

SELF-MANAGEMENT ASSESSMENT

Name: Aaron Martindale

Date of *Self-Management Assessment* development: 3.10.2021

For the annual period from: March 2021 to March 2022

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: Latex, boiling eggs, seasonal, cleaning products	<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: It is unknown if Aaron has functional awareness in this area. He is accepting of supports to manage his allergies. Behaviors or Symptoms: Aaron may have an allergic reaction to strong or unknown cleaning chemicals. He may have an allergic reaction to eggs being boiled. He may experience seasonal allergies. This will present in his eyes with watering and face with significant redness. He has a PRN allergy medication he can take in these circumstances. He cannot come into contact with latex and will experience

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		<p>anaphylactic shock which requires treatment with his EpiPen, which he has with him at all times.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
<p>Seizures: Mild, ongoing seizure activity, Grand Mal</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown if Aaron has functional awareness in this area. He is accepting of seizure medications and supports. • Behaviors or Symptoms: Aaron has ongoing seizures that are controlled through medication. His guardians report that they typically present as subtle absence seizures. His last grand mal seizure was in 1995. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Aaron is able to assist with his g-tube feedings. He does not attempt to eat/drink orally and prefers not to have anything near his mouth. He is accepting of supports in this area. It is unknown if Aaron has functional awareness in this area. • Behaviors or Symptoms: Aaron is fully supported in receiving all nutrition, fluids, and medications via his g-tube. He does not take anything by mouth. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs: NPO, g-tube</p>	<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: Aaron is able to assist with his g-tube feedings. He does not attempt to eat/drink orally and prefers not to have anything near his mouth. He is accepting of supports in this area. It is unknown if Aaron has functional awareness in this area. • Behaviors or Symptoms: Aaron is supported in receiving all nutrition, fluids, and medications via his g-tube. He does not take anything by mouth. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions: Tripletia Cerebral Palsy, Kyphosis, Scoliosis, Hydrocephalus with a shunt, 4th ventricle brainstem cyst, subglottal stenosis, sleep apnea, microcephaly</p>	<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: It is unknown if Aaron has functional awareness in this area. He may indicate if he is not feeling well through his behavior. He is generally accepting of supports in managing his chronic medical conditions. ○ Behaviors or Symptoms: ○ Tripletia Cerebral Palsy: Tripletia is spastic movements in 3 limbs, typically both legs and one arm. Cerebral Palsy is a congenital disorder of movement, muscle tone, or posture. ○ Kyphosis: The posterior (from behind) curve presents sharply angled; the curvature is not smooth. This deformity may result in a ‘humpback’ found to be more prominent when bending forward with potential of back pain

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		<p>and stiffness.</p> <ul style="list-style-type: none"> ○ Scoliosis: A sideways curvature of the spine. Symptoms include pain in the back, leaning to one side, muscle spasms, physical deformity, or uneven waist. In a spinal fusion, the curved vertebrae are fused together so that they heal into a single, solid bone. ○ Hydrocephalus with a shunt: A build-up of fluid in the cavities deep within the brain. May cause headache, impaired vision, cognitive difficulties, loss of coordination, and incontinence. Aaron has a shunt surgically placed to bypass the obstruction and drain excess fluid into other body cavities for reabsorption. Aaron’s shunt could develop complications including malfunction, failure, and infection. Symptoms of a shunt issue include vomiting, headache, vision problems, irritability, tiredness, redness/swelling along the shunt track, difficulty waking up or staying awake, and/or fever. ○ 4th ventricle brainstem cyst: A brain cyst or cystic brain lesion is a fluid-filled sac in the brain. Symptoms include headache, nausea and vomiting, vertigo or dizziness, hearing or vision problems, difficulties with balance and walking, facial pain, and seizures. ○ Subglottic stenosis: Subglottic stenosis (SGS) is a narrowing of the airway below the vocal cords (subglottis) and above the trachea. Symptoms include noisy breathing (stridor), respiratory distress and recurring croup. ○ Sleep apnea: intermittent airflow blockage during sleep causing fatigue, snoring and excessive daytime sleepiness. ○ Microcephaly: A condition where the head (circumference) is smaller than normal. Symptoms vary and include intellectual disability, speech delay, seizures and/or abnormal muscle functionality. ● Staff supports are required in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> ● Strengths, Skills, & Abilities: Aaron is accepting of receiving his medications via his g-tube. It is unknown if Aaron has functional awareness in this area. ● Behaviors or Symptoms: Aaron is not able to set up or administer his own medications. He receives all medications via his g-tube with complete assistance. ● Staff supports are required in this area according to the CSSP Addendum.
<p>Preventative screening</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>PAI does not manage preventative screening for Aaron.</p>

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Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	PAI does not manage medical or dental appointments for Aaron.
Other health and medical needs: Personal Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Aaron is able to assist in his personal cares by standing and bearing weight. It is unknown if Aaron has functional awareness in this area. Behaviors or Symptoms: Aaron utilizes the support of briefs due to incontinence. He is supported by staff to standing in the restroom to change his brief, cleaning up, and back to sitting in his wheelchair. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Heat sensitive	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: It is unknown if Aaron has functional awareness in this area. He is accepting of supports in managing his heat sensitivity. Behaviors or Symptoms: Aaron is sensitive to becoming overheated and may become ill if he gets too hot. He is supported in avoiding time outdoors when there is a heat advisory. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need):	<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: Spastic Cerebral Palsy, Seizures, Scoliosis, Kyphosis	<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: Aaron is able to bear weight. He is able to propel himself in his wheelchair. He is accepting of supports to keep him safe while moving and transferring. It is unknown if Aaron has functional awareness of his risk of falling. Behaviors or Symptoms: Aaron is supported in applying his seatbelt when in his wheelchair and his chest strap when on transit. He is supported in standing and transferring with a gait belt and physical guidance from staff. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Spastic Cerebral Palsy, Seizures, Scoliosis, Kyphosis	<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: Aaron is able to bear weight. He is able to propel his wheelchair independently for short distances. Aaron is accepting of supports in this area. He is aware of when he would like to move and is able to do so. Behaviors or Symptoms: Aaron utilizes a manual wheelchair as his primary mode of mobility. He is able to propel himself short distances and requires support for long

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		<p>distances. Aaron is able to bear weight and assist with transfers.</p> <ul style="list-style-type: none"> • 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: Aaron may indicate the water is not at a comfortable temperature by moving away from it. He is accepting of supports in this area. • Behaviors or Symptoms: Aaron is unable to adjust the water temperature or determine a safe water temperature due to his developmental disabilities. Aaron is at risk of being exposed to extreme water temperatures if not regulated and supported. • 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: Aaron loves being in the community and is receptive to supports. He does not have functional awareness of community survival skills. • Behaviors or Symptoms: Aaron has been diagnosed with physical and developmental disabilities, has significant allergies, requires support to move long distances, 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 does not have the ability to drive. He would require support if an emergency situation were to occur or to ask for assistance. • 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: Aaron enjoys water and swimming. He does not have the functional awareness to keep himself safe. He is accepting off supports in this area. • Behaviors or Symptoms: Aaron 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 the water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: deaf, blind, clothing sensitivity, tactilely defensive on face/mouth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> ○ Strengths, Skills, & Abilities: Aaron is accepting of supports in these areas. He is very responsive to his environment and people around him. He has more functional vision in his left eye. He is aware of his tactile defensiveness and when his clothing is uncomfortable. ○ Behaviors or Symptoms: ○ Deaf: Aaron is deaf due to meningitis in infancy but is highly attuned to his environment and the people around him. ○ Blind: Aaron uses the vision he has very well. He is blind but is able to see objects close up. He has stronger vision in his left eye.

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		<ul style="list-style-type: none"> ○ Clothing Sensitivity: Aaron prefers clothing that is soft and does not restrict him. He may become uncomfortable in clothing that is not soft, comfortable or feels restrictive to him. ○ Tactile defensiveness: Aaron is tactilely defensive on his face and around his mouth. He does not enjoy grooming tasks that involve his face or mouth. ● Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: Hitting himself on the chin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> ● Strengths, Skills, & Abilities: It is unknown if Aaron has functional awareness of his risk of injury in this area. He is accepting of supports and some redirection. ● Behaviors or Symptoms: When Aaron becomes excited, he may hit his chin with his hand/wrist with great force. This appears to be out of excitement, boredom or for sensory input. This may cause redness on his hand. ● Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct: High fives with excessive force	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> ● Strengths, Skills, & Abilities: Aaron is very friendly and does not intentionally harm others. He does not have functional awareness of how hard he is giving high fives. ● Behaviors or Symptoms: Aaron is friendly to nearly all people and he enjoys giving high fives. His high fives may be with excessive force, although it is not intended to hurt others. ● Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

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Property destruction (state behavior):	<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):	<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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA