



SUSANA MARTINEZ, GOVERNOR

CATHERINE D. TORRES, M.D., CABINET SECRETARY

December 1, 2011

TO: All DD Waiver Case Managers

FROM: Jennifer Thorne-Lehman, Deputy Director

SUBJECT: Health Assessment and Aspiration Related Responsibilities.

Although via the Director's Release issued today eliminating the requirements for case managers to complete Health Assessment Tools (HAT) and quarterly aspiration observation reports, the following expectations continue to be in place:

1. Ensuring that the responsible agency nurse completes the annual e-CHAT at least 2 weeks prior to each annual ISP meeting, upon admission to a new provider agency and upon significant change of condition including hospital discharge for all adults receiving Community Living, Private Duty Nursing or Community Inclusion services.
2. Ensure the responsible agency nurse completes Healthcare Plans and Medical Emergency Response Plans for issues identified as "R" for required by the e-CHAT summary report. *Please note that nurses may combine issues that go together into HCP and MERPs so the total number of such plans may be less overall than the total number of "R"s.*
3. Ensuring that *all* Jackson class members at moderate or high risk have a current Comprehensive Aspiration Risk Management Plan (CARMP) which must be updated at the time of each annual ISP as well as due to significant change of condition.
4. For adult participants in the DD Waiver, who are not class members but who have received outpatient treatment or been hospitalized for aspiration pneumonia since August 2, 2010, a new CARMP must be completed within 55 days from the date of hospital discharge or outpatient treatment.
5. For Non JCM adults, who have not experienced outpatient treatment or hospitalization for aspiration pneumonia, teams may choose to keep supporting the individuals' aspiration risk through continued compliance with the November 1, 2004 Policy & Procedure titled "Supporting People on the DD Waiver with Dysphagia/Risk for Aspiration". This option will remain in place, for this group only, until the upcoming new DD Waiver standards are finalized and further Phase-In instructions are issued.
6. Remember that the Aspiration Risk Management Policy and Procedure does not apply to children participating in the DD Waiver, who should receive supports related to aspiration risk through their EPSDT state plan benefits.
7. The 2010 Aspiration Risk Management Policy and Procedures and the new Comprehensive Aspiration Risk Management Plan template have the following advantages over the 2004 Policy & Procedure:



- Guides teams to consider *all aspects* related to aspiration risk management rather than relying primarily on meal time related strategies.
- Keeps all strategies in one place for easy reference.
- Promotes consistency across all disciplines thus reducing confusion for direct support professionals.
- Addresses individualized signs and symptoms of aspiration in order to promote earlier intervention and treatment if and when aspiration occurs despite implementation of risk management strategies.

Therefore, teams should feel free to proceed under the August 16th Policy and Procedure if they are able and desire to do so.

8. Case managers are reminded to assure that CARMPs or relevant Mealtime Plans and associated healthcare plans, MERPS, oral hygiene instructions, etc if still under the 2004 policy are in place in the home and Community Inclusion service delivery sites as part of monthly monitoring. This verification should be documented on the monthly site visit form.
9. All case managers, nurses and team members are reminded to follow the 2010 Aspiration Risk Management Procedure and particularly note the following:
 - All members are requested to read the 2010 Aspiration Risk Management Procedure carefully to review their role and responsibilities and those of all other team members.
 - Teams are to identify the order of responsibility for completion of the CARMP at the collaborative assessment. It is not mandated to be initiated by the nurse or a therapist. Instead the team needs to identify who will initiate the CARMP and pass it on to the next team member. The CARMP must be completed within 10 business days following the IDT meeting convened to discuss Aspiration related assessment results and recommendations. This meeting must be held within 45 calendar days from the date of a screening result of moderate or high risk.
 - The Case Manager is responsible for reviewing the CARMP within 3 business days of completion for inconsistencies and must coordinate the correction of any inconsistencies between the authors of the sections. Authors must resolve those discrepancies within 5 business days of notice by the case manager.
 - All team members are reminded that the CARMP is a comprehensive plan that contains multiple elements. It is NOT necessary to have meal time plans or enteral feeding plans *in addition* to the CARMP. Case managers are advised to not request these additional mealtime plans, tube feedings plans or other healthcare plans related to aspiration.
 - Interim plans must be developed and implemented by nurses or therapists when plans must be in place to assure health and safety until the collaborative assessment can be completed and the CARMP can be initiated. Refer to the Aspiration Procedure for more information about Interim plans.