



Michelle Lujan Grisham, Governor

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Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Date: May 15, 2026

DDSD-DDW Numbered Memo 2026-08

To: All Developmental Disabilities Waiver (DDW) Provider Agencies, Nursing Agencies, Case Management (CM) Agencies, Behavioral Support Consultants, Occupational Therapists, Physical Therapists, and Speech-Language Pathologists

From: Melissa McBride, MBA, MSN, RN, DDSD Clinical Services Bureau Chief

A handwritten signature in black ink, appearing to be "Melissa McBride", written over a horizontal line.

Subject: CARMP Decision Points – Changes to the Standards (Page 54, Section 5.5 #2)

Effective Date: May 15, 2026

Effective May 15, 2026, the Decision Consultation Process (DCP) may be used to allow a person or guardian to opt out of the development of a Comprehensive Aspiration Risk Management Plan (CARMP) after completion of an Aspiration Risk Screening Tool (ARST) assessment, including when risks are scored as Moderate or High.

The Nurse and Case Manager must review the ARST results with the person and/or guardian and provide education regarding aspiration risk. This discussion must include, but is not limited to, the following:

- The benefits of a collaborative risk assessment, including involvement of a full interdisciplinary team and identification of therapy needs that may arise during the Individual Service Plan (ISP) year.
- The risks associated with declining development of a CARMP.
- The responsibilities of the guardian/person regarding management of aspiration risk if a CARMP is declined (the guardian/person assumes responsibility for aspiration risk management).
- The Decision Consultation Process (DCP), which ensures the guardian/person receives sufficient information to make an informed decision.
- Completion of the Decision Consultation Form (DCF) documenting the education provided by the nurse, including explanation of aspiration and the potential dangers of aspiration.

If the individual has opted out of a CARMP, the nurse is not required to follow monitoring and intervention frequencies based on acuity and aspiration risk level.



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A Health Care Plan (HCP) may be developed if the nurse determines it would be beneficial for the individual's care. However, it is not required solely based on a high or moderate risk of aspiration. Staff should follow standard protocols for recognizing signs and symptoms of aspiration and initiate aspiration monitoring procedures as they would for any individual with suspected aspiration.

Purpose of the CARMP

The CARMP is a collaborative aspiration risk assessment that provides the benefit of expertise from multiple disciplines, including:

- Speech-Language Pathologist (SLP): Diagnoses dysphagia and assists with communication and swallowing strategies.
- Physical Therapist (PT): Provides expertise in positioning and postural support.
- Occupational Therapist (OT): Addresses oral care and Activities of Daily Living (ADLs).
- Registered Dietitian (RD): Provides nutritional expertise and is required for individuals with enteral feeding tubes.
- Behavioral Support Consultant (BSC): Addresses behavioral needs, including risky eating behaviors and rumination.
- Registered Nurse (RN) and Case Manager (CM) coordinate care and support implementation.

Having a full interdisciplinary team allows the person/guardian to benefit from the combined expertise of therapists, including strategies related to aspiration prevention as well as other needs within each discipline's scope of practice.

Risks of Declining a Full Interdisciplinary Assessment

If a CARMP is not developed, the person/guardian may not receive discipline-specific strategies that could include:

Speech-Language Pathologist (SLP)

Example:



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“Swallowing and communication recommendations (diet consistency, pacing, and cueing): Follow IDDSI guidelines for appropriate liquid thickness; mildly thick liquids may be used if thinner consistencies are not safely tolerated. Russell should take small sips, maintain an upright seated position during and for at least 30 minutes after meals, and use a slow rate of intake with verbal cues as needed. Encourage clear, simple communication strategies and allow extra time for responses to support effective interaction.”

Occupational Therapist (OT)

Example:

“Adaptive equipment recommendations (feeding): Built-up handle utensils for feeding. Russell should use a non-slip Dycem mat under his plate, position the plate at midline directly in front of him, and utilize a noney cup to reduce the need for neck extension while drinking.”

Physical Therapist (PT)

Example:

“Russell must remain seated in an upright and erect position after eating and drinking.”

Behavioral Support Consultant (BSC)

Example:

“Behavioral strategies for daily routines (oral care, mealtime, and task compliance): Use a consistent routine with clear, simple step-by-step instructions and visual supports as needed. Provide positive reinforcement immediately following successful task completion (e.g., praise or preferred activity). Offer choices to increase engagement and reduce resistance and use gentle verbal prompts or modeling when needed. If Russell refuses, allow brief breaks and reintroduce the task gradually.”

Registered Dietitian (RD)

Example:

“Snacks should focus on healthy foods listed under calorie needs. High-fat and high-sugar foods such as cookies and fast food should be limited to occasional consumption rather than daily (recommend limiting to once per week or less).”

Role of the Nurse and Case Manager



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While nurses and case managers have knowledge related to aspiration risk, positioning, nutrition, and ADLs, they are not specialists in the therapy disciplines listed above. The therapists involved in CARMP development have specialized training within their respective fields, allowing them to provide targeted strategies and interventions.

Superseded Requirement

This memo changes and supersedes the DDW Service Standards dated November 1, 2021 (Reissued July 1, 2024) under Chapter 5.5 – Aspiration Risk Management, which previously required development of a CARMP prior to a person/guardian opting out of the process.

Under the previous requirement, the CARMP had to be developed by a full interdisciplinary team consisting of:

- Speech-Language Pathologist (SLP)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Registered Nurse (RN)
- Behavioral Support Consultant (BSC)
- Registered Dietitian (RD)
- Case Manager (CM)

After the Aspiration Risk Screening tool (ARST) is completed, the CARMP is developed. After the CARMP is developed the CM presents it to the person and guardian. The CARMP may be accepted entirely. Parts of the CARMP may be edited or the entire CARMP may be deferred by using the Decision Consultation Process (DCP). (See Chapter 3.1.1 Decisions about Health Care or Other Treatment: Decision Consultation Process). The annual ARST and submission of information for the Statewide Aspiration Risk List (SARL) are not optional and cannot be deferred.

Proposed Language for Upcoming Revised Service Standards (Summer 2026)



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After the Aspiration Risk Screening tool (ARST) is completed, the nurse provides the findings from the ARST to the person and their guardian and CM and educates the person/guardian on the benefits and risks of opting out of the collaborative risk assessment. If the person and guardian agree to have a CARMP developed the CM works with the person/guardian to select required service providers and submits a budget to add services to complete the CARMP. If the person and guardian choose not to have a CARMP developed, then the Decision Consultation Process (DCP) is followed.

When the CARMP is developed the CM presents it to the person and the guardian. The CARMP may be accepted entirely or parts of the CARMP may be edited or the entire CARMP may be deferred by using the Decision Consultation Process (DCP). Once completed the Decision Consult Form (DCF) is completed it is uploaded into the plans section in Therap. (See Chapter 3.1.1 Decisions about Health Care or Other Treatment: Decision Consultation Process). The annual ARST and submission of information for the Statewide Aspiration Risk List (SARL) are not optional and cannot be deferred.

Supporting Individuals Without CARMPs Who Are at Risk for Aspiration

This may include consulting with the individual's primary care provider (PCP), speech-language pathologist, dietitian, or other healthcare professionals involved in their care to better understand known risks, recommended precautions, and safe eating or positioning strategies. Providers can also review available medical records, prior evaluations, or hospital discharge instructions when accessible.

At the same time, it is essential to engage the individual in discussions about their preferences, goals, and willingness to accept certain risks. Support should be person-centered, balancing health and safety considerations with the individual's right to make informed choices about their own care.

When formal plans are not available, providers are encouraged to use general best practices—such as ensuring appropriate supervision during meals (if needed), encouraging safe pacing, and monitoring for signs of distress—while continuing to seek guidance and advocating for further clinical assessment when appropriate.

Honor the individual's personal choices and preferences when providing meal assistance.



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Reminder to Providers & Direct Care Staff: Aspiration Awareness and Response

Please take a moment to review the importance of recognizing and responding promptly to signs and symptoms of aspiration. Early identification can prevent serious complications.

Common Signs & Symptoms of Aspiration:

- Coughing or choking during or after eating/drinking
- Wet, gurgly voice after swallowing
- Shortness of breath or difficulty breathing
- Chest discomfort
- Changes in skin color (e.g., bluish lips or fingertips)
- Fever or signs of respiratory infection
- Unusual fatigue during meals
- Food or liquid spilling from the mouth

When to Contact the Agency Nurse:

- Repeated coughing or choking episodes
- New or worsening swallowing difficulties
- Persistent wet voice after meals
- Concerns about food/liquid tolerance
- Any noticeable decline in respiratory status that is not emergent

When to Call Emergency Services (911):

- Inability to breathe or severe breathing distress
- Signs of choking that do not resolve quickly
- Loss of consciousness
- Bluish discoloration of lips or face



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- Sudden, severe chest pain

If you are unsure, err on the side of caution and seek guidance. Your attentiveness is critical to keeping individuals safe.