

2019 Comprehensive Aspiration Risk Management Plan (CARMP) Template: Instructional Guide

General Instructions

1. Do not alter the CARMP template except where it states you may delete a section/area.
2. This template was designed to be completed electronically. Text boxes have been created in this template to allow the space to expand to accommodate desired content.
3. If a text box/area is not relevant to the individual, please insert “n/a”.
4. If an entire section is “n/a”, check the “n/a” box in the section heading, keep the section heading in the template and then delete the remainder of that section **only**.
5. Delete or add photo columns as needed. Areas that may especially benefit from photos include: positioning; adaptive eating equipment (may be on a separate addendum that includes ordering information and referenced in the CARMP template); assisted eating techniques; and oral hygiene. In CARMPs that contain pictures, the pictures should be clear enough to guide implementation.
6. Strategies should be stated as briefly as possible, but with enough detail for direct support personnel (DSP)/family implementation. Please use language that non- clinical staff can understand.
7. When the Living Supports and Customized Community Supports are delivered by different provider agencies, the Living Supports Nurse and the Customized Community Supports nurse must communicate and collaborate during CARMP development. Key information must be shared. Persons with I/DD may behave and react in different ways based on location and time of day. Most planned approaches are appropriate for both locations. If an approach is unique to one location, it should be noted on the CARMP and will be trained only at that location. Collaborative planning allows each Nurses to train in their location.

CARMP Template Guide and Requirements

1. Complete the first line of client and case management information.
2. Note the date of the ARST and Risk Level. Enter the ISP term.
3. The date of the initial CARMP will be added in the “*Date of CARMP (Initial/Annual)*”.
4. The initial date will be removed after the first year, and only the annual date will be added to “*Date of CARMP (Initial/Annual)*”.
5. When the CARMP is revised, the initial or annual dates remains the same and the revised date is added in “*Date (Revised)*”. The revised date may be the same date as the annual if done at the time of the annual; alternately, it may be different if the revision took place after the annual was done.
6. Risky Eating Behavior (REB) Only criteria. Persons with REB are always at moderate risk.
 - a. The “*REB only criteria*” must be chosen if this is a REB-only CARMP. This indicates that some areas in the CARMP do not have to be initiated.
 - b. If the REB is present in combination with other risk factors, do not choose the “*REB only criteria*” and continue to complete all areas relevant to the person.
7. Section A: This section is required and cannot be deleted. The nurse communicates with the IDT to identify all person-specific signs and symptoms (S&S) of aspiration and aspiration associated illness. If person-specific S&S are not known at this time, the nurse may initially use generic S&S. The nurse is responsible to train and monitor the implementation in this section. All IDT members are responsible to monitor and report S&S to the nurse. The nurse is required to respond to all reports of identified S&S.
8. Section B is required and cannot be deleted, but areas within this section may be marked “*not applicable (n/a)*” per team consensus.

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9. The nurse establishes the safest position for the person to be in if vomiting/seizure occurs. Examples may include placing the person on their side for a seizure or remaining in an upright sitting position and leaning forward when vomiting. Some people with I/DD have unique skeletal needs that require specific positioning. *Other monitoring and reporting* is the only section where the author can refer to other Health Care Plans (HCPs) or interventions as the plan relates to aspiration. Section C: Oral mealtime strategies are required if the person eats or drinks anything orally. This includes pleasure eating.
 - a. If the IDT chooses “*not applicable if 100% NPO*” this entire section except for the heading may be deleted. If the person is 100% NPO with a feeding tube and the person or guardian chooses pleasure eating, the Decision Consultation Process must be followed, and this section is left intact and completed in its entirety. Contact the Aspiration Risk Management Coordinator at 505-841-6188 for support.
 - b. *Diet texture area*:
 - i. The author must choose one or more textures and add examples with special instructions.
 - ii. The examples in the parentheses are examples, the author must give their own description or use the information given in an example by re-writing the example in the text box provided.
 - c. *Liquid consistency area*: Choose the appropriate consistency and list examples and special instructions in the provided text box.
 - d. If fluid restriction is chosen, please add “*see MAR*” in the provided text box. Fluid restriction may change frequently. It is appropriate to only refer to it in the CARMP to ensure awareness.
10. Section D: If choosing “*not applicable if 100% NPO*” or “*REB only*” the author may delete the entire section except for the heading.
 - a. If using multiple altered forms of medication specify the type for each. Ensure when the type “*crushed*” is chosen that the medication is actually crushable per the pharmacist/medical provider.
 - b. Oral Medication Delivery Method and level of assistance with medication delivery is based on the MAAT.
 - i. This section indicates additional delivery techniques intended to minimize aspiration risk; check all that apply and describe method.
 - ii. The examples in the parentheses are examples, the author must give their own description or use the information given in an example by re-writing the example in the text box provided.
11. Section E: Tube feeding route must be indicated.
 - a. If choosing “*not applicable*”, the entire section may be deleted except for the heading.
 - b. Some content is required and is pre-selected. The author must complete the required preselected areas entirely. The required preselected areas are identified in the tube feeding heading as “☒ = *Indicates required content*”.
 - c. Other areas are a guide and are optional.
12. Section F: If determined “*not applicable*” based on assessment & IDT consensus, the entire section may be deleted (except for the heading).
 - a. Additional sections may be added for pictures.

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13. Section G: Oral hygiene is optional for REB only, if determined “*not applicable*” based on assessment & IDT consensus, the entire section may be deleted (except for the heading).
 - a. There are multiple areas in this section that the team must collaborate on when authoring and choosing the lead contact for each area.
 - b. If a section is not relevant for the person, remove the suggested lead contact, and add “n/a”.
14. Section H: If choosing “*not applicable*”, the entire section may be deleted (except for the heading).
15. Section I: If choosing “*not applicable*”, the entire section may be deleted (except for the heading).
16. Section J: This is a required section.
 - a. Outcomes must be measurable.
 - b. The timeline for each outcome will be through the ISP term.
 - c. If timeline is different than the ISP term, PLEASE SPECIFY.
17. Section K: This section is required and must be fully completed.
 - a. Each lead contact listed in any of the previous sections must be added.
 - b. Lead contacts must be current.
 - c. Lead contacts’ contact information must be provided, current and accurate.
 - d. Only the lead contacts are listed here.

General Information

1. Refer to Chapter 5, Section 5.5 in the DD Waiver Standards for complete information about ARM supports.
2. Aspiration Risk Management (ARM) screening is required for all adults and young adults (18-20 years old) on the DD Waiver who receive Living Supports and Customized Community Supports.
3. Biological family who are the Family Living Provider and are the Guardian for persons at moderate or high risk, may opt out of ARM supports, but only after the Comprehensive Aspiration Risk Management Plan (CARMP) has been developed and presented to the person and the guardian.
4. Adult Nursing Services (ANS) are available and must be added to the budget for young adults who reside in Family Living and are at moderate or high risk for aspiration.
5. An interim ARM plan is developed and trained within three calendar days, by the nurse and the Eating Specialist (when available) if a CARMP is not already in place.
6. All interim ARM plans must be removed, from all places where the person is assisted to eat or drink and filed according to the DDW 2019 Standards when the final CARMP is in place.
7. The CARMP is the designated Health Care Plan (HCP) for persons at risk for aspiration. All aspiration-related health care plans (oral hygiene and tube feeding) **must** be incorporated into the CARMP, and the CARMP **must** be attached in the Therap system.
8. When a CARMP is in place, and there is a change of condition or level of aspiration risk, the IDT continues with the current CARMP while the IDT reviews the CARMP and makes changes as indicated.
9. During the IDT meeting for CARMP development, review and/or revision:
 - a. The nurses, therapists, RDs, BSCs and CMs complete as much of the CARMP template as possible;
 - b. The IDT identifies the “Lead Contact” for each area
 - c. The IDT identifies whether or not a strategy section is relevant to the person. If any section is not relevant for the person remove the suggested lead contact and add “n/a”.

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10. Lead Contact for each area are prefilled but must be changed as needed per IDT consensus. The discipline that is **Bolded** is chosen to be the Lead Contact and must remain **bolded**.
 - a. If multiple authors collaborated on a single section, those authors determine who is designated as the “Lead Contact”, only one IDT member can be the lead contact.
 - b. The lead contact is responsible for training, monitoring implementation, and reporting on effectiveness of the status of strategies to the IDT.
 - c. IDT members must discuss how to share these tasks.
11. Competency based training is required for CARMPs.
 - a. Individual Specific Training (IST) Rosters must include the name of the person receiving DD Waiver services, date of the training, IST topic for the training, signature of each trainee, the role of each trainee (e.g., CIHS staff, CIE staff, family, etc.), the signature and title or role of the trainer, and the level of training (awareness, knowledge, or skilled) the trainee has attained.
12. The “Lead Contact” may designate a specific (and willing) IDT member to train in his/her place.
 - a. The designated trainer must be competent to both implement the plan and conduct training on any strategy (in part or entirely). Such designation must be made in writing using the IST Trainer Designation Record as described in Chapter 17.10. The designee’s name must be included in the “Lead Contact” column of the CARMP. If a designated trainer is identified, the IDT member who assigned the designation continues to be responsible for monitoring and reporting the effectiveness of strategies to the IDT.
13. After the CARMP is developed and presented to the person and guardian by the CM, the person or guardian may accept or reject all or part of the CARMP. When the person or guardian rejects all or part of the CARMP, the CM coordinates the Decision Consultation Process (DCP).
14. Nurses, therapists, RDs, BSCs, and CMs will ensure the current CARMPs and MERP(s) are present and available to all staff and are implemented properly during their visits. BSCs will schedule a portion of their visits to coincide with mealtimes for observational purposes.
15. Nurses, therapists, RDs, BSCs and CMs will participate in the annual ISP and other IDT meetings regarding any aspect of the ARM process and CARMPs.
16. The CARMP and ARM reassessment report include documentation of clinically relevant ARM assessment findings that may result in the maintenance, initiation, revision, or discontinuation of CARMP strategies and/or interventions.
 - a. The reassessment report also documents previously established CARMP strategy monitoring results regarding effectiveness and identifies any edits to the previous CARMP that were required during the past year.