

Initial Aspiration Risk Management (ARM) IDT Meeting Guidelines

1. The IDT must consider all areas of the CARMP Template and complete as much of the content as possible.
2. Signs & symptoms section should include any descriptors that may occur during meals/snacks in particular, as well as at other times. If the individual has never experienced aspiration, although s/he is at moderate or high risk, the IDT should use their best judgment to identify signs/symptoms that they expect would be present and indicate the need for medical assessment. Do not include a boilerplate list of S/S.
3. The IDT must review the CARMP Template and assign a “Lead Contact” for each strategy area, except for the “How to recognize and report individual specific signs and symptoms of aspiration” section which is the responsibility of the entire team to develop and monitor. The nurse is responsible to train this section.

In all other strategy areas the Lead Contact is responsible for training and monitoring, even if that strategy was developed collaboratively during assessment. The Lead Contact column of the CARMP Template indicates *suggested* disciplines for each strategy area. The IDT should determine who will actually perform these tasks based on the IDT composition and the relevant areas of expertise of available team members.

- a. Replace the suggested disciplines with the name or actual discipline of the individual(s) who will train and monitor the section.
 - b. If more than one discipline will be collaborating to train and monitor the instructions in a specific area, list the names or disciplines of each.
 - c. After initial training of the CARMP a designated trainer may be identified by the original trainer. The designated trainer may train DSP within his or her own agency. When this is the case, add the name, role and agency of the designated trainer to the Lead Contact column with the original trainer’s name and/or discipline. The original trainer is always considered a trainer and may be called upon to train as well.
4. The IDT must discuss any areas of the CARMP Template that will require additional collaborative assessment by relevant disciplines prior to strategy development. Relevant strategy sections may be completed during such additional collaborative assessment scheduled during the Initial ARM IDT Meeting.
 5. The IDT should discuss and agree on how remaining sections of the CARMP Template will be completed following the meeting.
 - a. Strategy sections not completed during collaborative assessment or during the ARM IDT meeting may be completed by circulating the template among identified authors in an established and agreed upon order.

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- b. As an alternative, the IDT may decide that each discipline will complete those sections of the CARMP agreed upon and distribute the template to the CM or other IDT designee for compilation by the deadline.

Distribution and Location of the completed CARMP

1. The completed updated CARMP must be submitted to The Case Manager following the IDT ARM Meeting according to the ARM Procedure timelines.
2. The Case Manager is responsible for reviewing the entire CARMP to determine if there are any sections that are in conflict. If so, the Case Manager shall contact the authors of those sections to resolve the discrepancy according to the ARM Procedure timelines.
3. The Case Manager is responsible to review the completed CARMP with the guardian.
4. The Case Manager is responsible for distribution of the finalized CARMP to all IDT members, including each agency providing direct services to the individual.
5. The IDT must discuss specifically where the completed CARMP document will be kept. Each agency that provides services to the individual is responsible to place a clear copy of the entire finalized CARMP document in each service delivery area, i.e., home, day activity area, etc. The location may be in a separate binder clearly marked CARMP or may be in a different area as agreed to in the ARM IDT meeting. The CARMP must be kept intact and together and not separated into sections that are stored in different locations.
6. Documents that provide instructions for the same activities contained in CARMP strategies, but dated prior to the current CARMP, must be removed from the individual's current working file of programs/strategies in all service delivery locations. This includes, but is not limited to past aspiration health care plans, mealtime programs, nutritional instructions, tube feeding protocols, mealtime positioning programs, oral care/hygiene programs, etc. The current CARMP supersedes past documents related to aspiration risk management.