

SELF-MANAGEMENT ASSESSMENT

Name: Matthew Bealka

Date of *Self-Management Assessment* development: 10/28/20

For the annual period from: October 2020 to November 2021

Name and title of person completing the review: Briana Hinzman, Designated Coordinator

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company’s designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment*. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person’s status within the last 12 months at the time of service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person centered planning and service delivery will be documented in the *CSSP Addendum*.

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies (state specific allergies): Absorbable Sulfonamides, Sulfa, Ceclor, Augmentin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt would be aware if he is having an allergic reaction. Matt would show symptoms of having an allergic reaction. • Behaviors or Symptoms: Due to Matt’s diagnoses he is not able to check labels. Matt would not be able to inform others of his allergies. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types): Controlled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt be aware of when he has a seizure. Matt is accepting of assistance during a seizure. • Behaviors or Symptoms: If Matt were to have a seizure he would not be able to keep himself safe or follow his protocol. • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt is aware of when he is hungry and would like to eat. Matt eats orally. • Behaviors or Symptoms: Matt may choose to put non-nutritive substances in his mouth such as paper, the lining of his brief and small objects. Matt had a previous incident of choking and was prescribed a pureed diet with thin liquids. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Pureed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt knows what he likes to eat and when he is hungry. Matt is able to eat orally. • Behaviors or Symptoms: Matt had a previous incident of choking and was prescribed a pureed diet with thin liquids. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebellar hypoplasia, Choreoathetoid Cerebral Palsy, Hypothyroidism, Thrombocytopenia, Constipation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt may be aware of his chronic medical conditions. Matt may show signs and symptoms of his chronic medical conditions. • Behaviors or Symptoms: Matt is diagnosed with Cerebellar hypoplasia, a disorder where the cerebellum does not fully develop which results in lack of balance, disrupted vision or hearing, and/or limited use of motor skills. Choreoathetoid Cerebral Palsy, a movement disorder caused by damage to the developing brain. Hypothyroidism, a condition in which your thyroid gland doesn't produce enough of certain crucial hormones. Thrombocytopenia, a condition in which you have a low blood platelet count. Matt is also diagnosed with Constipation. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt is accepting of medications and treatments. • Behaviors or Symptoms: Due to Matt's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Matt is unable to request medications or inform someone if there are issues associated with his medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • PAI does not set up or attend medical appointments with Matt. Matt's residence will assist him with this.

PAI

Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Matt. Matt's residence will assist him with this.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Personal safety to avoid injury or accident in the service setting		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Risk of falling (include the specific risk): Cerebellar hypoplasia, Choreoathetoid Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matt is aware of his abilities. Matt is able to position himself in his wheelchair. Behaviors or Symptoms: Matt has half of a cerebellum and is not likely to develop sitting balance. Matt often chooses not to wear his seatbelt. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebellar hypoplasia, Choreoathetoid Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matt knows where he wants to go. Matt is able to propel himself short distances. Behaviors or Symptoms: Matt is diagnosed with choreoathetoid cerebral palsy and cerebellar hypoplasia. These diagnoses limit Matt's motor skill use and requires assistance with mobility and navigating his environment. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matt is willing to put his hands in water. Behaviors or Symptoms: Matt does not have the awareness to adjust the water temperature. Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matt enjoys going on bus rides and spending time in the community. Matt is able to propel himself short distances. Behaviors or Symptoms: Matt may not be able to comprehend the potential

PAI

		<p>dangers related to the community, traffic skills, or pedestrian safety skills. Matt is functionally blind and may not be able to navigate new environments well.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: it is unknown if Matt possesses and water safety skills. • Behaviors or Symptoms: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt is aware of his vision. Matt is able to see items presented closely on his right side. • Behaviors or Symptoms: Matt is Functionally Blind and is at risk of not seeing things. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<p>Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.</p>		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Self-injurious behaviors (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Physical aggression/conduct (state behavior): Grabs peers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matt has full function of his right arm. Matt is able to explore his environment with his right hand. • Behaviors or Symptoms: Matt may reach out and make overly assertive physical contact with others who are unable to defend themselves. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA