

**Statewide Aspiration Risk List (SARL) Referral Form
New Mexico DDSD – 2018**

Case Manager: Complete form, attach face sheet of the ISP and submit within 7 calendar days following the ISP meeting.

Referral Date: Region: Metro NW NE SW SE

Person's Name: JCM: Yes No

DOB: Last four of SS#:

ISP Dates: Case Manager:

Case Manager Phone and E-mail:

Type of Referral: Initial Annual Update/Change

IDT Consensus of Aspiration Risk Level : Low Moderate High

If Update or Change Note Reason:

Change of risk level from to as of (date of screening) due to:

- Presentation of new criteria
- Previous criteria no longer present

Deferral from specific clinical/medical recommendations:
Decision Consultation Form (DCF) completed on (date).
Attach DCF and revised CARMP to this form.

Removal from SARL:
Attach clinical justification for removal (e.g. test/evaluation results, evidence of sustained improvement in risky eating behavior) that includes the date of the IDT meeting that discussed SARL removal.

Treatment for Aspiration Pneumonia in The Last 2 years.

Hospitalization Yes No? Date(s):

Outpatient treatment Yes No? Date(s):

Significant Change in Condition:

Initiation of Feeding tube: G J G/J NG Date:

Feeding tube currently in use? Yes No

Unplanned Weight Loss: 10% or more or 10 lbs. weight loss in the last 6 months.

Other (describe):

Swallow Study/Video Fluoroscopy: Yes No Date:

IDT Contact Person for Results:

CARMP Date:

Do not attach now. CARMP may be requested later for Quality Review purposes.

Notify ARM Coordinator of updates as they occur
Submit completed packet by Fax, SCOMM, or mail to:
Clinical Services Bureau – Attn: Aspiration Risk Management Coordinator
5301 Central NE Suite # 1700, Albuquerque, NM. 87110
Fax: 505 841 2987