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To: DD Waiver Case Managers and Providers

From: Elizabeth Finley, Clinical Services Bureau Chief



Cc: Christina Hill, DD Waiver Manager; Leah Manning, Statewide Case Management Coordinator; Jacoba Viljoen, Statewide Aspiration Risk Coordinator

Subject: Announcing CARMP Pilot and Interim Measure to Improve CARMP Compilation

The New Mexico Developmental Disabilities Supports Division (DDSD) has focused on Aspiration Risk Management (ARM) as a key health issue for many years. In 2009, a pilot project was initiated to improve the ARM care planning process. In 2010, the Comprehensive Aspiration Risk Management Plan (CARMP) became the standard format for use in the DD Waiver system.

The 2018 CARMP Audit revealed strengths and areas of needed improvement in the CARMP process. Many of the areas of concern were related to the accuracy and timeliness of completion of the CARMP by multiple authors. DDSD has received input for improvement from many users, including the Statewide Case Management Directors.

In response to the 2018 Audit, DDSD has created a small team to test the use of a shared CARMP document in Therap. The goal is to provide a web-based platform for multiple authors to contribute to a single document. This project is in the beginning stages and DDSD will keep providers informed of our progress.

There are process issues related to consolidating a document that is edited by multiple authors. The following is intended to be responsive to the concerns that have been raised and to serve as a reminder about the requirements of the current process. Please refer to Chapter 5.5 of the DD Waiver Service Standards (Reissued 12/28/18) for more information. The CARMP is time sensitive because it supports people's safety.

The following are reminders and recommendations for Interdisciplinary Teams (IDTs):

- No single IDT member is solely responsible for writing and training the entire CARMP. It is a team effort and the Case manager is responsible for coordinating the IDT to assure completion in a timely manner.
- Starting or revising a CARMP should begin with an IDT meeting to ensure that everyone has the same information and knows the deadlines for completing their CARMP sections.

- The Case Manager must ensure that all IDT members are invited to the CARMP meetings. Provider Agencies must keep subcontracted Licensed Nutritionists and Registered Dietitians (RDs) informed of these meetings and their required attendance.
- In many cases, the IDT can complete the CARMP during a focused meeting. If this cannot occur, then teams should identify a clear plan about the order of completion, passing the CARMP forward to the next discipline and creating firm due dates. All IDT members must adhere to the planned deadlines for completing their sections of the CARMP.
- The lead contact for each section should be identified in bold font. This designates the one person who is responsible for training and monitoring that section of the CARMP. If more than one IDT member contributes to a section, those members must decide who will be assigned as the lead contact. It is not the Case Manager's responsibility to determine or assign the lead contact.
- The lead contacts are responsible for completing their CARMP edits and passing them along to the next team member via SCOMM.
- Edits should not be sent in isolation to the Case Manager (or another member) with the expectation that they will cut, paste and compile the CARMP.
- All CARMP authors can minimize the risk of conflicting information between sections by comparing your section of the CARMP and those authored by others. Look for and address conflicting information between sections proactively. This prevents prolonged delays in completion and supports the health and safety of the person.
- Case Managers, Therapists, Nurses, Behavior Support Consultants (BSCs), and RDs have been given Therap accounts with SCOMM permission. All CARMP edits should be shared securely using SCOMM. As sections are completed and forwarded, cc the Case Manager to keep them apprised of the CARMP's progress towards completion. Users can adjust their Therap SCOMM settings to trigger alerts in their regular email.
- Some teams have non-responsive or chronically tardy IDT members. All members have professional responsibilities in completing their sections of the CARMP in a timely manner. The Aspiration Risk Management Coordinator can be copied on SCOMMs as needed to address issues or request technical assistance for the team.
- Case Managers are reminded to submit a Request for Regional Office Assistance (RORA) if there are issues with CARMP delay or if there are any needed Specialty Services. This includes therapy (OT, PT, SLP), BSC, Assistive Technology (AT), Durable Medical Equipment (DME) or any medical services.
- The Case Manager reads the CARMP for completion, consistency, looks for discrepancies between sections and alerts the authors to communicate and correct discrepancies promptly. The Case Manager is not a clinician and will not make any edits.
- Case Managers also makes sure the language is understandable for DSP and ensures there is a designated lead contact for each section.

- Once the Case Manager receives the completed CARMP and confirms the information is present, they will add the date and distribute the CARMP to all IDT members.
- After the Case Manager distributes the updated CARMP, it must be placed in the service delivery sites and agency files as detailed in the DD waiver Service Standards. All prior versions of the CAMRP must be removed from the site to avoid confusion.

We hope this information is helpful. We are committed to finding a workable solution for making CARMP development and editing more streamlined.

Please contact us at any time if you need assistance with any CARMP issue or have ideas to further refine this process.

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