

SELF-MANAGEMENT ASSESSMENT

Name: **Andrew Fariss**

Date of *Self-Management Assessment* development: 3/29/2021 For the annual period from: **April 2021 through April 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
<p>Allergies: Spring Seasonal, Antibiotics, Penicillin, Sulfa</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no allergies</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Andrew is accepting of supports in this area, it is unknown what Andy understands as it relates to his allergies. Behaviors or Symptoms: Andy has Seasonal Allergies in the spring. Andy may experience stuffy or runny nose, red and irritated eyes, and scratchy throat. Andy is most effected by eyes. Andy is allergic to Antibiotics, Penicillin and Sulfa. His reaction manifest as hyperactivity and insomnia. Staff supports are needed in this area according to the CSSP addendum.

PAI

<p>Seizures: Partially controlled Tonic Clonic and Myoclonic, VNS</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: Andrew is tolerant of his padded lap tray and support during or after seizure activity. Andy appears to have functional awareness of his seizures as he may reach out for assistance prior to seizure activity. • Behaviors or Symptoms: Andrew has a physician ordered VNS and Seizure Protocol with PRN medication. VNS magnet is attached with velcro on the back bar of Andrew’s wheelchair. Andrew seizures are considered partially controlled with medication and Valgus Nerve Stimulator (VNS) but he does have Tonic Clonic breakthrough seizures and Myoclonic seizures. • 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: Andrew is accepting of supports in this area. It is unknown what Andrew understands as it relates to his choking risks. • Behaviors or Symptoms: Andrew has difficulty chewing, especially hard or crunchy foods, which could result in swallowing problems putting him at an increased risk for choking. He should not have hard foods or whole nuts. • Staff supports are needed in this area according to the CSSP addendum.
<p>Special dietary needs: Physician’s order diet</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA –no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew is able to eat independently using his left hand once his fork is “loaded” by staff and set down on the left side of his plate and is accepting of supports to eat when too tired to hold his fork. • Behaviors or Symptoms: Andy is on a physician’s ordered bite size diet and is not able to choose or prepare a healthy regular calorie diet for himself. Andy may refuse to eat when tired due to seizure activity, seasonal affective disorder or medications and has a tendency to be underweight. • Staff supports are needed in this area according to the CSSP addendum.

PAI

<p>Chronic medical conditions: Autism Spectrum Disorder, Cerebral Palsy, Herpes Simplex 1, Scoliosis</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA –no chronic medical conditions</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown what Andrew understands regarding his chronic medical conditions. Andrew is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Autism Spectrum Disorder (ASD): is a neurodevelopmental disorder that affect how an individual processes information and interprets the world. Core features of autism are persistent deficits in social interaction and communication and restricted, repetitive or stereotyped patterns of behavior, interests or activities. ○ 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 and coordination. Andrew’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. Andrew may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles. ○ Herpes Simplex 1: or oral herpes causes sores around the mouth and lips sometimes called fever blisters or cold sores. Sores are contagious and spread through contact with saliva. Sores are blister-like and painful until a scab appears. ○ Scoliosis (mild): A sideways curvature of the spine where the spine curves to the left or right, creating a C- or S-shaped curve. <p>Staff supports are needed in this area according to the CSSP addendum.</p>
<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 Andrew knows/understands related to his medications/treatments but Andrew is accepting of supports in this area. • Behaviors or Symptoms: Andrew takes his medications orally in soft foods. When tired due to seizure activity, seasonal affective disorder or medications Andrew may refuse to open his mouth to take his medications. Due to his cognitive and physical limitations, Andrew 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 Andrew
<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 Andrew

PAI

Other health and medical needs: Personal Care Toileting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: When alert Andrew is able to stand and bear weight the duration of his personal cares using the Arjo. Andrew is accepting of supports in this area. It is not known if Andrew has functional awareness in this area. • Behaviors or Symptoms: Andrew utilizes the support of a disposable brief and due to his cognitive and physical limitations, is not able to complete his personal cares. When alert Andrew bears weight and uses an ARJO. If he is lethargic or has had a seizure, he is transferred by two staff using a Hoyer lift and two staff will assist Andrew in changing his brief every two hours and as needed. • Staff supports are needed in this area according to the CSSP addendum.
Other health and medical needs: Raynaud's Disease	<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 Andrew understands regarding his medical condition, Raynaud's Disease. Andrew is accepting of support in these areas. • Behaviors or Symptoms: Andrew has been diagnosed with Raynaud's Disease, which is a rare disorder of the blood vessels, usually in the fingers and toes. It causes the blood vessels to narrow when you are cold or feeling stressed. When this happens, blood can't get to the surface of the skin and the affected areas turn white and blue. Andy does not attend program when the temperature is below zero. Andy's toes and fingers may be observed to be blue not related to seizure activity /cyanosis. • 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: Seizure Disorder, Chronic medical conditions increasing risk of falls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no risk of falling	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is not known what Andrew functional awareness is in this area. Andrew is accepting of supports in this area. • Behaviors or Symptoms: Andrew's chronic medical conditions put him at a high risk for falling. He is diagnosed with a seizure disorder which may cause him to fall if not supported. Andrew has a weakened upper trunk placing him at high risk for falling. He utilizes a specialized wheelchair with a chest strap, padded lap tray, pelvic strap, and safety belt. Andrew is capable of unbuckling his safety belts on his wheelchair. • Staff supports are needed in this area according to the CSSP addendum.

PAI

<p>Mobility issues: Chronic medical conditions limiting mobility</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no mobility issues	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew is able to hold onto the Arjo handle and bear weight when alert. Andrew is accepting of support to propel and maneuver his wheelchair. It is not known if Andre has functional awareness in this area. • Behaviors or Symptoms: Andrews’s chronic medical conditions impact his ability to be safely mobile on his own. Andrew uses a specialized wheelchair as his main mode of mobility with a chest strap, padded lap tray, pelvic strap, and safety belt. Andrew depends on others to propel his wheelchair. When alert, Andrew is transferred via the ARJO. If he is lethargic or has had a seizure, he is transferred with a 2 person Hoyer lift a 1-2 support staff in the cares room. • Staff supports are needed in this area according to the CSSP addendum.
<p>Regulating water temperature</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew can use an accessible sink to wash his hands and is accepting of support to regulate the water temperature. • Behaviors or Symptoms: Andrew is unable to adjust the water temperature or determine a safe water temperature. Andrew 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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew 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 options. Andrew is accepting of assistance in the community. • Behaviors or Symptoms: Andrew has been diagnosed with developmental disabilities and lacks a formal communication system. Andrew 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.
<p>Water safety skills</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew enjoys swimming and is accepting of support. It is not known if Andrew has functional awareness in this area. • Behaviors or Symptoms: Andrew 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.
<p>Sensory disabilities: Hearing Impairment, Tactile Defensiveness</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew is aware of his ear wax build up and may attempt to remove it, he is accepting of supports to clean/wipe his face.

PAI

		<ul style="list-style-type: none"> Behaviors or Symptoms: Andrew has a history of ear wax build up which causes him to become uncomfortable and to not hear well. He also may have loose wax on the outside of his ears & may dig at his ears, scratching himself. Andrew is tactile defensive on his face. 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: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Physical aggression/conduct : NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Verbal/emotional aggression : NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Property destruction: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Suicidal ideations or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Mental or emotional health symptoms and crises: Seasonal Affective Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Andrew is accepting of his part time schedule being increased during fall and winter months. It is unknown what Andrew understands regarding his mental or emotional health, he is accepting of support in these areas. Behaviors or Symptoms: <ul style="list-style-type: none"> Seasonal Affective Disorder (SAD): is a type of depression that's related to the change in seasons, which Andrew experiences during fall and winter months. Symptoms may include feeling depressed, sluggish, or agitated nearly every day, loss of interest in activities once enjoyed, low energy and changes in appetite or weight. <p>Staff supports are needed in this area according to the CSSP addendum.</p>
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA

PAI