



Date: April 1, 2026

DDSD-DDW Numbered Memo: 2026-04

To: All DD Wavier Agencies and Providers

From: Melissa McBride, MBA, MSN, RN Clinical Services Bureau (CSB) Chief

Subject: CARMP Template Update and Instructions

The Developmental Disabilities Supports Division (DDSD) template for the Comprehensive Aspiration Risk Management Plan (CARMP) dated February 10, 2022 has been updated. This document will be accessible on the DDSD website [Aspiration Risk Management – New Mexico Health Care Authority](#)

<b>Header</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ DCF signed date:</li> <li>▪ <input type="checkbox"/> All sections deferred in _ setting OR <input type="checkbox"/> Note changes in each section</li> </ul>
<b>Section A</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ Emergency response information (as needed)</li> </ul>
<b>Section B</b>	<i>Removed</i>	<ul style="list-style-type: none"> <li>▪ <del>Refer to the Medical Emergency Response Plan(s) (MERPs) for specific guidelines</del></li> <li>▪ <del>If vomiting or seizures occur: Follow the MERP.</del></li> </ul>
	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ If vomiting or seizures occur: Follow the HCP.</li> </ul>
<b>Section C</b>	<i>Removed</i>	<ul style="list-style-type: none"> <li>▪ In both Diet Texture and Liquid Consistency, the following were removed: <ul style="list-style-type: none"> <li>○ <del>Note: Refer to CARMP Instructions if DCP has occurred.</del></li> <li>○ <del>see Appendix: IDDSI Reference</del></li> </ul> </li> <li>▪ <del>Adaptive Eating Equipment Bullet 6 example: Food Processor</del></li> <li>▪ <del>Level of Supervision when eating and/or drinking.</del></li> </ul>
	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ Positioning of person when eating or drinking anything (home, community, vehicle, other)</li> <li>▪ Position of person assisting with food or fluids (indicate N/A if person feeds themselves by bringing the food to their own mouth: put supervision instructions in Supervision section)</li> </ul>



		<p><i>below)</i></p> <ul style="list-style-type: none"> <li>▪ <i>Updated language to reflect that more than one appropriate IDDSI level may be selected for Diet Texture and Fluid Consistency</i></li> <li>▪ <i>Food Texture below IDDSI levels information field: Individual specific exceptions and/or restrictions (If needed, specify liquids that are allowed or restricted outside of the</i></li> </ul>
<b>Section C, Cont.</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ <i>recommended IDDSI guidelines. This must be individualized per person, using clinical judgement) with SLP,OT Lead contact</i></li> <li>▪ <i>Liquid Consistency below IDDSI levels information field: Individual specific exceptions and/or restrictions (If needed, specify liquids that are allowed or restricted outside of the recommended IDDSI guidelines. This must be individualized per person, using clinical judgement) with SLP,OT Lead contact</i></li> <li>▪ <i>Instructions/Guidance for preparation of liquid for person: Lead SLP, OT contact added</i></li> <li>▪ <i>Adaptive Eating Equipment Bullet 6. Examples (blender/chopper, clothing protector, foot/back support, etc.)</i></li> <li>▪ <i>Supervision when eating and/or drinking guidance: (describe where the person supervising needs to be located)</i></li> <li>▪ <i>Assisted Eating Techniques guidance: (mark section N/A if another person brings food/liquid to their mouth)</i></li> <li>▪ <i>Sensory Support examples: (e.g. alertness strategies, environmental modifications, food texture/temperature preferences)</i></li> </ul>
<b>Section D</b>	<del>Removed</del>	<ul style="list-style-type: none"> <li>▪ <del>Altered form of Medication.</del></li> </ul>
	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ <i>Forms of Medication</i></li> </ul>
<b>Section F</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ <i>Positioning Bullet 6 Other examples: (vehicle transport, etc.)</i></li> </ul>
<b>Section G</b>	<del>Removed</del>	<ul style="list-style-type: none"> <li>▪ <del>8. Brushing Routine Assistance and Instructions for...</del> <ul style="list-style-type: none"> <li>▪ <del>Brushing Routine Assistance and Instructions recommended by Dentist/Oral Hygienist or as identified by team.</del></li> <li>▪ <del>Choose One (and describe set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory-</del></li> </ul> </li> </ul>



		<p><i>strategies, etc.)</i></p> <ul style="list-style-type: none"> <li>▪ <input type="checkbox"/> <del>Self-Brushing for complete oral hygiene routine:</del></li> <li>▪ <input type="checkbox"/> <del>Self-Brushing and Assisted Brushing for oral hygiene routine:</del></li> <li>▪ <input type="checkbox"/> <del>Assisted Brushing for complete oral hygiene routine:</del></li> <li>▪ <del>9. Section 9 Specific Oral Care Procedures not covered above, in sequential order, including Sensory, Behavioral, and Cognitive strategies</del></li> </ul>
	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ 4. Oral Hygiene supplies 4.4 Floss/floss piks</li> <li>▪ 7. Person assisting with oral care guidance: (indicate N/A if not needed; include instructions for person supervising below)</li> <li>▪ 8. Instructions for Brushing, Flossing and/or Mouthwash recommended by Dentist/Oral Hygienist or as identified by team.</li> </ul>

<b>Section G, Cont.</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ <i>Brushing (choose one):</i>  <input type="checkbox"/> N/A <input type="checkbox"/> Self-Brushing <input type="checkbox"/> Self-Brushing and Assisted Brushing <input type="checkbox"/> Assisted Brushing  <i>Describe steps: (set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory strategies, etc.)</i></li> <li>▪ <i>Mouthwash (choose one):</i>  <input type="checkbox"/> N/A <input type="checkbox"/> Self-Use <input type="checkbox"/> Self and Assisted-Mouthwash Use <input type="checkbox"/> Assisted-Mouthwash Use  <i>Describe steps: (set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory strategies, etc.)</i></li> <li>▪ <i>Flossing (choose one):</i>  <input type="checkbox"/> N/A <input type="checkbox"/> Self-Flossing <input type="checkbox"/> Self-Flossing and Assisted Flossing <input type="checkbox"/> Assisted Flossing  <i>Describe steps: (set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory</i></li> </ul>
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		<i>strategies, etc.)</i> <i>9. Behavioral or Sensory Supports for Oral Care Routine</i> <i>not included above:</i>
<b>Section L</b>	<b>Added</b>	<ul style="list-style-type: none"> <li>▪ Emergency Contact Information has its own box. Separated from Lead Contact Information</li> </ul>

The updated CARMP template (3/1/26) must be utilized starting on 4/1/2026 for all annual Individual Service Plans (ISP), initial CARMPS, or revisions to existing CARMPS.

\*It is not necessary to revise any CARMPS that have been completed prior to 3/31/2026.

If you have questions, problems, or need a copy of the 2026 CARMP Template, please contact the Aspiration Risk Coordinator, CSB, or one of the statewide therapy consultants.

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Attachment:  
2026 CARMP Template