

# Maryland Survey for CDC-Recognized Organizations Offering Online Programs

Greetings!

The Maryland Department of Health-Maryland Medicaid anticipates offering the National Diabetes Prevention Program (National DPP) to eligible beneficiaries through its managed care organizations (MCOs) beginning on July 1, 2019.

To implement this program MCOs will contract with Medicaid enrolled Centers for Disease Control and Prevention (CDC)-Recognized Organizations. With this form, we are gathering baseline information from virtual (CDC)-Recognized Organizations who potentially may be interested in and capable of contracting with one or more MCOs to deliver National DPP services in Maryland.

This optional information form is intended to be completed by program managers, leadership, or a designated point of contact. MDH requests that each (CDC)-recognized organization submit one response. Information gathered may be used to facilitate future communications and information sharing with (CDC)-recognized organizations around Maryland's anticipated National DPP. This form has 26 questions and should take approximately 10-15 minutes to complete.

Please complete and submit this form on or before close of business on 3/6/2019.

\* Required

1. (CDC)-Recognized Organization Name \*

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2. First Name (Point of Contact) \*

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3. Last Name \*

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4. Title \*

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5. Email \*

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6. Organization Address 1

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**7. Organization Address 2**

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**8. City \***

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**9. State \***

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**10. Zip code \***

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**11. What is your current DPRP status? \***

*Mark only one oval.*

- Pending Recognition
- Preliminary Recognition
- Full Recognition

**12. Which delivery mode(s) do you use to offer the National DPP? (Check all that apply) \***

*Check all that apply.*

- In-person
- Online
- Distance Learning
- Combination

**13. If you chose combination, please describe.**

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**14. What platforms do you use to deliver the National DPP? (Check all that apply) \***

*Check all that apply.*

- Computer
- Smart phone (app based)
- In-person location
- If yes, is your location accessible for persons with disabilities?
- Multiple locations
- If yes, is your location accessible for persons with disabilities?
- Other, please explain

**15. Does your organization currently operate in Maryland? \***

*Mark only one oval.*

- Yes
- No

**16. If no, does your organization have plans to operate in Maryland in the future? Please explain.**

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**17. In which states does your organization currently deliver National DPP services? \***

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**18. In which state(s) does your organization have an administrative location? (Maryland, California, Illinois, Other) \***

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**19. Does your organization currently serve Medicaid populations? \***

*Check all that apply.*

- Yes
- No

**20. Are you interested in becoming a Medicaid DPP supplier in Maryland? \***

*Mark only one oval.*

- Yes, please contact me with more information on becoming a DPP supplier in Maryland.
- No

**21. Do you have the capacity to accept new program participants in Maryland? \***

*Mark only one oval.*

- Yes
- No

**22. If yes, what is the maximum enrollment capacity that you would have in the first year of service delivery in Maryland?**

*Mark only one oval.*

- 1-25 participants
- 25-50 participants
- 50-100 participants
- 100-150 participants
- 150- 200 participants
- 200 or more participants

**23. How often do you initiate a new class? \***

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**24. Are you currently using claims to bill Medicaid and/or Medicare for National DPP or similar services? If so, please explain. \***

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**25. Do you offer a curriculum at a lower literacy level? \***

*Mark only one oval.*

- Yes
- No

**26. Do you offer the National DPP in other languages? If yes, indicate which languages. \***

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