities.

If a State Specialist is planning to leave or transition out of the role, notify Emory/NACDD in a timely manner.

1. Learning

State Specialists should complete these learning activities each year:

- Review training materials.
- Update understanding of state and local landscape.
- Continue reviewing resources (see [Appendix 7: Resources](#)).

2. Strategy and Planning

Update TA Plan based on:

- State priorities.
- National priorities.
- Delivery organization needs.

3. Program Management

Contact Emory/NACDD with any changes in State Specialist status within your state or organization.

4. DSMES Data review

Review annual summary of DSMES encounters from ADA or ADCES.

Annual goals:

- ☐ Review training materials and resources.
- ☐ Update TA Plan.
- ☐ Notify MATCH/NACDD of any State Specialist staffing changes.

Appendix 7: Resources

This appendix provides examples of key resources, tools, and reference materials that may support National DPP SQSs, DSMES State Specialists, and SHDs in onboarding, TA, program implementation, transition planning, and ongoing workforce development activities.

Resources included in this appendix may change over time as national guidance, tools, and training opportunities are updated. State Specialists are encouraged to maintain access to current versions of resources shared through the State Specialist Networks, CDC, NACDD, ADA, ADCES, and other national partners.

Below are selected resources commonly shared with State Specialists to support onboarding, training, and ongoing TA activities. Most resources are publicly available online or provided to trainees during the National DPP State Quality Specialist training or the DSMES State Specialist training

National DPP State Quality Specialist Implementation Resources

Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource Implementation	Topic: Standards and operation procedures Title: National DPP DPRP Standards	The CDC established the CDC DPRP as part of the National DPP. The DPRP provides information to people at high risk for type 2 diabetes, their health care providers, and payers about the location and performance of organizations offering the National DPP LCP through various delivery modes (in person, distance learning, in person with a distance learning component, online combination—not live delivery).
Resource	Topic: Training tool for SQSs Title: : NACDD Diabetes State Specialist Awareness Toolkit: A Recipe for Success	This toolkit will help you and other State Specialists create awareness of how you can support diabetes prevention and management programs in their efforts to expand access to and availability of the National DPP and DSMES services in your state. The Toolkit provides tools and resources to increase awareness of your efforts to ensure programs can continue to provide services to help decrease type 2 diabetes risk and improve diabetes-related outcomes, with an emphasis on communities disproportionately affected by diabetes.

Appendix 7: Resources

National DPP State Quality Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: National DPP curriculum resource Title: National DPP PreventT2 Curricula and Handouts	The resource/facilitators guide and printed handouts go hand in hand to facilitate discussion and learnings for lifestyle coaches.
Resource	Topic: Program requirements Title: Using HbA1C to Meet Program Requirements	This document provides CDC-recognized organizations delivering the National DPP LCP with a high-level overview on how HbA1C values can be utilized to meet program requirements, such as determining participant eligibility for the LCP, or as a key outcome measure to show type 2 diabetes risk reduction.
Resource	Topic: Success stories Title: Imagine You Preventing Type 2 Diabetes	CDC's Imagine You Preventing Type 2 Diabetes campaign is a video series aimed at reaching a large segment of the 96 million U.S. adults living with prediabetes. Imagine You Preventing Type 2 takes viewers inside the real-life experiences of three National DPP LCP participants. Through unscripted storytelling, participants share their progress, including overcoming plateaus, handling obstacles, and celebrating successes, all with the support of their lifestyle coach.

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National DPP State Quality Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: National DPP curriculum Title: Alternate Curricula for the National DPP Lifestyle Change Program	CDC-recognized organizations must use a CDC-approved curriculum that aligns with the National DPP requirements and the DPRP Standards and Operating Procedures. Newly developed curricula must be submitted, reviewed, and approved by CDC prior to use. In addition, organizations that develop supplemental materials for an already approved CDC curriculum must submit those for review and approval. If your organization chooses to use an alternate curriculum and/or supplemental material for an already approved CDC curriculum, reference this How to Request Approval for an Alternate Curriculum and Supplemental Materials document. This document is a high-level guide to submitting an alternate curriculum and supplemental materials for an already approved CDC curriculum to CDC for review. Always refer to the latest DPRP Standards and Operating Procedures and CDC-approved curricula for specific guidance.
Tip Sheet	Topic: Retention services Title: Keys to Success: Using Program Supports for Retention	Organizations across the United States are working to deliver CDC's National DPP LCP to help prevent or delay type 2 diabetes. A key component of delivering the National DPP is retaining participants enrolled in the program. This tip sheet provides lessons learned and insights from organizations that used program supports (sometimes called incentives) to retain participants in their LCPs.

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National DPP State Quality Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Guidance and Application	Topic: Program operations Title: UHA Arrangements Guidance and Application Guidance	This updated guidance document published in November 2021 aligns Umbrella Hub Arrangement (UHA) requirements with the new CDC DPRP Data Portal and expands the eligibility of non-delivery organizations to serve as umbrella hubs. Participation in a UHA is voluntary, and all parties are encouraged to make sure they fully understand the costs and benefits of participation before committing to this type of arrangement.
Program Registry and Fact Sheet	Topic: Program operations Title: Find a Program Resource for Organizations and Participants CDC Customer Service Center	The How to Change Lifestyle Change Program Class Locations resource provides organizations with the information they need to navigate the DPRP to update their organization's public class information. By updating public class information on the DPRP Data Submission Portal, organization's class information will be automatically updated in the Find a Program Tool to allow participants to find and join their class offerings.
Resource Summary and Video	Topic: Distance learning Title: Managing a Virtual Class	This resource provides lifestyle coaches with guidance and tips to successfully deliver the National DPP LCP virtually. This resource includes information on what a virtual class is, the platforms available for facilitating a virtual class, the roles of each person in a virtual class, how to prepare for a virtual class, how to lead a virtual class, and best practices for preparing for the next virtual class. This resource is based on the experiences and lessons learned from CDC Division of Diabetes Translation leaders and lifestyle coaches from CDC-recognized organizations that deliver the program virtually. This resource is supplemented with industry-leading standards in virtual class facilitation to ensure lifestyle coaches are equipped with the best information for leading a successful virtual class.

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National DPP State Quality Specialist Implementation Resources

Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Implementation Guide	Topic: Program implementation Title: Implementation Guide for Engaging Health Care Providers in Referrals to MDPP	This guide will help your organization engage health care providers in referring patients at risk for type 2 diabetes to your LCP. The guide provides two sets of customizable templates: one set for organizations offering PreventT2 or similar programs, and another for organizations offering MDPP. Each template is customizable to allow your organization to tailor the content.

National DPP SQS Coverage Resources

Resource	Topic: Coverage Title: Delivering the Medicare Diabetes Prevention Program (MDPP)	The MDPP expanded model, offered by CMS, is a structured intervention with the goal of preventing type 2 diabetes in individuals with an indication of prediabetes. The clinical intervention consists of a minimum of 16 intensive core sessions of a CDC approved curriculum furnished over six months in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions, less intensive monthly follow-up meetings help ensure that the participants maintain healthy behaviors. The primary goal of the expanded model is at least 5% weight loss by participants.
Tools or Resources	Topic: Coverage Title: Medicare Diabetes Prevention Program (MDPP) Implementation Resources	These webinars and resources were developed as part of TA for MDPP suppliers through funding and support by the CDC and implemented by NACDD. Some of the webinars and resources were developed in collaboration with CMS and the American Medical Association. Webinar and resource topics include referrals and recruitment, marketing, promoting the MDPP during a public health emergency, working with Medicare Advantage plans, and billing and claims.

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National DPP SQS Coverage Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: Coverage Title: Delivering the Medicare Diabetes Prevention Program (MDPP)	The MDPP expanded model, offered by CMS, is a structured intervention with the goal of preventing type 2 diabetes in individuals with an indication of prediabetes. The clinical intervention consists of a minimum of 16 intensive core sessions of a CDC approved curriculum furnished over six months in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions, less intensive monthly follow-up meetings help ensure that the participants maintain healthy behaviors. The primary goal of the expanded model is at least 5% weight loss by participants.
Tools or Resources	Topic: Coverage Title: Medicare Diabetes Prevention Program (MDPP) Implementation Resources	These webinars and resources were developed as part of TA for MDPP suppliers through funding and support from CDC and implemented by NACDD. Some of the webinars and resources were developed in collaboration with CMS and the American Medical Association. Webinar and resource topics include referrals and recruitment, marketing, promoting the MDPP during a public health emergency, working with Medicare Advantage plans, and billing and claims.
Resource	Topic: Coverage Title: Communicating and Promoting the National DPP as a Medicaid Benefit	Achieving Medicaid coverage of the National DPP LCP is an important milestone towards reducing the prevalence of type 2 diabetes in a state. To facilitate uptake of the benefit, states are encouraged to leverage a variety of communication and promotion strategies to generate enthusiasm, buy-in, and engagement with the benefit. This page describes approaches that states have taken to communicate and promote the benefit.

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National DPP SQS Coverage Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: Coverage Title: Medicare Diabetes Prevention Program (MDPP) Expanded Model	The CMS MDPP Expanded Model website provides up-to-date information on the expansion of MDPP. You will find implementation tools and resources, webinars, toolkits, and guidance documents to assist with MDPP efforts.
Toolkit	Topic: Coverage Title: Diabetes State Burden Toolkit	The Diabetes State Burden Toolkit is an interactive application that provides state estimates of diabetes burden (prevalence, incidence, and related conditions), economic costs, and deaths. It also presents data about diabetes-related complications, healthy life years lost, and costs related to medical care, absence from work, and lost productivity.
Toolkit or Guidance Document	Topic: Program implementation Title: Discovery Session Guide for Live Videoconferencing	This Facilitator's Guide for Live Videoconferencing, available in both English and Spanish, provides step-by-step instructions for conducting Discovery Sessions when face-to-face meetings are not possible. It provides: • Information about how to use live videoconferencing. • Estimated times for each section of the Discovery Session agenda. • A list of steps to help you prepare for and facilitate a successful session. • A list of supporting materials (Appendices A–I).

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DSMES State Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: Standards and operational procedures National Standards for DSMES: CDC DSMES Toolkit ADCES National Standards for DSMES Interpretive Guidance ADCES Diabetes Education Accreditation Program (DEAP) ADA National Standards for DSMES Interpretive Guidance & Checklist ADA Diabetes Education Recognition Program	Guidelines for delivering high-quality DSMES services required for accreditation and recognition.
Resource	Topic: Diabetes clinical standards of care Standards of Care in Diabetes—2026	Evidence-based clinical guidelines for diabetes care, updated annually to reflect current best practices.

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DSMES State Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: Building referral systems Reimbursement and Sustainability for DSMES Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: Algorithm of Care	Tools and guidance to build and strengthen referral systems, improve provider referrals, and identify gaps in workflows.
Resource	Topic: Expanding access and delivery DSMES Provided Through TeleHealth Telehealth Interactive Video Telehealth Models to Improve Access Community Health Workers as Diabetes Paraprofessionals Accessibility of diabetes education in the United States	Tools and resources to help delivery organizations better understand how to increase access and participation.

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DSMES State Specialist Implementation Resources		
Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Topic: Using data to guide TA National Diabetes Statistics Report Total Number of Medicare Beneficiaries by Type of Coverage	Comprehensive national data on diabetes prevalence, trends, and outcomes to inform planning and decision-making.
Resource	Topic: Increasing enrollment CDC DSMES toolkit Barriers to diabetes management: Patient and provider factors	Tools and resources to help increase enrollment and participation in the DSMES.
Resource	DSMES Promotion Playbook Details Diabetes Self-Management Education and Support Medical Billing Playbook for Pharmacies	The DSMES Promotion Playbook is a new way to talk about DSMES. It provides consistent messaging to help CDC and its partners promote DSMES so that more people are aware of it, reach out to learn more, and ask their health care provider for a referral.
Resource	Topic: DSMES overarching resources CDC Kidney Disease Surveillance System Office of the National Coordinator for Health Information Technology Health IT Dashboard	These tools and resources can be used to help expand your knowledge on the DSMES program and other programs that help to support those with diabetes. https://doi.org/10.2337/ds20-0051

Appendix 7: Resources

State Specialist Resources: Toolkits, Program Locator, and Program Registries

Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	CDC National Diabetes Prevention Program Customer Service Center	The National DPP Customer Service Center (CSC) provides organizations with access to a wide range of resources to support the delivery of the National National DPP, including training materials, toolkits, and videos. Users can also ask questions and receive TA on all aspects of the program.
Resource	National Diabetes Prevention Program Coverage Toolkit	A resource for both National DPP and DSMES State Specialists that provides a wealth of resources on updated coverage options for both programs, and tools and resources to help support delivery organizations looking to bill for National DPP and DSMES services.
Resource	Availability of National DPP State Quality Specialists	Provides an overview of the National DPP SQS program and a link to resources that can be used to support TA.
Resource	National DPP and DSMES Resources DSMES Evidence of Support DSMES and Diabetes Support Program Frequently Asked Questions	MATCH University is a platform where you can access National DPP and DSMES resources, trainings, event calendars, and much more. This site can be accessed using your login in credentials.
Resource	CDC DSMES Toolkit	Tools and guidance to help providers navigate DSMES services.

Appendix 7: Resources

State Specialist Resources: Toolkits, Program Locator, and Program Registries

Resource Type	Topic/Resource Title (Click to Access)	Resource Summary
Resource	Diabetes State Specialist Awareness Toolkit: A Recipe for Success	This toolkit will help you and other State Specialists raise awareness of how you can support diabetes prevention and management programs in their efforts to expand access to and availability of the National DPP and DSMES services in your state. The Toolkit provides tools and resources to increase awareness of your efforts to ensure programs can continue to provide services to help decrease type 2 diabetes risk and improve diabetes-related outcomes, with an emphasis on communities disproportionately affected by diabetes.
Resources	Diabetes Prevention Recognition Program Registry	The National Registry of Recognized Diabetes Prevention Programs lists contact information for all CDC-recognized organizations that deliver evidence-based type 2 diabetes prevention programs in communities across the United States.
Resource	Map of MDPP Suppliers furnishing MDPP Services	This map shows the locations of Medicare-enrolled MDPP suppliers from which eligible Medicare beneficiaries may be furnished MDPP services. Alternatively, a list of all currently enrolled MDPP suppliers can be found on the CMS data site , along with supplier location information and contact information.
Resource	Find a DSMES Program Find a Diabetes Education Program Find Diabetes Education & Support Programs	Enter your state, city, or zip code to see a list of programs in your area that offer DSMES services. You can also choose your preferred language, diabetes focus, and ages served. Please contact the program you're interested in for the most up-to-date information.