SELF-MANAGEMENT ASSESSMENT

Name: Stuart Austin Helgason (Austin) For the annual period from: March 2020 through March 2021

Date of *Self-Management Assessment* development: 3.1.2021

Name and title of person completing the review: Emily Elsenpeter, 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: Keflex, Keppra, Cephalosporin, Penicillin, Sulfa Drugs, Cephalexin, Latex, Strawberry Extract, Citrus Foods, Season Allergies, Sun Sensitivity, Bug Bite Sensitivity	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Austin does not appear to have function awareness of his allergies/sensitivities. He is accepting of supports in this area. • Behaviors or Symptoms: Austin is allergic to several medications which may cause hives, rash anaphylactic shock & respiratory distress. Austin has seasonal allergies which may cause scratchy eyes and runny nose. He is sensitive to the sun due to his seizure medication he takes making him more susceptible to sunburn and has a mild allergy to bug bites; when bitten Austin experiences swelling of the bite area.

Seizures: Epilepsy, Lennox-Gastaut Syndrome, Microcephaly	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: It is unknown what Austin's functional awareness is in this area. Austin is receptive to support in taking his PRN medication when experiencing seizure activity. • Behaviors or Symptoms: Austin's seizures are partially controlled. He is diagnosed with Lennox-Gastaut Syndrome which includes early onset of motor seizures including myoclonic, atypical, absence and A-tonic seizures. During a seizure, Austin will typically move his arms up quickly. Austin's seizures and medications may cause him to become tired; his team would like him to rest/sleep as he needs.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: It is unknown what Austin's functional awareness is in this area. Austin does not put items in his mouth and is accepting of staff support when experiencing emesis or spit up. • Behaviors or Symptoms: Austin receives nothing by mouth and in the event of emesis could choke. If Austin has any seizure activity while receiving his feeding he may develop hiccups and may spit up a portion of his feeding as a result of the stomach contractions.
Special dietary needs: NPO, G-tube	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Austin understands that he receives his nutrition through his g-tube site and is compliant with the process and staff in his personal space while supporting him with his nutrition. • Behaviors or Symptoms: Austin does not take food, fluids or medications by mouth. He receives all nutrition via his g-tube and requires full support. Austin may swat at his syringe during his feeding or move his arms suddenly with seizure activity.
Chronic medical conditions: Cerebral Palsy, Hyperthermia, Hypothermia, Lennox-Gastaut Syndrome, Microcephaly,	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: It is unknown what Austin understands regarding her chronic medical conditions. Austin is able to spend 3-5 minutes along behind the restroom curtain and is accepting of support to brush her teeth. • Behaviors or Symptoms: o Cerebral Palsy: (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. *Cerebral* means having to do with the brain. *Palsy* means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, and hearing, swallowing, and speaking. o Hyperthermia: is an abnormally high body temperature caused by a failure of the heat-regulating mechanisms of the body to deal with the heat coming from

		the environment. Heat fatigue, heat syncope (sudden dizziness after prolonged exposure to the heat), heat cramps, heat exhaustion and heat stroke are common forms of hyperthermia. ○ Hypothermia: is a dangerously low body temperature (below 95 degrees). In severe cases, temperature can drop to 82 degrees or lower. Symptoms include: shivering, slow/shallow breathing, confusion/memory loss, drowsiness or exhaustion, slurred/mumbled speech, loss of coordination, slow weak pulse. ○ Lennox-Gastaut Syndrome: (LGS) is a type of epilepsy with multiple different types of seizures. The most common seizure type is tonic seizures, which cause the muscles to stiffen (contract) uncontrollably. These seizures typically occur during sleep; they may also occur during wakefulness and cause sudden falls. Also common are atypical absence seizures, which cause a very brief partial or complete loss of consciousness. Drop seizures may be caused by sudden loss of muscle tone (described as atonic) or by abnormal muscle contraction (described as tonic). LGS seizure episodes are usually brief. ○ Microcephaly: is a medical condition in which the brain does not develop properly, resulting in a smaller-than-normal head. Often, people with this disorder have an intellectual disability, poor motor function, poor speech, abnormal facial features and seizures.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: It is unknown what Austin knows and understands related to his medications/treatments but Austin is accepting of supports in this area. • Behaviors or Symptoms: Austin takes all medications/treatments via g-tube. Due to his cognitive and physical limitations, Austin is not able to self-administer his medications or treatments.
Preventative screening	☐ Yes ☐ No ☒ NA	• PAI does not manage Preventative Screening for Austin
Medical and dental appointments	☐ Yes ☐ No ☒ NA	• PAI does not manage Medical or Dental appointments for Austin
Other health and medical needs: Ceasing to Breath	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: It is not known what Austin functional awareness is in this area. Austin is accepting of supports in this area. • Behaviors or Symptoms: Austin has a history of stopping breathing for many minutes, for unknown reasons. Should Austin stop breathing, EMS/911 will be

		contacted immediately. Staff will assess whether his heart is beating & perform CPR as appropriate.
Other health and medical needs: Personal Cares	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Austin may be aware of when he requires the use of the restroom and is accepting of supports in this area. • Behaviors or Symptoms: Austin is brief dependent due to his cognitive and physical limitations, he is not able to independently complete his cares. Austin requires support to access the restroom and to maintain his skin integrity.
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: Cerebral Palsy, Epilepsy	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: It is not known what Austin functional awareness is in this area. Austin is accepting of supports in this area. • Behaviors or Symptoms: Austin's chronic medical conditions put him at a high risk of falling and impacts his ability to be safely mobile on his own. Austin utilizes a wheelchair that he does not propel independently, with the support of shoulder and pelvic straps, head/neck support and a seatbelt. When in a recliner Austin requires a positioning belt, pillow supports and that the foot rest be engaged to prevent falls. He also utilizes a Hoyer and sling to transfer.
Mobility issues: Cerebral Palsy, Epilepsy	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: It is not known what Austin functional awareness is in this area. Austin is accepting of supports in this area. • Behaviors or Symptoms: Austin's chronic medical conditions impact his ability to be mobile on his own. Austin utilizes a wheelchair that he does not propel independently, with the support of shoulder and pelvic straps, head/neck support and a seatbelt. He also utilizes a Hoyer and sling to transfer.

Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Austin does not have functional awareness in this area but may vocalize if the water is not at a comfortable temperature for him. Austin is accepting of support to adjust the water temperature. • Behaviors or Symptoms: Austin is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Austin is at risk of being exposed to extreme water temperatures if not regulated and supported.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Austin does not have functional awareness in this area but enjoys spending time in the community. Austin communicates what activities he would like to participate in by vocalizing or eye pointing when presented with 2 options. Austin is accepting of assistance in the community. • Behaviors or Symptoms: Austin has been diagnosed with developmental disabilities, and lacks a formal communication system. He is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He is not able to propel his wheelchair or navigate without support and does not have the ability to drive. Austin would require support if an emergency situation were to occur or to ask for assistance.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Austin has no functional awareness in this area but is accepting of support when near bodies of water. • Behaviors or Symptoms: Austin has been diagnosed with developmental and physical disabilities that put him at high risk of drowning. He does not have the cognitive or physical ability to keep himself safe in water.
Sensory disabilities: Visual Impairment	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: It is unknown what Austin knows or understands about his vision. Austin is accepting of assisted in navigating activities that involve coordination and sight. • Behaviors or Symptoms: ○ Visual Impairment: Austin is considered legally blind. He appears to have some functional vision. Austin is able to track large, colorful, textured items, or pictures and is believed to be able to see lights & shadows.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	• NA

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.		
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): NA	☐ Yes ☐ No ☒ NA	• NA
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	• NA
Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	• NA
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	• NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	• NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	• NA
Mental or emotional health symptoms and crises (state diagnosis): NA	☐ Yes ☐ No ☒ NA	• NA
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	• NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	• NA