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DATE: August 2, 2010

TO: All DD Waiver Providers, Case Managers and IDT Members, DDS staff and DHI staff

FROM: Mikki Rogers, Director 

SUBJECT: Aspiration Risk Management Policy & Procedures – Effective August 16, 2010

I am pleased to announce the completion and distribution of new Aspiration Risk Management (ARM) Policy and Procedure and associated materials. We appreciate the input from all those in the field who participated in the pilot and demonstration project during this past year. Attached to this memo, you will find the final version of the:

- Aspiration Risk Management Policy
- Aspiration Risk Management Procedure
- Comprehensive Aspiration Risk Management Plan (CARMP) template
- Comprehensive Aspiration Risk Management Plan (CARMP) instructions
- Aspiration Risk Screening Tool
- Nurse Aspiration Assessment Tool
- Decision Consultation Form
- Statewide Aspiration Risk List (SARL) Referral Form
- Medical Emergency Response Plan Policy
- Pamphlet “Should I Get a Feeding Tube? Questions & Considerations for Individuals and Their Healthcare Decision Makers”
- Table: Phase In Schedule

We are still working on additional guidance for teams related to feeding tubes and other optional supportive job tools related to the ARM Policy and Procedures. These will be posted to the DDS website once completed.

**Instructions: Phase in of New Aspiration Risk Management Policy & Procedure:**

We will be converting from our 2004 aspiration related policy and procedure to the new Aspiration Risk Management Policy and Procedure in a gradual manner that prioritizes Jackson class members (all of which should have had a screening completed per DDS directive in June 2010) and those at highest risk. This initial phase in schedule is not tied to the annual ISP cycle; we believe the first time a CARMP is developed; it is best done apart from the other activities of an annual ISP. The phase in schedule is as follows and is also attached in table form:

1. **For those Jackson class members (JCM) whose provider did not yet submit a completed screening tool to DDS Clinical Services Bureau in June, they must do so by 8/16/10! Fax to: 505-841-2987.**
2. Those JCM screened at high risk **and** who have been hospitalized with or received outpatient treatment for pneumonia since January 1, 2010 **and** who **do not** already have a CARMP in place, must use the new Procedure and template to develop a CARMP by 10/16/10 regardless of their annual ISP date.

3. Any JCM or other DD Waiver participant (non JCM) who is hospitalized for aspiration pneumonia subsequent to the date of this letter, **and who does not already have a CARMP** shall immediately begin to implement the Procedure upon hospital discharge.
4. Those JCM that have been **newly identified** at moderate or high risk and who **do not** already have a Mealtime Plan or Tube Feeding Protocol in place must also develop a CARMP by 10/16/10.
5. Those JCM screened at high risk but who have **not** been hospitalized or ill with pneumonia **and** do not yet have a CARMP, must use the new Procedure and template to develop a CARMP by 12/30/10 regardless of their annual ISP date. (This includes all JCM who may already have a Tube Feeding Protocol in place – but must now convert to a CARMP since all individuals with feeding tubes are considered high risk.)
6. Those JCM screened at moderate risk that already **have** a Mealtime Plan must convert to a CARMP not later than 6 months following their next annual ISP meeting or 8-16-11 whichever is sooner.
7. All JCM and other DD Waiver participants who **already created a CARMP** during the Demonstration Project or Pilot Phase must switch to the new CARMP template, using the new Procedure by the time of their next annual ISP. This means that reassessment of the individuals' aspiration status will occur at least two weeks prior to the annual ISP meeting and the completed new CARMP template submitted for Case Manager review by the 10<sup>th</sup> business day following the annual ISP meeting. These teams may choose to convert to the new CARMP sooner than the annual ISP if they wish. If these individuals are hospitalized/receive outpatient treatment for aspiration pneumonia subsequent to the date on this letter, their current CARMP shall be reviewed and modified as needed to address the aspiration pneumonia event – but they are not required to use the *new* CARMP template until their next annual ISP.
8. Beginning January 1, 2011, adults on the DD Waiver who are not JCM, and do not already have a CARMP, shall be screened, and begin implementation of the Procedure not later than six months after their next annual ISP. However, if hospitalized in the meantime, see #3 above.

Individuals, whether Jackson class members or not, who screen as low risk are not required to have a CARMP. They may nevertheless have certain dietary/mealtime instructions (e.g. someone on a low sodium diet, a diabetic diet, or weight loss plan, pureed texture due solely to lack of teeth).

Presentations highlighting content of the new Aspiration Risk Management Policy and Procedure, supporting materials and the content of this letter will be given at upcoming Quarterly Regional Meeting and at the next Statewide Case Management Directors' Meeting. More formal training curriculum and schedule is being developed and will be announced shortly. However, those who attended the Aspiration Training in the spring and summer of 2009 will find that the new Policy and Procedure are highly consistent with the training received at that time, (with the exception of the ARM Subcommittee which has been eliminated).

Questions regarding these materials, expectations or phase in schedule can be directed to the Clinical Services Bureau at 505-841-2948 or 1-800-283-8415 or via email at [aspiration.coord@state.nm.us](mailto:aspiration.coord@state.nm.us).

Thank you for your attention to this very important initiative.