SELF-MANAGEMENT ASSESSMENT

Name: Richard Mitchell

Date of *Self-Management Assessment* development: 3.4.2021 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 gloves, kiwi fruit, Keppra	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Rick's functional awareness in this area is unknown. Rick is accepting of supports in this area. • Behaviors or Symptoms: Rick may have a latex glove sensitivity due to prolonged exposure, putting him at risk of an allergic reaction. Due to possible latex allergy, Rick should also not have Kiwi fruit, and Keppra. Latex allergy symptoms may include hives, itching, stuffy or runny nose. It can cause asthma symptoms of wheezing, chest tightness and difficulty breathing.

		• Staff supports are required in this area according to the CSSP Addendum.
Seizures: Potential risk of Tonic Clonic seizures	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Rick's functional awareness in this area is unknown. Rick is accepting of supports in this area. • Behaviors or Symptoms: Rick had seizures as a preteen. He has had no observed or recorded major seizures since then. He does have neurological activity present which presents as brief absence seizures. His history may put him at increased risk of Tonic Clonic seizure. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Rick prefers his food pureed to a specific consistency and his beverages thickened, which is safe for him. Rick is accepting of supports in this area. • Behaviors or Symptoms: Rick does not use his teeth effectively while chewing. He has a repaired cleft palate. His way of processing food puts him in danger of choking. His has a pureed diet with thickened liquids. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs: Pureed food and thickened liquids	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Rick prefers his food pureed to a specific consistency and his beverages thickened, which is safe for him. Rick is accepting of supports in this area. • Behaviors or Symptoms: Rick does not use his teeth effectively while chewing. He has a repaired cleft palate. His way of processing food puts him in danger of choking. His has a pureed diet with thickened liquids. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Autism, Repaired Cleft Palate, Constipation, Nystagmus, Optic Nerve Atrophy, Scoliosis with a Spinal Fusion, Spastic Quadriplegia	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Rick's functional awareness in this area is unknown. Rick is accepting of supports in this area. • Behaviors or Symptoms: ○ **Autism:** Autism spectrum disorder impacts the nervous system. The range and severity of symptoms can vary widely. Common symptoms include difficulty with communication, difficulty with social interactions, obsessive interests, and repetitive behaviors. ○ **Repaired Cleft Palate:** Cleft palate is a common birth condition. It can occur alone or as part of a genetic condition or syndrome. Symptoms arise from the opening in the mouth. They include difficulty speaking and feeding. Surgery restores normal function with minimal scarring. ○ **Constipation:** Infrequent bowel movements, and small, hard-to-pass, stool

		that may cause abdominal pain or discomfort. ○ **Nystagmus**: An involuntary eye movement which may cause the eye to rapidly move from side to side, up and down, or in a circle, and may slightly blur vision. ○ **Optic Nerve Atrophy:** Optic nerve atrophy (ONA) is degeneration of, or damage to, the optic nerve, a cluster of nerves which carry vision information from the eye to the brain. ○ **Scoliosis with spinal fusion:** 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. This will stop growth completely in the abnormal segment of the spine and prevent the curve from getting worse. The fused portion of the back remains permanently stiff. ○ **Spastic Quadriplegia:** Spastic quadriplegia, also known as spastic tetraplegia, is a subset of spastic cerebral palsy that affects all four limbs (both arms and legs). • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Rick is accepting of supports in this area. It is unknown what functional awareness he has in this area. • Behaviors or Symptoms: Due to his cognitive and physical limitations, Rick is not able to self-administer his medications. He receives his medications orally with full assistance. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☐ No ☒ NA	PAI does not manage preventative screening for Rick.
Medical and dental appointments	☐ Yes ☐ No ☒ NA	PAI does not manage medical and dental appointments for Rick.
Other health and medical needs: Personal Cares	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick is able to assist in this by walking and standing for his personal cares. He is generally accepting of support in this area. His functional awareness in this area is unknown. • Behaviors or Symptoms: Rick utilizes the support of briefs due to incontinence. He is supported by staff to walk in his gait trainer from the program room to the restroom and standing in the restroom to change his brief, cleaning up, and back to

		sitting in his wheelchair. Due to his physical and developmental disabilities he is not able to independently complete his personal cares. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Skin integrity	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick's functional awareness in this area is unknown. Rick is accepting of supports in this area. • Behaviors or Symptoms: Rick has a history of skin breakdown on his coccyx area due to him scooting on his bottom to independently move around. He sits on a tile floor at PAI and frequently slaps the floor. Rick's hands are calloused, and he is at risk for skin breakdown / wounds to his hands. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	• Strengths, Skills, & Abilities: • Behaviors or Symptoms: • Staff supports are required in this area according to the CSSP Addendum.
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: Scoliosis with a Spinal Fusion, Spastic Quadriplegia	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Rick is able to bear weight and walk with the support of his gait trainer. Rick has good upper body strength and trunk control. He is able to propel himself in his wheelchair. He is generally accepting of supports to keep him safe while moving and transferring. It is unknown if Rick has functional awareness of his risk of falling. • Behaviors or Symptoms: Rick is supported in applying his seatbelt when in his wheelchair. He is supported in applying his strap when in his gait trainer and supported by staff with his wheelchair following him, in case he needs to sit. Rick generally sits well in a typical chair, but he has a history of pushing himself in the chair and pushing the chair over backwards when upset. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Scoliosis with a Spinal Fusion, Spastic Quadriplegia, Vision Impairments	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Rick is able to bear weight and walk with the support of his gait trainer. Rick has good upper body strength and trunk control. He is able to propel himself in his wheelchair. He is generally accepting of supports to keep him safe while moving and transferring. He is aware of when he would like to move and is able to do so. • Behaviors or Symptoms: Rick utilizes a manual wheelchair as his primary mode of

		mobility. He is able to propel himself short distances and requires support for long distances. Rick is able to bear weight and assist with transfers. He utilizes a gait trainer to walk daily, with support. Rick also spends time on the floor and is able to independently move himself on the floor by scooting. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Rick 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: Rick is unable to adjust the water temperature or determine a safe water temperature due to his developmental disabilities. Rick 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	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Rick enjoys being in the community and is receptive to supports. He does not have functional awareness of community survival skills. • Behaviors or Symptoms: Rick has been diagnosed with physical and developmental disabilities, 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	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Rick loves swimming. He does not have the functional awareness to keep himself safe in water. He is accepting off supports in this area. • Behaviors or Symptoms: Rick 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: tactilely defensive, vision impairments**,** prefers to be on the ground	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick is accepting of supports in these areas. Rick has functional vision to navigate familiar environments. Rick indicates when he does not like something. He is generally accepting of supports in these areas. • Behaviors or Symptoms: ○ Rick is **tactilely defensive**, particularly on his feet, face, and underarms. He prefers to initiate touch with others and is more receptive to a firm touch than soft touch. Rick may become overstimulated and uncomfortable. He

		will pull away from stimuli or push away what he does not want near him. ○ Rick's vestibular system causes him to **not like having his feet or body off the ground**. It appears to frighten him to not feel grounded. He prefers to be on the floor or ground and will slap it with his palms. ○ Rick is considered **legally blind**. He appears to look for and seek objects with his side vision, but it is not known what he can actually see. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	NA
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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 behavior: flail his arms and legs, bumping into things, tripping	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick is accepting of supports in these areas. Rick indicates when he does not like something. He is generally accepting of supports in these areas. • Behaviors or Symptoms: When agitated, he may flail his arms and legs, bumping into and tipping over objects. This may cause his injury to his arms and/or legs. • Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct: grab at others, or items	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick is accepting of supports in these areas. Rick indicates when he does not like something. He is generally accepting of supports in these areas. • Behaviors or Symptoms: Rick may become upset during transitions or changes in his routine, when offered food that he does not prefer, and when he is not feeling well. Occasionally, the cause of Rick's upset is unknown. When agitated, Rick may try to grab or bump into peers' wheelchairs or other items in the room. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression: high pitched vocalizations	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Rick is accepting of supports in these areas. Rick indicates when he does not like something. He is generally accepting of supports in these areas.

		• Behaviors or Symptoms: Rick may become upset during transitions or changes in his routine, when offered food that he does not prefer, and when he is not feeling well. Occasionally, the cause of Rick's upset is unknown. Richard may have high pitched vocalizations when very upset. • Staff supports are required in this area according to the CSSP Addendum.
Property destruction (state behavior):	☐ 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):	☐ 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):	☐ Yes ☐ No ☒ NA	NA