

| SELF-MANAGEMENT ASSESSMENT | | |
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| Name: Phillip Patet For the annual period from: April 2021 through April 2022 | | |
| Date of <i>Self-Management Assessment</i> development: 3/29/2021 | | |
| Name and title of person completing the review: Emily Elsenpeter, Designated Coordinator | | |
| <p>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 <i>Self-Management Assessment</i> 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.</p> <p>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 <i>Self-Management Assessment</i>. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This <i>Self-Management Assessment</i> will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.</p> <p>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.</p> <p>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 <i>CSSP Addendum</i>.</p> | | |
| 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, Seasonal | <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: Phil has awareness of his seasonal allergies. Phil will hold his mouth open when requiring in-mouth oral suctioning. Phil is accepting of supports in this area. Behaviors or Symptoms: Phil has seasonal allergies, which may increase his respiratory secretions, causing him respiratory distress and discomfort. Phil is |

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| | | <p>sensitive to Latex; the type of reaction is not known but could include hives, rash, anaphylactic shock and respiratory distress.</p> <ul style="list-style-type: none"> • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Seizures: Epilepsy Partially Controlled Myoclonic, Tonic Clonic Seizures</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Phil has functional awareness of his seizure activity. He may be able to feel a seizure coming on and is accepting of supports both during and after seizure activity. • Behaviors or Symptoms: Phil experiences seizures in the form of 10-15 second myoclonic seizures that may occur throughout his day and/or tonic clonic seizures that may last up to 3 minutes or more; these occur less frequently. • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Choking</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Phil has functional awareness of his choking risks. He will attempt to hold secretions in his mouth and will open his mouth open when requiring in-mouth oral suctioning. • Behaviors or Symptoms: Phil has a G-tube and takes nothing by mouth as he is at risk of aspiration. Phil requires oral suctioning as needed when ill or experiencing seasonal allergies as he coughs up secretions that sit at the back of his mouth near the entrance of the throat. He could aspirate on secretions putting him at an increased risk of choking. • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Special dietary needs: NPO, Physician’s order diet</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Phil 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: Phil does not take in nutrition, fluids, or medications by mouth. Phil receives his feeding and water flush bolus while in his personal wheelchair. Complete physical assistance is provided to Phil by staff in administering his daily nutrition, fluids, and PRN medications. Phil’s g-tube site may leak onto his clothing. This may occur after a feeding, lying down or for unknown reasons. At times Phil’s site may leak profusely while receiving his nutrition. • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Chronic medical conditions: Cerebral Palsy, Spastic Quadriplegia, Gastroesophageal Reflux Disease, Risk of Aspiration</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown what Phil understands regarding his chronic medical conditions. Phil is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> • Cerebral Palsy (CP): is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control |

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| | | <p>and coordination. Phil's ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. Phil may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles.</p> <ul style="list-style-type: none"> • Spastic Quadriplegia: is a specific type of CP that refers to difficulty in controlling movements in the arms and the legs. Those who experience this form of CP will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs. Spastic quadriplegia will normally affect the whole body, the facial muscles and the core of the body are unable to perform their normal functions due to the intense amount of muscle tightness and strain • Gastroesophageal Reflux Disease (GERD): is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Symptoms of GERD include coughing, regurgitation, chest discomfort and nausea. • Risk of Aspiration: Aspiration means you're breathing foreign objects into your airways due to reduced tongue control or poor swallowing reflexes. Phil requires oral suctioning as needed when ill and/or experiencing seasonal allergies as he coughs up secretions that sit at the back of his mouth near the entrance of the throat and out him at an increased risk of aspiration. • Staff supports are needed 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: It is unknown what Phil knows/understands related to his medications/treatments but Phil is accepting of supports in this area. • Behaviors or Symptoms: Phil takes his medications bolus via his g-tube followed by a 30cc water flush. Due to his cognitive and physical limitations, Phil is not able to self-administer his medications. • Staff supports are needed 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> | <ul style="list-style-type: none"> • PAI does not manage Preventative Screening for Phil |
| <p>Medical and dental appointments</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> | <ul style="list-style-type: none"> • PAI does not manage Medical or Dental appointments for Phil |

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| 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: Phil may be aware of when he requires the use of the restroom and generally does not use the restroom while at PAI. He is accepting of supports in this area. • Behaviors or Symptoms: Phil utilizes the support of disposable briefs and a urinary straight catheter. He is supported in intermittent catheterization at home. Phil may require support in changing his disposable brief in the event that it becomes soiled due to his g-tube site leaking. Phil uses a blue 3-point cross leg sling and is transferred and assisted by two staff using a Hoyer lift. • Staff supports are needed in this area according to the CSSP addendum. |
| Other health and medical needs: History of skin breakdown | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is not known what Phil's functional awareness is in this area. He is accepting of repositioning and supports in this area. • Behaviors or Symptoms: Phil has a history of skin breakdown. Phil has areas of breakdown on his left and right hip that are being treated by his guardians. • Staff supports are needed 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: Chronic medical conditions increasing risk of falls | <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: It is not known what Phil's functional awareness is in this area. Phil is accepting of supports in this area. • Behaviors or Symptoms: Due to Phil's chronic medical conditions he is at a high risk for falling. He is diagnosed with a seizure disorder which may cause him to fall if not supported. Phil does not have upper body control or balance with decreased tone in his trunk and shoulders placing him at high risk for falling. Phil utilizes a specialized wheelchair with a chest strap, pelvic strap and safety belt. He also utilizes a Hoyer and sling to transfer. Phil is not able to fasten or release his chest strap or pelvic and safety belts without supports. • Staff supports are needed in this area according to the CSSP addendum. |

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| <p>Mobility issues: Chronic medical conditions limiting mobility</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is not known what Phil’s functional awareness is in this area. Phil is accepting of supports in this area. • Behaviors or Symptoms: Phil’s chronic medical conditions impact his ability to be safely mobile on his own. Phil has limited joint mobility in all major joints (especially his hips and knees) and decreased tone in his trunk and shoulders with high tone/spasticity in his extremities. Phil utilizes a specialized wheelchair that he is unable to propel with a chest strap, pelvic strap and safety belt. He also utilizes a Hoyer and sling to transfer. Phil is not able to fasten or release his chest strap or pelvic and safety belts without supports. • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Regulating water temperature</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Phil does not have functional awareness in this area but may grimace if the water is not at a comfortable temperature for him. He is accepting of support to adjust the water temperature. • Behaviors or Symptoms: Phil is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Phil is at risk of being exposed to extreme water temperatures if not regulated and supported. • Staff supports are needed in this area according to the CSSP addendum. |
| <p>Community survival skills</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Phil does not have functional awareness in this area but enjoys spending time in the community. He communicates what activities he would like to participate in when presented with 2 options. Phil is accepting of assistance in the community. • Behaviors or Symptoms: Phil has been diagnosed with developmental disabilities, and lacks a formal communication system. Phil is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He is not able to navigate unfamiliar areas without support and 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 needed in this area according to the CSSP addendum. |

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| Water safety skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown what Phil knows or understands about water safety, he is accepting of supports in this area. • Behaviors or Symptoms: Phil has been diagnosed with developmental disabilities that put him at high risk of drowning. He does not have the cognitive or physical ability to keep himself safe in water. • Staff supports are needed in this area according to the CSSP addendum. |
| Sensory disabilities: Vision - Mild Optic Atrophy, Nystagmus, Exotropia. Tactile Defensive | <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 what Phil understands about his vision but he will communicate if he is experiencing tactile defensiveness. Phil is accepting of supports with his vision and to lotion rubs to his hands. • Behaviors or Symptoms: Phil is believed to have functional vision; however it is not known how much he can see. <ul style="list-style-type: none"> • Mild Optic Atrophy: is a condition that affects the nerve that carries impulses from the eye to the brain and is a result of damage to the optic nerve. Causing problems with vision, including blindness. • Nystagmus: is a vision condition in which the eyes make repetitive, uncontrolled movements resulting in reduced vision and depth perception and can affect balance and coordination. These involuntary eye movements can occur from side to side, up and down, or in a circular pattern. • Exotropia: is a form of eye misalignment in which one or both of the eyes turn outward. It is the opposite of crossed eyes. • Tactile Defensive: refers to a pattern of observable behavioral and emotional responses, which are aversive, negative and out of proportion, to certain types of tactile stimuli that most people would find to be non-painful. • Staff supports are needed 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 | <ul style="list-style-type: none"> • 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • NA |

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| Physical aggression/conduct (state behavior): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • NA |
| 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 |