

Annual ARM IDT Meeting Guidelines for Ongoing CARMPs

(This meeting may be combined with the **Annual IDT Meeting** to develop the ISP)

Documentation of the Meeting:

The IDT must review CARMP Outcomes and document the following in the IDT Minutes:

- a. How the Outcomes were reviewed (i.e., nursing and/or dietitian and/or dental data reviewed);
- b. Status of CARMP Outcomes (i.e., were they met, partially met, not met and what is the actual data);
- c. Barriers to achieving the CARMP outcomes that were not met (i.e., self feeding behaviors, challenges with oral hygiene tolerance, illness and associated weight loss); and
- d. Revisions to CARMP outcomes, as needed (i.e., changes in data baseline and/or expectations, discontinuing some outcomes and/or introducing other outcomes).

CARMP Template Instructions and Information:

1. If the Individual requires a CARMP to be developed, trained, implemented and monitored due to ARST criteria of only Risky Eating Behaviors (REB), the IDT should assure that the CARMP template used contains a heading on page one that makes the distinction between REB Only Criteria or Other Criteria. The appropriate box should be checked.
If the CARMP is for an individual who exhibits REB Only Criteria, the IDT must review each strategy section and determine if it is a required section for all CARMPs or if it may be omitted based on assessment and IDT consensus for ***REB only.
2. The IDT must review the strategy of “How to recognize and report individual specific signs and symptoms of aspiration.” This section is required on ALL CARMPs. This process requires a review the current list of S/S and consideration of any needed revisions to the list based upon the appearance of any new S/S; past reports of S/S to nursing; review of nursing responses to such reports; discussions of any concerns related to S/S reporting/response; and recent clinical re-assessments. The revised list will be created by the entire IDT and recorded.
2. The IDT must review all CARMP Template strategies and discuss if the content of any strategy requires revision or if strategies previously considered N/A are now needed or previously included strategies are no longer needed. The basis for this discussion shall be 1) authors’ findings during implementation monitoring; 2) the individual’s response to implementation; 3) authors’ annual re-assessment results, 3) past CARMP Outcomes status and 4) Individual Specific S/S reports.

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3. The IDT must discuss the need for additional collaborative assessment if indicated by non-achievement of outcomes, frequent reports of individual specific S/S of aspiration, difficulty with implementation of strategies, monitoring findings, change in health status, and/or other reported concerns. If additional collaborative assessment is recommended this will be scheduled during the IDT Meeting and occur according to the ARM Procedure timelines.
4. If strategy revisions are needed, the IDT will discuss and agree upon how the individual's CARMP will be updated and how timelines will be met. Circulating the template among identified authors in an established and agreed upon order may accomplish this task.
5. The IDT must review the past Outcomes and determine if they should continue, be edited or replaced. All Outcomes must be measurable. Baseline should be reviewed and updated, as needed for each Outcome.

Distribution and Location of the completed CARMP

1. The completed updated CARMP must be submitted to The Case Manager following the IDT ARM Meeting or Annual IDT 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. If there is a change in where the CARMP document will be kept, the IDT must discuss this. 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.