

Aspiration Risk Management Protocol Manual

I. Introduction

Given that many individuals with developmental disabilities are at greater than average risk for aspiration, and given that illness and death can result, the Developmental Disabilities Supports Division (DDSD) of the New Mexico Department of Health (DOH) has developed this manual to guide providers in supporting adults they serve through the Developmental Disabilities Waiver. Teams supporting children and youth at risk for aspiration are strongly encouraged to seek appropriate diagnosis and treatment through Early Periodic Screening Diagnosis and Treatment (EPSDT) services through the Medicaid state plan.

II. Annual Aspiration Risk Screening & Re-screening

An interdisciplinary process shall be utilized to identify individuals presenting with indication(s) of aspiration risk.

A. When is the Aspiration Risk Screening conducted?

1. At least two weeks prior to the individual's annual IDT meeting, the annual Aspiration Risk Screening shall be conducted as part of the annual health risk screening. The responsible agency nurse shall submit a copy of the completed Aspiration Risk Screening tool to the individual's case manager two weeks prior to the annual IDT meeting.
2. Re-screening by the responsible agency nurse and team discussion shall also occur as a result of any of the following events:
 - a. Occurrence of a change in health status related to aspiration;
 - b. Reporting of a significant event related to aspiration (e.g. respiratory infection requiring treatment or diagnosed aspiration pneumonia); or
 - c. IDT member reports presenting signs or symptoms of aspiration.

B. Who conducts the screening?

1. The responsible agency nurse for the individual shall conduct the Aspiration Risk Screening with input from other IDT-members, as needed.
2. The hierarchy for determining the responsible agency nurse is as follows:
 - a. Community Living Agency, if none then
 - b. Private Duty Nursing Agency, if none then,
 - c. Adult Habilitation Agency, if none then,
 - d. Community Access Agency, if none then,
 - e. Supported Employment Agency.
 - f. If the individual does not receive any of the above services and therefore does not have an agency nurse on the team, the case manager shall complete the screening with input from the individual and their family/guardian.

C. How is the screening documented?

Nurses shall use the DDSA Aspiration Risk Screening Tool contained in Appendix A of this manual.

D. What are the possible outcomes of screening?

1. The responsible agency nurse, based upon the completed screening tool, will determine if the individual is categorized as low risk, moderate risk, or high risk.

III. Criteria for Risk Categories

The table below outlines the criteria, reflected in the screening tool for each of the risk categories low, moderate and high. If any single criterion is met in the high risk column, then the individual shall be considered to be at high risk.

Low	Moderate	High
<p>Does not experience any chronic health conditions</p> <p style="text-align: center;">Or</p> <p>Experiences any of a variety of chronic health conditions such as GERD, seizures, xerostomia, hiatal hernia, but has NO observable signs or symptoms of aspiration</p>	<p>Dependent for feeding/drinking, or</p> <p>Diagnosed moderate to severe Oral or pharyngeal dysphagia, or</p> <p>Consistent pattern of observable signs/symptoms of aspiration, or</p> <p>Due to physical deformities, must eat or drink in a reclined or semi-reclined position.</p> <p>Low level of alertness that impairs ability to participate fully in eating and drinking.</p> <p>Infrequent rumination, or</p> <p>Risky Eating Behaviors, or</p> <p>Referral from the SAFE clinic, or</p> <p>Referral from the individual's healthcare practitioner</p>	<p>Uses a feeding tube, or</p> <p>Individual has been hospitalized with aspiration pneumonia within the last 2 years*, or</p> <p>Individual has received inpatient or outpatient treatment for pneumonia in combination with observable signs/symptoms of aspiration within the last 12 months*, or</p> <p>Individual has moderate to severe oral or pharyngeal dysphagia in combination with one or more of the following conditions:</p> <ul style="list-style-type: none"> • Chronic lung disease • Immunosuppression • Severe GERD not adequately controlled with diet or medication. • Frequent rumination or vomiting (weekly or more often), or <p>Referral from the SAFE clinic, or</p> <p>Referral by the individual's healthcare practitioner</p> <p>*when screening is in preparation for annual ISP meeting, history of aspiration is from the date of illness to expiration date for the current ISP</p>

IV. Low Risk Protocols

For individuals whose aspiration screening findings are in the low risk category

- A. All IDT members are required to report changes in health status and “significant events” to the agency nurse.
- B. Whenever IDT members observe signs or symptoms of aspiration; they will report such observation to the agency nurse who will re-screen per II.A.2 above.

V. Moderate Risk Protocols

If the individual is identified as at moderate risk for aspiration, the following requirements apply.

- A. What does the responsible agency nurse do when an individual is **newly identified** as being at moderate risk for aspiration?
 - 1. Create an Interim Health Plan:
 - a. Create an interim aspiration healthcare plan and medical emergency response plan (MERP) addressing risk factors for health and safety within 24 hours.
 - b. Train support staff in their agency on the interim plan within 48 hours.
 - c. If an individual receives Community Living and Community Inclusion services from different agencies; the responsible agency nurse will share their interim plan with the Community Inclusion nurse by the next business day following the 48 hour period. The Community Inclusion nurse will then use it to develop an interim plan for the Community Inclusion setting so that there is as much consistency as possible. The Community Inclusion nurse shall then train Community Inclusion staff on that interim plan within the subsequent 2 business days and make sure that a copy of the interim plan is readily available at the Community Inclusion site.
 - d. The responsible agency nurse shall distribute the interim plan to the location of the residence at the time of training and to the eating and positioning specialists (and behavior support consultant, as needed) by the next business day following the 48 hour period.
 - e. If, during the assessment process, any member of the ARM sub-committee identifies that a change is needed to any strategy in the interim plan, they shall contact the nurse within 24 hours and arrange for revision and re-training of the interim aspiration healthcare plan.
 - 2. Notify the case manager within two business days.

3. Contact the PCP
 - a. Contact the individual's PCP within the same two business days to arrange a discussion or appointment regarding further evaluation or treatment needed and identification of aspiration risk management orders.
 - b. The discussion with the PCP shall include:
 - 1) A review of current medications to determine if the medication side effects are sedating, and may be contributing to the signs and symptoms of dysphagia or gastroesophageal reflux (GERD), or lead to dry mouth/xerostomia that may be contributing to the signs/symptoms of aspiration, and if so to explore whether other alternatives are feasible;
 - 2) If the risk factor is rumination the nurse should ask the PCP to rule out severe GERD, esophageal stricture, severe hiatal hernia and other related conditions;
 - 3) Whether the PCP will be referring the individual for a videofluoroscopy or other testing;
 - 4) The nurse should directly ask the PCP for interventions or treatment orders related to the aspiration risk factors observed and any other input the PCP would like to share with the IDT.
 - c. If the PCP orders a videofluoroscopy:
 - 1) The nurse shall notify the Eating Specialist and Positioning Specialist (if they already exist on the team) and coordinate the appointment with them so that they are able to be in attendance if possible.
 - 2) The Eating Specialist and Positioning Specialist should review the guidelines contained in "Swallowing Studies (MBS/VSA) For Individuals with Developmental Disabilities" (Appendix B of this manual) prior to the appointment in order to assure that the team obtains the most useful information possible from this test.
 - 3) If there is no eating or positioning specialist on the team, then the responsible agency nurse shall schedule the videofluoroscopy through the speech-language pathology department of the hospital to assure that an eating specialist is present for the procedure. (Review the guidelines contained in "Swallowing Studies (MBS/VSA) For Individuals with Developmental Disabilities" (Appendix B of this manual.)
 - 4) Consult with other team specialists: Within two business days, if the current IDT-members include an Eating Specialist, Positioning Specialist and/or Behavior Support Consultant, request an assessment (bedside swallow, positioning or an assessment for challenging behaviors related to eating, as appropriate) to be completed prior to the IDT meeting described in V.C.1a., below.
- B. What does the responsible agency nurse do when screening shows **continued moderate risk which had been previously identified?****

- 1) Review existing Aspiration Health Care Plan and aspiration related Medical Emergency Response Plan and revise as needed.
- 2) Share completed the DDSD Aspiration Risk Screening Tool with the case manager at least 2 weeks prior to the annual or otherwise convened ISP meeting.

C. What does the case manager do?

1. In the case of an individual newly identified at moderate risk for aspiration:
 - a. Within 10 business days of notification by the nurse, convene the initial IDT meeting to review the screening results, information gathered from the PCP; assessment information from the Eating Specialist, Positioning Specialist and/or Behavior Support Consultant on the team (if any, see V.A.4. above) and establish consensus with other IDT members regarding level of risk.
2. In the case of either an individual with newly identified or ongoing moderate risk for aspiration,
 - a. Within 10 business days of the IDT meeting held to review screening results, submit a *Statewide Aspiration Risk List (SARL) Referral Form* (Appendix C) to the Clinical Services Bureau and proceed with steps indicated in “ISP Revision” section below (V.D.3).
 - b. At anytime the guardian expresses disagreement with the mealtime plan recommendations, the case manager will initiate the SARL deferral process (see VII).

D. What does the IDT do?

1. Make a final determination of risk.

The IDT will review results of the aspiration risk screening tool and reaches agreement regarding level of risk based upon information gathered from the screening, the PCP, the Eating Specialist, Positioning Specialist and Behavior Support Consultant.

- a. High Risk – if the team believes the individual to be at high risk rather than moderate risk, the team shall proceed according to the high risk protocol.
- b. Moderate Risk – the team shall proceed according to the moderate risk protocol
- c. Low Risk – the team shall:
 - 1) Complete a Decision Justification Form; (for example, the physician determined that the observed signs were caused by a medication side effect and changed the individual’s medication to remove that effect; or the physician determined that the observed signs were due to a temporary illness that is now resolved.)
 - 2) No SARL referral is needed,

- 3) The team members shall continue to watch for signs and symptoms of aspiration and report to the agency nurse if observed again in the future.
 - d. Unconfirmed Risk - If the aspiration risk level is not yet confirmed and further evaluation or second opinion is needed:
 - 1) Arrangements shall be made to obtain such evaluation, with steps and parties responsible indicated on the Health & Safety Action Plan of the ISP.
 - 2) In this case the interim plans to address health and safety developed by the nurse in V.A.1 above shall continue to be in place.
 - 3) Once the additional evaluation results are received, the team shall meet to confirm risk level and proceed with planning accordingly.
2. Identify and document Individual Specific Signs and Symptoms of Aspiration

The IDT shall collaboratively identify signs and symptoms of aspiration specific to the individual and document them on the form “Individual Specific Signs & Symptoms of Aspiration.” (Appendix E).

- a. The document shall be attached to the Aspiration Healthcare Plan.
 - b. All IDT members shall be trained to recognize and report individual signs and symptoms of aspiration.
 - c. The agency nurse will train all direct support staff and front line supervisors regarding the Individual Specific Signs and Symptoms of Aspiration in conjunction with the Aspiration Healthcare Plan.
 - d. Signs and symptoms of aspiration will be monitored by all IDT members and reported to the agency nurse when observed.
3. Revise the ISP and Identify Initial Aspiration Risk Management Strategies/ Plans or Consider Modification to Existing Aspiration Risk Management Strategies/Plans.

Once aspiration risk is confirmed, the team shall determine appropriate revisions to the ISP, including at least the Health & Safety Action Plan, Individual Specific Training section and relevant support plans. The budget may also need to be revised if particular therapy services need to be added or increased in order to provide aspiration risk management supports. Revisions to the ISP shall be made according to the following considerations:

- a. Further evaluation or testing needed to guide aspiration management strategies (e.g. referral to the SAFE clinic).
- b. Given the individual’s specific risk factors and physician orders, determine responsible parties and next steps if:
 - 1) The individual needs an initial or revised Positive Behavior Support Plan to address any risky eating behavior. If the only risk factor is risky eating behavior, the Behavior Support Consultant shall assure that the risky eating behavior is specifically addressed in the Positive Behavior Support Plan, and developed in collaboration with other team members as needed. For example,

- the Behavior Support Consultant will confer with an OT for help with sensory processing aspects of behavior or with an SLP for communication aspects.
- 2) The individual needs a Mealtime Plan, See paragraph E, below.
 - 3) The individual requires supports in order to maintain good oral hygiene and therefore needs an oral health care plan; and or oral hygiene strategies developed by therapist(s).
 - 4) The method of medication delivery needs to be modified;
 - 5) Other support plans or teaching and support strategies need to be modified including any positioning considerations during routine activities.
 - 6) Whether additional services need to be added to the individual's budget in order to address needed supports, *e.g.*, the individual now needs an eating specialist on his or her team.
- c. Responsibilities for each agency's nurse (residential and day)
- 1) Regardless of HAT level, assure that the aspiration Healthcare plan includes but is not limited to:
 - safe delivery of medications, (in consultation with the eating specialist as needed)
 - consistent weight monitoring,
 - periodic monitoring of pulmonary status, and
 - response to reported respiratory illness, fever or change in function.
 - 2) The nurse shall train direct support staff on portions of this healthcare plan for which direct support staff have responsibility for implementation.
 - 3) The nurse shall also develop and train direct support staff to implement an individualized Medical Emergency Response Plan for aspiration events such as turning blue, can't talk or make sounds, choking, difficulty breathing, lethargy, unresponsiveness, or running a temperature.
 - 4) Update the Health Passport by checking "Aspiration" box in the Risk Factors section and add it to the Master Diagnoses List under Axis III.

E. Create a Mealtime Plan

The IDT will create a Mealtime Plan, unless the individual's only risk factor is risky eating behavior. If this is the case, strategies related to managing risky eating behaviors will be developed by the behavior support consultant and documented in the Positive Behavior Support Plan.

The Mealtime Plan shall be developed jointly by appropriately qualified eating specialist, positioning specialist, nurse, dietician and any other IDT members identified as needed (*e.g.* Behavior Support Consultant, occupational therapist, support staff that know the person well, guardian).

1. Elements of the Mealtime Plan

This plan shall include at least the following elements (see Appendix D for Mealtime Plan template):

- a. Eating Specialists Section:
 - 1) Rationale for the strategies contained in the plan; why the strategies are important for this particular individual.
 - 2) Food texture & liquid consistency. (If food texture is chopped, reference to size must be included e.g. “pea-sized” or “nickel sized”).
 - 3) Appropriate eating equipment such as spoons/utensils, dishes, cups, and straws; (may include pictures or diagrams). If the individual does not require specialized eating equipment, the mealtime plan must affirmatively state that no special equipment is needed for the individual. The eating specialist may consult with an occupational therapist, as needed, when preparing this section.
 - 4) Assisted eating techniques during the meal including presentation of the food, degree of supervision during meals, problems to watch for during the meal, behavior support strategies, prompting techniques, and strategies to promote more independent eating, sensory processing strategies, etc. (May include pictures or diagrams.) The Eating Specialist should consult with other IDT members regarding self-feeding, sensory processing, and behavioral strategies as needed. Simple strategies may be included in the Eating Specialists section of the MTP. When more detailed strategies are needed, the Eating Specialists should reference separate documents where those strategies are spelled out by the relevant discipline (e.g. behavioral strategies in the Positive Behavior Support Plan).
- b. Nurse Section:
 - 1) Note any medications that must be given before or after meals; any medications that have specific positioning requirements or that cannot be crushed.
 - 2) Note positioning recommendations from PCP related to medical diagnoses.
- c. Dietician section:
 - 1) Nutritional Content including foods to encourage, foods to avoid, fluid intake quantity, calorie requirements, number of meals and snacks per day.
 - 2) The agency dietician shall update this section of the mealtime plan whenever changes are made in the individual’s diet based on ongoing assessment.
- d. Positioning Specialist Section:
 - 1) Proper positioning of the individual eating
 - 2) Any positioning equipment,
 - 3) The proper position of the person assisting with the meal, and
 - 4) Positioning of the individual after meals, if indicated.
 - 5) This section may include pictures or diagrams.

2. Submitting completed sections of the Mealtime Plan

All sections of the Mealtime Plan are due to the case manager within 10 business days of the IDT meeting to address aspiration risk.

3. Consistency and review

All sections of the Mealtime Plan must be consistent with one another and easy to understand.

- a. The case manager shall review all components of the Mealtime Plan and if an instruction in any part of the plan is contradictory to another, the case manager will ask the authors to confer and either reach consensus on a single approach or provide the rationale and criteria for different approaches under differing circumstances (e.g. nosey cup at home and sippy cup for community outings). Any needed changes will be completed within 15 business days of the IDT meeting to address aspiration risk.
- b. The contents of the Mealtime Plan must also be consistent with aspiration related instructions in other support plans such as the Aspiration Healthcare Plan, Positive Behavior Support Plan, Positioning Plans and Teaching & Support Strategies. All authors are responsible to assure that content submitted for the mealtime plan is consistent with language in any other plans they have written.

4. Distribution

- a. The Mealtime Plan shall be distributed by the case manager to the entire IDT when all sections have been reviewed and any discrepancies have been resolved, within 15 business days of the IDT meeting to address aspiration risk.
- b. Authors will distribute other aspiration related support plans to the case manager, family/guardian, community living and community inclusion providers, all therapy providers, and the agency nurses, within two weeks of the IDT meeting to address aspiration risk
- c. The responsible agency nurse shall share these documents with the PCP in the manner preferred by the PCP.

5. Availability of Mealtime Plan

Community living and community inclusion providers are responsible for assuring that these plans are readily available to direct support staff in all relevant service delivery locations. All elements/areas of the Mealtime Plan shall be kept together as a single document within these service delivery locations.

6. Training of the Mealtime Plan

The goal of training is competent implementation of the mealtime plan.

- a. All direct support personnel, front line supervisors and other appropriate IDT members shall be trained to implement the Mealtime Plan.
- b. Direct support personnel shall not be allowed to implement the mealtime plan prior to successfully passing competency-based training by the author or the author's designee.
- c. Initial training of each element of the plan will be conducted in person by the author or by an individual designated by the author.
- d. Training shall be completed within 25 business days of the initial IDT meeting to address aspiration risk.
- e. Additional trainings may be provided as follows:
 - 1) The author of an element of the MTP may designate a trainer for that element. The decision to designate a trainer is at the sole discretion of the author.
 - 2) If an author designates a trainer, the author must assure that the designated trainer has agreed to serve in this capacity; has demonstrated competence implementing the plan and training the plan. A "Designated Trainer Form" must be completed for documentation and forwarded to the case manager before the designated trainer can complete any training.
 - 3) Based upon the discretion of the author, training may be recorded and used for purposes of "refreshing" the training that was previously conducted.
- f. Additional training shall occur under the following circumstances:
 - 1) When monitoring indicates the need for modification to either plan
 - 2) When the author is notified that new staff or IDT members join the IDT
 - 3) When current direct support personnel demonstrate the need for re-training
- g. Training shall be documented
 - 1) Training rosters that document training completed throughout the year will be provided to the residential and day activity service coordinators along with other documentation due annually and six-months after the annual date.
 - 2) Training rosters shall clearly indicate which participants demonstrated competence. This may be demonstrated by successful implementation of key parts of the applicable plan elements or by demonstrating knowledge by correctly answering key questions about the related plan elements.

7. Monitoring the Mealtime Plan

Monitoring is a dynamic process that may result in immediate changes through feedback, modeling, training and modifications to the Mealtime Plan, as well as recognition of plan success and competent implementation.

- a. The author of each element of the Mealtime Plan will be required to monitor implementation of the portion of the plan which they developed and the individual's response, or the effectiveness of that portion of the Mealtime Plan, at least quarterly.

- b. The author of each element of the Mealtime Plan will be required to document the results of monitoring of implementation and the individual's response to implementation on a data tracking form.
- c. Authors shall use the results of monitoring to determine effectiveness of existing plans, identify the need for revision(s) to the Mealtime Plan, identify the need for re-training, or to request an IDT meeting to resolve concerns.

F. Revise the individual training section of the ISP

The case manager will revise the individual specific training section of the ISP with input from IDT-members. The training section shall indicate who is to receive annual training on each aspiration management related plan and teaching and support strategy. The case manager shall also indicate who is authorized to deliver that individual specific training. In order for an individual to be designated as a trainer, the author must verify the designee's competence in both plan implementation and delivery of the individual specific training.

VI. High Risk Protocols

If the individual is identified as being at high risk for aspiration, the following requirements apply.

- A. Before the annual IDT meeting (or a special IDT meeting convened as a result of an additional aspiration screening)
1. What does the responsible agency nurse do when an individual is **newly identified** as being at high risk for aspiration?
 - a. Create an interim aspiration healthcare plan and medical emergency response plan (MERP) or review and revise the current Aspiration Healthcare Plan and MERP to address risk factors for health and safety within 24 hours.
 - b. Train support staff in their agency on the interim plan within 48 hours.
 - c. If an individual receives Community Living and Community Inclusion services from different agencies; the responsible agency nurse will share their interim plan with the Community Inclusion nurse by the next business day following the 48 hour period. The Community Inclusion nurse will then use it to develop an interim plan for the Community Inclusion setting so that there is as much consistency as possible. The Community Inclusion nurse shall then train Community Inclusion staff on that interim plan within the subsequent 2 business days and make sure that a copy of the interim plan is readily available at the Community Inclusion site.
 - d. The responsible agency nurse shall distribute the interim plan to the location of the residence at the time of training and to the eating and positioning specialists and behavior support consultant by the next business day following the 48 hour period.
 - e. If, during the assessment process, any member of the ARM sub-committee identifies that a change is needed to any strategy in the interim plan, they shall contact the nurse within 24 hours and arrange for revision and re-training of the interim aspiration healthcare plan.
 - f. Notify the case manager within two business days.
 - g. Contact the PCP
 - 1) Contact the individual's PCP within the same two business days to arrange a discussion or appointment regarding further evaluation or treatment needed and identification of aspiration risk management orders
 - 2) The discussion with the PCP shall include:
 - A review of current medications to determine if the medication side effects are sedating or leading to dry mouth/xerostomia that may be contributing to the signs/symptoms of aspiration, and if so to explore whether other alternatives are feasible;

- If the risk factor is rumination the nurse should ask the PCP to rule out severe GERD, esophageal stricture, severe hiatal hernia and other related conditions;
 - Whether the PCP will be referring the individual for a videofluoroscopy or other testing;
 - The nurse should directly ask the PCP for interventions or treatment orders related to the aspiration risk factors observed and any other input the PCP would like to share with the IDT.
- 3) If the PCP orders a videofluoroscopy
- The nurse shall notify the Eating Specialist and Positioning Specialist (if they already exist on the team) and coordinate the appointment with them so that they are able to be in attendance if possible.
 - The Eating Specialist and Positioning Specialist should review the guidelines contained in “Swallowing Studies (MBS/VSA) For Individuals with Developmental Disabilities” (Appendix B of this manual) prior to the appointment in order to assure that the team obtains the most useful information possible from this test.
 - If there is no eating or positioning specialist on the team, then the responsible agency nurse shall schedule the videofluoroscopy through the speech-language pathology department of the hospital to assure that an eating specialist is present for the procedure (review the guidelines contained in “Swallowing Studies (MBS/VSA) For Individuals with Developmental Disabilities” (Appendix B of this manual)
- 4) Consult with other team specialists:
- Within two business days , if the current IDT members include an Eating Specialist and/or a Positioning Specialist, request an assessment (bedside swallowing and/or positioning as appropriate) to be completed prior to the IDT meeting described, in paragraph C, below.
 - If there is already a behavior support consultant on the team and risky eating behavior is present, ask the behavior support consultant to conduct an assessment prior to the IDT meeting described below.
2. What does the responsible agency nurse do when screening shows continued high risk which had been previously identified?
- a. Review existing Aspiration Health Care Plan and aspiration related Medical Emergency Response Plan and revise as needed.
 - b. Share completed Aspiration Risk Screening tool with the case manager at least 2 weeks prior to the annual or otherwise convened ISP meeting.

3. What does the case manager do?
 - a. Convene an IDT meeting within 2 weeks of notification from the nurse that the individual meets the high risk criteria.

B. During the convened IDT meeting:

1. The case manager will facilitate a review of the screening results, information gathered from the PCP and assessments from the Eating Specialists, Positioning Specialist and/or Behavior Support Consultant if these members are on the team.
2. If the IDT concurs with the high aspiration risk designation, an Aspiration Risk Management (ARM) sub-committee is formed.
3. The IDT determines which IDT members will serve on the ARM sub-committee, and who will serve as ARM Sub-committee chair person.
4. The IDT will discuss the need for further evaluations. If the IDT determines further evaluation is needed, arrangements shall be made to obtain such evaluation, with steps and parties responsible indicated on the Health & Safety Action Plan of the ISP. The interim aspiration healthcare plan to address health and safety developed by the nurse in VI.A above shall continue to be in place until a Comprehensive Aspiration Risk Management Plan (CARMP) is put into place.
5. The Health & Safety Action Plan shall also indicate the responsible nurse to update the individual's Health Passport to reflect the high risk of aspiration and add it to the Master Diagnoses List under Axis III.
6. The Individual Specific Training section of the ISP shall document the plan for the responsible members of the ARM sub-committee to train the CARMP
7. During the IDT meeting it will be determined when and how the ARM sub-committee will proceed. The initial ARM sub-committee meeting must occur no later than five business days following the IDT meeting.
8. The IDT will determine how the ARM sub-committee will collect input from the full IDT for development of the Comprehensive Aspiration Risk Management Plan (CARMP).
9. The IDT minutes will reflect the activities outlined in VI.A.

C. Aspiration Risk Management (ARM) Sub-Committee

The Aspiration Risk Management (ARM) sub-committee is an interdisciplinary sub-committee formed from the individual's IDT membership and addresses clinical issues regarding aspiration risk within each clinician's respective scope of practice and clinical competence/expertise.

1. ARM Sub-Committee Agenda

The general agenda for the initial and annual meetings of the ARM sub-committee shall include the following:

- a. Identify the ARM sub-committee chairperson.
- b. Determine the manner in which the ARM sub-committee will communicate (e.g., telephone conference call, physical meeting, e-mail)
- c. Identify the screening and assessment procedures that may be needed. See "Comprehensive Aspiration Assessment," below, and determine extent to which assessments can be performed as an interdisciplinary group.

- d. Identify any additional ARM sub-committee members needed to implement the screening and assessment process
- e. Identify and compile a list of individual specific signs and symptoms of aspiration that all IDT members will monitor.
- f. Review the list of strategy sections that are required to be considered (see V.I.E.1.e.) and determine which strategy sections are required for this individual and which ARM sub-committee member(s) will be responsible for development of the strategies in that section.
- g. Identify which members of the ARM sub-committee and which frontline supervisors shall have monitoring responsibilities for each strategy section.
- h. Determine how the ARM sub-committee will accomplish the other requirements of this protocol.

2. Role of the ARM sub-committee chairperson includes the following:

- a. Facilitate the ARM sub-committee discussion of all agenda items.
- b. Notify case manager if additional ARM sub-committee member resources are needed or arrange for referral to consultation resources (i.e., SAFE, Dental, Adult Special Needs Clinic, etc.);
- c. Complete the SARL Referral Form (see Appendix C) with ARM sub-committee input and distribute to DDS Clinical Services Bureau (CSB). The SARL Referral Form is due to the CSB within 5 business days following the ARM sub-committee meeting
- d. Act as liaison between the ARM sub-committee and the CSB as needed.
- e. Assure ARM sub-committee members and front line supervisors, who are assigned monitoring roles, are aware of and accept those roles
- f. Document proposed CARMP monitoring roles identified by the ARM sub-committee in the monitoring strategy summary form (see Appendix E for template)
- g. Train direct support staff in Community Living and Community Inclusion to recognize individual specific signs and symptoms of aspiration and record data.
- h. Receive all components of *Comprehensive Aspiration Risk Management Plan (CARMP)* from members of the ARM sub-committee
- i. Review components of the plan to assure consistency of content and contact ARM sub-committee members, if changes are needed
- j. Compile reconciled components into the Comprehensive Aspiration Risk Management Plan (CARMP).
- k. Review the aspiration risk concerns identified in the assessments and the proposed CARMP with the individual and their guardian, and answer their questions, in order to facilitate informed health decision making
- l. Distribute the CARMP to the case manager, residential and day activity service coordinators, and all ARM sub-committee members, including the responsible agency nurse.
- m. Provide the case manager with any additional documentation; and
- n. Schedule additional ARM sub-committee meetings, as needed, due to reports of change in aspiration risk status.

3. Responsibilities of the ARM Sub-Committee

- a. It is the responsibility of the ARM sub-committee to assure that a comprehensive aspiration assessment occurs.
- b. From the comprehensive aspiration assessment the ARM sub-committee will identify the strategies required to manage the individual's risk of aspiration.
- c. The identified strategies will be compiled into a Comprehensive Aspiration Risk Management Plan (CARMP).
- d. IDT members will be trained to implement the CARMP.
- e. The ARM sub-committee will monitor and review the continued effectiveness and appropriateness of the CARMP, the Medical Emergency Response Plans related to aspiration and any other related support strategies in an ongoing manner and meet to discuss findings 6 months following the annual ARM sub-committee meeting.
- f. Six months, following the annual ARM sub-committee meeting, the ARM sub-committee will review previously identified SARL criteria and report if changes to that criteria have occurred by submitting a SARL Referral Form: "update referral" to CSB.

4. ARM Sub-Committee Meetings

- a. The initial meeting of the ARM sub-committee shall occur within 5 business days of the IDT meeting where the ARM sub-committee is formed.
- b. The ARM sub-committee shall also interact for assessment and planning purposes:
 - 1) Six months following the annual IDT meeting,
 - 2) When an aspiration related significant change in health status occurs, and
 - 3) When an aspiration related Category II "significant event" occurs (e.g. outpatient treatment for aspiration pneumonia or respiratory infection).

D. Comprehensive Aspiration Assessment

1. Purpose of the Comprehensive Aspiration Assessment

- a. The purpose of the clinical assessment, performed by the ARM sub-committee, is to determine the level of function in areas that impact aspiration risk and to develop aspiration risk management strategies.
- b. The following areas shall be considered when designing the components of the comprehensive aspiration assessment appropriate for each individual at high risk for aspiration:
 - 1) Oral-motor function and presence of dysphagia (bedside)
 - 2) Individual specific signs and symptoms of aspiration
 - 3) Saliva management and excessive saliva production
 - 4) Oral hygiene practices
 - 5) Positioning during oral and tube feeding intake and during routine activities
 - 6) Tube feeding related issues

- 7) Adaptive eating and seating equipment needed to promote optimal safety and independence
 - 8) Self-feeding practices
 - 9) Dependent feeding practices
 - 10) Sensory issues that impact aspiration risk
 - 11) Medical issues that impact aspiration risk, including multiple medical diagnoses; gastrointestinal pathologies; history of pneumonia; chronic lung disease; Hiatal hernia; xerostomia; seizure disorder; medication side effects, etc.
 - 12) Nutritional status
 - 13) Medication delivery practices
 - 14) Challenging behaviors during oral and tube feeding intake that may present as safety risks, including rapid eating pace, large bite-size, multiple bites per swallow, food bingeing, rumination, pulling at the tube site, etc.
 - 15) Additional activities may be indicated per the judgment of the ARM sub-committee, based upon the needs of the individual.
2. Identification of additional sub-committee members.
 - a. If additional IDT/ARM sub-committee members are needed to complete the Comprehensive Aspiration Assessment, the ARM sub-committee chairperson will notify the case manager that additional members are needed to complete this process.
 - b. If an IDT cannot locate a professional with the appropriate expertise, a referral to the SAFE Clinic may be required or, in the case of a behavioral support consultant, a referral to the Office of Behavioral Services. In addition a Regional Office Request for Intervention (RORI) form shall be completed by the ARM chairperson and submitted to they regional office indicating the needed discipline(s)
 3. The ARM Sub-Committee will determine if additional consultation or diagnostic procedures are indicated.
 - a. If consultation or diagnostic procedures are indicated, scheduling and attendance will be discussed by members of the ARM sub-committee.
 - b. Referrals to other disciplines to obtain additional diagnostic information may include:
 - 1) Videofluoroscopic swallowing study or other objective assessment measures recognized as an appropriate diagnostic medical procedure as ordered by the PCP or relevant physician specialist, based on ARM sub-committee reports and recommendations
 - 2) Gastroenterology and other medical consultations that are determined necessary and ordered by the PCP
 - 3) Dental
 - 4) SAFE Clinic
 - 5) Adult Special Needs Clinic
 - 6) Adult Cerebral Palsy Clinic
 - 7) Specialty Seating Clinic
 - 8) Neurology

9) Registered Dietician

4. Aspiration Evaluations
 - a. A written evaluation will document the findings of each assessment.
 - b. This evaluation may be under a separate title or may be contained in the Annual OT/PT/SLP Therapy Re-Evaluation, Annual Positive Behavior Support Assessment, Annual Nutritional Evaluation or Health Assessment Tool (HAT).
 - c. If an assessment by therapists or behavior support consultant occurs off-cycle from the annual assessment process, the author shall distribute an evaluation report based on the aspiration assessment in the same manner as an annual Re-Evaluation, within 2 weeks of the initial ARM sub-committee meeting.
 - d. If any member of the ARM sub-committee, during the assessment, identifies a critical change needed to a strategy contained in the interim aspiration healthcare plan, they shall contact the nurse within 24 hours to arrange for revision and coordinate re-training of the interim aspiration healthcare plan.

E. Development of the Comprehensive Aspiration Risk Management Plan (CARMP)

1. Intervention strategies
 - a. Using the information gathered from the comprehensive assessment, the ARM sub-committee shall identify intervention strategies to support the individual's health and safety while minimizing aspiration risk. These strategies shall be documented by the ARM sub-committee in the CARMP.
 - b. The ARM sub-committee shall review the assessment findings to determine intervention strategies to minimize aspiration risk. They will consider the individual's daily routines and activities in order to minimize risk on an ongoing basis.
 - c. Strategies shall address methods for eating orally or via feeding tube and other contexts presenting risk (i.e. bathing, swimming, dressing, personal care, oral hygiene, etc.), as appropriate for each individual. Strategies shall also include how to recognize and report individual specific signs and symptoms of aspiration. Each written strategy section (see VI.E.1.e.) shall address the author's plan for implementation and monitoring of the strategy section.
 - d. Strategies will be developed collaboratively by the ARM sub-committee with input from IDT members. The responsible agency nurse (and appropriate ARM sub-committee and IDT members if needed) will discuss health care needs with the PCP to obtain specific input regarding PCP recommendations to minimize aspiration risk. Members of the SAFE Clinic Team, Office of Behavioral Services and other DDS resources will assist in completing this process when there is a lack of ARM sub-committee member resources.
 - e. Written strategies to minimize aspiration will be documented in the CARMP (see Appendix E for CARMP Cover Sheet). The sections below shall be included; any section which is not applicable to a particular

individual will actively state that it is not applicable or needed and not merely be left blank.

- 1) How to recognize and Report Individual Specific Signs and Symptoms of Aspiration
 - 2) Mealtime Strategies
 - 3) Mealtime/Tube Feeding Positioning Strategies
 - 4) Positioning Strategies for Routine Activities
 - 5) Nutritional Strategies
 - 6) Tube Feeding Strategies Including Medication Delivery Strategies
 - 7) Oral Hygiene Strategies
 - 8) Sensory Strategies
 - 9) Saliva Management Strategies
 - 10) Strategies to Minimize Rumination
 - 11) Behavior Support Strategies to manage challenging behaviors during eating or tube feedings
 - 12) Medical Emergency Response Plans
 - 13) Oral Medication Delivery Strategies
 - 14) Aspiration specific Healthcare Plan that address aspiration related illnesses and conditions, including relevant physician orders
 - 15) CARMP Monitoring Plan
- f. Written strategy sections (i.e., specific mealtime strategies, positioning strategies, Medical Emergency Response Plans, etc.), reflecting input from IDT members, shall be documented by appropriate authors and submitted to the ARM sub-committee chairperson within 10 business days of the initial ARM sub-committee meeting.
2. Creation of the CARMP
 - a. The ARM sub-committee chairperson will review the content of all strategies for consistency across authors within 15 business days weeks of the initial ARM sub-committee meeting.
 - b. The ARM sub-committee chairperson will coordinate edits and combine the finalized written strategies into a Comprehensive Aspiration Risk Management Plan, (CARMP).
 3. Review of the CARMP with the individual and guardian
 - a. The ARM sub-committee chairperson will review the final draft of the CARMP with the individual and his or her guardian to answer any questions and obtain their consent to proceed with implementation.
 - b. If the individual or guardian disagrees with clinical recommendations contained in the CARMP, the ARM sub-committee chairperson will explain the deferral status process and notify the case manager of the need to initiate that process.
 4. Distribution of the CARMP
 - a. The CARMP will be distributed by the ARM sub-committee chairperson to the case manager, residential and day activity service coordinators, and all ARM sub-committee members within 15 business days of the initial ARM meeting.
 - b. The responsible agency nurse will provide documentation and communicate with the PCP regarding the content of the CARMP and seek input prior to finalization.

- c. The case manager will be responsible to distribute the CARMP to any additional entities, and to assure that the ISP references creation, training on and implementation of the CARMP at least in the health & safety action plan and individual specific training section.
- 5. The responsible nurse will update the individual's Health Passport to reflect the individual's high risk of aspiration and the existence of the CARMP.

F. Training of the CARMP

- 1. All direct support personnel and other appropriate IDT members shall be trained to implement the CARMP to minimize the risk of aspiration.
- 2. Within 5 business days, the ARM sub-committee chair person will train direct support staff in Community Lining and Community Inclusion to recognize the individual specific signs and symptoms of aspiration and record data.
- 3. Training shall be completed within 25 business days of the initial ARM sub-committee meeting.
- 4. The goal of training is competent implementation of the CARMP. Mealtime, tube feeding and other potential aspiration related activities shall not be implemented independently by direct support personnel until they have successfully passed competency-based training by the author or the author's designee.
- 5. In consultation with the ARM sub-committee chairperson, the case manager will revise the individual specific training section of the ISP and shall indicate who is to receive training on the CARMP, and shall also indicate that training shall be completed by the author or the specific author's designee.
- 6. Additional training shall occur:
 - a. when monitoring indicates the need for modifications to strategies
 - b. when the author is notified that new staff or IDT members join the IDT
 - c. when current direct support personnel demonstrate the need for re-training.
- 7. Who shall provide CARMP training?
 - a. Initial training of the CARMP will be conducted in person by the author or by an individual designated by the author
 - b. The author of a CARMP strategy may designate a trainer for that strategy or a portion of that strategy. The decision to designate a trainer is at the sole discretion of the author.
 - c. If a strategy author designates a trainer, the author must assure that the designated trainer has: agreed to serve in this capacity, has demonstrated competency in implementing the plan, and has demonstrated competency in training the plan. A "Designated Trainer Form" must be completed for documentation and forwarded to the Case Manager before the designated trainer can complete any training.
 - d. Based upon the discretion of the author, training may be recorded and used for purposes of "refreshing" training previously conducted.
- 8. Documentation of Training
 - a. Training rosters that document training completed throughout the year will be provided to the residential and day activity service coordinators along with other documentation due annually and six-months after the annual date.

- b. Training rosters shall clearly indicate which participants demonstrated competency. Competency may be demonstrated by successful implementation of key parts of the applicable strategies or by demonstrating knowledge by answering key questions about the related strategies correctly

G. Monitoring the CARMP

1. Monitoring is a dynamic process that may result in immediate changes through feedback, modeling, training, and modifications to strategies, as well as recognition of plan success and competent implementation. Signs and symptoms of aspiration will be monitored along with implementation of risk minimizing strategies to determine results of aspiration risk management efforts.
2. At the initial and annual ARM sub-committee meetings, as it is determined what strategies the CARMP shall contain, the ARM sub-committee member(s) who will monitor each strategy shall be identified. In addition to the ARM sub-committee member(s) identification, it shall be determined what the monitoring role of the front line supervisors will be for each strategy. The ARM sub-committee chairperson will assure that each person with a designated monitoring role is aware of that role and accepts that role.
3. Monitoring will be individualized. Types of monitoring shall include:
 - a. Observation by the author or designee with similar expertise, of individual's response to strategy implementation on a monthly basis until it is determined that the individual's plan is providing optimal protection from aspiration. Monitoring will then be done on at least a quarterly basis by the author or trained designee/member of the IDT.
 - b. Observation of direct support personnel (DSP) strategy implementation on a monthly basis until it is documented by the author or trained designee that the DSP is implementing the plan accurately. Monitoring of DSP will then be done at least quarterly by the author or by trained designee/member of the IDT.
 - c. Interview and consultation with individual;
 - d. Interview and consultation with IDT-members;
 - e. Collection and analysis of data and
 - f. Review of documentation.
4. The CARMP Monitoring Plan shall include:
 - a. Who will monitor
 - b. Frequency of monitoring
 - c. Location of monitoring
5. Results of monitoring shall be recorded on the Team Monitoring Form: CARMP Strategies (Appendix E) and reported to strategy authors by the front line supervisor when questions regarding implementation or the individual's response to implementation are identified.
6. Tracking of individual specific signs and symptoms of aspiration
 - a. A list of individual specific signs and symptoms of aspiration shall be developed at the initial and subsequently at annual ARM sub-committee meetings.
 - b. Within 5 business days of the initial and subsequent annual ARM sub-committee meetings, the ARM sub-committee chairperson shall assure training of the direct support personnel, front line supervisors, ARM sub-committee

members and other IDT members as determined by the IDT, to recognize, document and report individual specific signs and symptoms of aspiration. The documentation gathered during the period between this initial training and the implementation of the CARMP may be used by the ARM sub-committee as a baseline when determining the individual's response to the CARMP.

c. When individual specific signs and symptoms of aspiration or newly identified signs and symptoms of aspiration are observed, the agency nurse will be contacted and will address the health needs of the individual according to their assessment.

d. Documentation of tracking shall be reviewed by ARM sub-committee members during scheduled monitoring visits.

e. Any significant negative change from baseline findings shall be identified by the nurse and reported to the ARM sub-committee chairperson, within one business day, and a meeting will be convened, within five business days of the notification, to review the findings and to make any needed changes to implementation or clinical recommendation(s) or referral(s).

7. Review of monitoring activities

a. The results of monitoring activities shall be documented on the Team Monitoring Form: CARMP Strategies (Appendix E).

b. Documentation provided by monitors will be reviewed by the ARM sub-committee at the annual and biannual meetings.

c. The ARM sub-committee shall review the documentation of monitoring and consider the need for:

- 1) modifications to strategies,
- 2) re-training of strategies,
- 3) addition of new strategies,
- 4) recognition of outstanding strategy implementation by IDT members.

8. Case managers shall monitor the physical presence of the current CARMP in residential and day activity sites on a quarterly basis.

H. CARMP review and modification

The CARMP for individuals at high risk will be developed/reviewed/modified as follows:

1. initially developed, concurrent with the annual ISP or when a change in individual specific aspiration risk criteria or symptoms of aspiration are first indicated;
2. reviewed and modified, when a change in individual specific aspiration risk criteria or symptoms of aspiration are indicated;
3. reviewed six (6) months following the annual ISP meeting and modified, as needed;
4. reviewed and updated, annually, concurrent with the annual ISP.

VII. Deferred SARL Status

The following requirements are applicable to individuals who have been categorized as either Moderate Risk or High Risk.

There are circumstances when an individual is placed on the SARL and clinical recommendations for aspiration management are not accepted by the individual/guardian. This may include specific components/strategies or the entire plan. It is understood that the individual/guardian or the appointed legal medical representative is responsible to make all final medical decisions, even when those decisions differ from the clinical recommendations made by the primary care practitioner (PCP), physician specialist, other IDT-members or consultants. Reasons for such decisions may include personal preferences, perceived quality of life benefits or end of life decisions. When these circumstances occur, the IDT process must be followed as stated below. The process must be documented in IDT meeting minutes, on the Decision Justification Form and referenced in progress reports for all disciplines.

Procedure for Deferral Status:

A. Meeting with the individual/guardian

1. IDT meets with the individual and guardian present and reviews the clinical recommendations. The individual's PCP and any relevant physician specialists will be invited to participate in person or by phone. If the PCP/relevant physician specialist(s) cannot participate, the individual and their guardian will be strongly encouraged to discuss the recommendations with the PCP/physician specialist(s) directly prior to the meeting.
2. At the meeting, all clinical IDT members shall thoroughly discuss their clinical recommendations and any professional service limitations based on licensure or scope of practice (i.e., Eating specialist may not write mealtime strategies directing methods for feeding when ongoing oral intake is contraindicated by medical recommendations.) Health benefits and possible negative health consequences for accepting or not accepting clinical recommendations shall be discussed. Consensus building is the desired outcome of IDT discussions related to intervention planning.
3. All non-clinical IDT members shall provide information to the IDT regarding their observations and corresponding interpretations of the individual's eating and eating related behaviors.
4. The individual and guardian shall be supported to express their beliefs, preferences and concerns related to eating and eating activities.
5. The individual's/guardian's informed consent is required for implementation of recommended medical treatments (e.g. tube placement, medical tests). The individual/guardian will be given the opportunity to question any and all recommendations and to make a decision regarding implementation of the treatment plan.

6. Additional information for consideration may be requested by any IDT member. Such information shall be gathered as quickly as possible in order to facilitate a timely informed decision.
7. The IDT will seek mediation or consultations, as needed, including second opinions, in order to support decision making. State resources for medical decision making may be accessed via Health Decisions Resources (HDR) or Individual Advocacy and Assistance (IAA).
8. IDT meeting minutes will document the discussion of clinical recommendations, health planning and the individual's/guardian's decision for implementation or rejection of strategies as proposed. The IDT minutes must contain clear evidence that the individual or their decision maker clearly understands the risks and benefits of the proposed plan to assure informed decision making. If the IDT minutes do not contain sufficient evidence of this, DDSO may request the team seek additional consultation and reconsider the decision. (See VII.C, below)
9. The IDT will honor and support the individual's/guardian's medical decision making and continue to exchange information as the individual's health status is monitored.
10. If the decision of the individual/guardian is to follow the strategies as proposed, plans will be put in place and implemented as outlined in moderate and high risk protocol sections of this manual.

B. Individual / guardian decision to decline recommendations

If the decision of the individual/guardian is not to follow the recommendations and to continue the practice which puts the individual at increased risk for aspiration; the following shall occur:

1. IDT Meeting

The IDT will meet within 10 business days to plan and, at a minimum, address the following:

- a. Information the responsible agency nurse gained by consulting with the primary care practitioner regarding the individual's/guardian's decision to decline treatment recommendations, including the PCP's treatment recommendations.
- b. If the issue is regarding oral intake versus alternative methods, the Eating Specialist will likely discontinue treatment focused on prescribing methods of safest oral intake due to ethical and professional standards. The Eating Specialist may continue to address swallowing rehabilitation using techniques other than oral intake, counseling regarding aspiration, and any other area within the Eating Specialist's scope of practice. Documentation of the Eating Specialist's involvement shall be included in the Therapy Progress Report. The IDT will determine who, other than the

eating specialist, will document the mealtime procedures, train direct support staff to implement the procedures and monitor implementation of the procedures. This information will be documented in the IDT meeting minutes and reflected in the Health & Safety Action Plan and Individual Specific Training sections of the ISP.

- c. The ISP and associated support plans shall be modified to meet medical monitoring needs for aspiration associated illness or complications. Those components of aspiration management rejected by the individual/guardian will be removed from these plans.
- d. The Healthcare Plan and Aspiration Medical Emergency Response Plan shall be modified as appropriate.
- e. All plans that address aspiration management will be reviewed and modified, as determined through IDT discussion with the individual and guardian.

2. Periodic review of decision

This decision shall be reviewed with the individual and guardian at each Annual IDT Meeting and upon discharge from any hospitalization for aspiration pneumonia. Results of these discussions will be documented on the Decision Justification Form indicating the original decision, with the date of the follow up meeting and attached to the ISP. The updated Decision Justification Form notes will be sent to the CSB to support continued SARL deferral.

3. Change of decision

The individual/guardian may change his/her decision at anytime by notifying the case manager. In this case, an IDT meeting shall be called and the individual's/guardian's decision for changes will be reviewed and the process will begin again consistent with requirements in this manual for the individual's risk category (moderate or high).

C. Documentation to be submitted to CSB

The IDT will submit the following to CSB when requesting a deferral:

1. SARL Referral Form, with required documentation including the current aspiration screening tool;
2. Decision Justification Form, provided by the case manager, identifying rationale for individual's/guardian's decision not to follow strategies, as proposed. The *Decision Justification Form* will be attached to the document containing the original clinical recommendations and referenced in the individual's ISP, proposed Mealtime Plan and ARM strategies or proposed CARMP.
3. IDT minutes describing the discussion surrounding the decision.
4. Documentation of PCP recommendations; and
5. Aspiration related supports/plans that will be provided, consistent with the individual/guardian's decision.

A. Training for direct support staff and supervisors, service coordinators, case managers

All direct support staff, direct support staff supervisors, service coordinators and case managers shall complete basic training related to aspiration in accordance with DDSD Policies governing training requirements. Direct support staff supervisors, service coordinators and case managers shall also attend all update sessions mandated whenever this Aspiration Protocol is significantly revised.

B. Training for therapists and other professionals

All therapists, behavior support consultants, nurses, dieticians and their supervisors, and DDSD and DHI staff with monitoring responsibilities shall complete the current Clinical Aspiration Risk Management course offered through the Clinical Services Bureau within 6 months of the effective date of this protocol or within six months of hire. The refresher of this course must then be completed every 3 years or sooner if this Best Practices Manual is significantly revised.

IX. Definitions

Adults: Means individuals who are at least 21 years old and are no longer eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT) benefits through the Medicaid state plan.

Aspiration: Means the act of food, saliva, liquids, phlegm, gastric reflux material or any other matter getting below the true vocal cords and into the trachea. Aspiration is directly linked to dysphagia, but may also occur as a result of gastroesophageal reflux.

Aspiration Risk Management Sub-Committee: Means a subset of each individual's IDT that addresses clinical issues regarding aspiration risk and related issues within each clinician's respective scope of practice and within their clinical competence. This may include the responsible agency nurse, speech-language pathologist, registered dietician, positioning specialist (OT/PT), behavior support consultant and others as identified by the IDT.

Bi-annual ISP Date: Means six (6) months after the annual ISP date.

Clinical Services Bureau (CSB): Means the part of DDSD that addresses management of the development, implementation and trending of clinical services including medical, dental and therapy (OT, PT, SLP) services.

Comprehensive Aspiration Risk Management Plan (CARMP): Means the individualized collection of documented strategies and monitoring documents, created by the ARM sub-committee with input from the IDT, designed to support the health and safety of an individual at high risk for aspiration.

Competency-Based Training: Means training with defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet the standards of performance, and formal examination or demonstration to verify the standards of performance.

Consultants: Means TEASC, SAFE Clinic, Adult Special Needs Clinic, Adult Cerebral Palsy Clinic, Medical, Clinical or Behavioral Resources accessed by the team

Dependent for eating and drinking: Means that someone is fed by direct support personnel and/or physically assisted with delivery of food/liquid including determining bite/sip size and/or eating pace and/or placement of food/drink. This may include full or partial assistance with placing the utensil in the mouth and/or the cup on or at the lips and/or delivery of liquids by tipping, pumping or squeezing the cup/bottle.

Dysphagia: Means difficulty swallowing and may involve one or more of the oral, pharyngeal or esophageal phases of swallowing. Dysphagia is a disorder that may contribute to aspiration risk.

Eating Specialist: Means an IDT member or professional who is knowledgeable and clinically competent in the area of assessment and treatment of swallowing and feeding disorders and is able to take a leading role in supporting Aspiration Risk Management (ARM) Sub-Committee members through these processes with educational information, training, individualized

aspiration minimizing strategies and referral sources. Historically, the speech-language pathologist has held this role in DD Waiver services. The assessment and management of individuals with swallowing and feeding disorders is within the role of and scope of practice for certified speech-language pathologists and occupational therapists, as identified by the American Speech-Language-Hearing Association (ASHA) and the American Occupational Therapy Association (AOTA), respectively.

Enteral: (gastrostomy, jejunostomy, or nasogastric): Means an alternative method of providing nutrition, hydration and medication through a tube that enters the body through the nose, wall of the stomach or wall of the intestine. Enteral feedings may be the only method of intake or it may be combined with oral intake. Also known as a feeding tube.

Esophagus: Means the body organ that connects the stomach and the throat/pharynx. Oral intake must move through the esophagus after it is swallowed as it is transported to the stomach. Similarly stomach contents that move back up to the pharynx or mouth (gastroesophageal reflux) must also be transported through the esophagus.

Feeding Tube: see tube feeding or enteral

Food Bingeing: Means when an individual eats large quantities of food secretively. Food bingeing is considered to be a challenging behavior that may place an individual at risk for aspiration.

Gastric Contents: Means the mixture of food, liquid and digestive secretions (including acids) contained in the stomach. When gastric contents come into contact with the tissues of the esophagus, pharynx, mouth and the enamel of the teeth, it is damaging and may lead to disease.

Gastroesophageal Reflux (GERD): Means the disease that is present when stomach/gastric contents back-up into the esophagus and pharynx or mouth. This action is not able to be controlled by the individual (whereas rumination is controlled by the individual-see rumination). This is a risk factor for esophageal disease and aspiration.

Health Passport: A standardized document used to communicate vital medical information to healthcare providers, including emergency contact information, diagnoses, allergies, medications and any advanced directives.

Hiatal Hernia: Means when a portion of the stomach is located above the diaphragm. This is not the usual orientation of the stomach and it creates risk for GERD, and therefore is a risk factor for esophageal disease and aspiration.

IDT members: Means the team responsible for development of the individual service plan (ISP) and for identifying the agencies and individuals responsible for providing the services and supports identified in the ISP. The IDT shall consist of the following core members: the individual; case manager; guardian (if appointed by the court); “helper” chosen by the individual or their guardian if desired; key community service provider staff from residential, day and behavioral services, including at least direct service staff and the service coordinator; ancillary service providers such as nutritional services, physical therapy, occupational therapy, speech therapy, respite, private duty nursing and other medical personnel; others such as family members, advocates, representatives of generic services.

ICFMR: Means Intermediate Care Facility for the Mentally Retarded

Individual Service Plan (ISP): Means the individualized document or written plan developed by members of the IDT on an annual basis that identifies the individual's visions, desired outcomes and action plans with associated services.

Infrequent rumination: Means rumination that occurs less than weekly. See *rumination*

Jackson Class Members: Means an identified group of individuals who formerly resided at Los Lunas Hospital & Training School or Fort Stanton Hospital & Training School and are represented in a class action lawsuit.

Mealtime Plan: Means a document for individuals at moderate risk which details the elements of safe eating, drinking, and receiving medications.

Mealtime Strategies: Means clear, individualized written instructions regarding how an individual who is at risk for aspiration is to be supported for oral intake as safely as possible. The strategies will include a rationale clarifying why the procedures are important, description of the prescribed diet texture and liquid consistency, adaptive equipment needs, supervision needs, solid and liquid intake procedures and specific precautions. Several different disciplines may be responsible for developing mealtime strategies.

Medical Emergency Response Plans (MERP): Formerly known as Medical Crisis Prevention/Intervention Plans (CPIP). These documents give instructions to support staff regarding what to signs to watch for that would indicate that a chronic health condition is exacerbating into a life threatening situation and what to do when those triggers are observed.

Modified Barium Swallow (MBS): Means an assessment of the swallow in a medical radiology facility. The MBS evaluates the swallowing mechanism while the individual swallows liquids and solids mixed with barium. The view of the swallow is recorded in still x-ray form. (see videofluoroscopy)

NPO: Means an abbreviation for the Latin term "nil per os", which means nothing by mouth. NPO orders may be for a brief or long period of time.

Office of Behavioral Services (OBS): Means that part of the DDS that addresses diagnosis, treatment planning and implementation of positive behavioral supports for individuals with challenging behaviors.

Oral dysphagia: Means a swallowing disorder that occurs at the beginning of the swallow or in the mouth, at the oral/oral-preparatory phase.

Pharyngeal dysphagia: Means a swallowing disorder that occurs in the second phase of the swallow or in the throat, at the pharyngeal phase.

Positioning Specialist: Means either a licensed physical therapist or a licensed occupational therapist.

Primary Care Practitioner (PCP): Means the individual's medical care provider. This is usually a medical doctor, physician's assistant or certified nurse practitioner.

Recorded Training: Means current individual specific training content that is recorded on videotape or other digitized media that permits play back at a later time. The recorded content will demonstrate and instruct direct support personnel and other IDT-members regarding recommended aspiration management techniques. The recorded training may be used as refresher training, but does not replace required direct training by the author or their designee. It is critical that the date of the recording and contact information for the author/strategy trainer is recorded with the training content and is labeled on the exterior of the recorded media.

Risky eating behaviors: Means that a risk for choking and aspiration is present due to non-physiological reasons. The behavioral symptoms related to eating/drinking that require constant monitoring and continuous prompting and cueing to support safety. Examples of risky eating behaviors include but are not limited to rapid eating/drinking pace, large bite size, multiple bites per swallow, food bingeing, constant talking while eating.

Rumination: Means the purposeful movement of stomach contents up the esophagus into the mouth. This is a behavioral challenge. Rumination is a risk factor for aspiration.

Significant Event: Means an event such as vomiting, rumination or choking that results in symptoms of respiratory congestion or infection; decline in responsiveness or function and requires intervention by the PCP or urgent care. This includes the use of antibiotics or respiratory treatments to treat a lower respiratory infection known or suspected to be related to an event or silent aspiration. This event may be reported to DDS on a case-by-case basis.

Supports and Assessment for Feeding and Eating (SAFE) Clinic: Means a clinic staffed by a group of clinical professionals that assesses and recommends assistance for individuals with developmental disabilities, their families and care providers to improve safety for eating, health and nutrition. The clinic also provides the following:

- technical assistance
- support and continuing education for professionals involved in supporting eating and aspiration risk management for individuals with developmental disabilities throughout the life span
- pre-service education for graduate and undergraduate students in feeding/eating approaches and strategies for children and adults with developmental disabilities
- assistance and care to families and care providers in locating appropriate community resources for direct treatment, adaptive equipment and follow-up services relating to supports for nutritional intake

Tube feeding (gastrostomy, jejunostomy, or nasogastric): Means an alternative method of providing nutrition, hydration or medication through a tube that enters the body through the nose, wall of the stomach or wall of the intestine. A feeding tube may be the only method of intake or it may be combined with oral intake. Tube feeding may also be references as enteral feeding.

Videofluoroscopic Swallowing Assessment (also known as VFSS, VFSA, VSA or VSS): Means an assessment by videofluoroscopy in a medical radiology facility. The videofluoroscopy evaluates the swallowing mechanism while the individual swallows liquids and solids mixed with barium. This allows for the dynamic evaluation of the oral, pharyngeal and upper esophageal

mechanisms and identifies aspiration if it occurs. If abnormal swallowing is identified, the clinician determines the physiological area of abnormality and whether management strategies will help to minimize aspiration. This evaluation is most useful when performed collaboratively by a radiologist and a speech language pathologist.

Xerostoma: Means dry mouth, diminished saliva production. This may be a side effect of medication or surgical procedures.