

SELF-MANAGEMENT ASSESSMENT

Name: Keith Buchman

For the annual period from: June 2021 through June 2022

Date of *Self-Management Assessment* development: 6.1.2021

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
<p>Allergies: Dust mites, Grass, Trees, Cats, Weeds, and 3 types of mold (Alternaria, Hormodendrum, and Aspergillus’s Fumigatus) Sensitive to Milk & Grapefruit products</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Keith is accepting of assistance to wipe his nose when experiencing symptoms, it is unknown what function awareness he has of his allergies/sensitivities. Keith is accepting of supports in this area. • Behaviors or Symptoms: Keith’s symptoms of environmental allergies range from runny nose & watery eyes to severe congestion with possibility of building mucus in his airway and resulting in choking and compromised airway. Keith is sensitive/allergic to milk; it may cause him stomach upset. Keith should not have grapefruit products as it may interact with his medication causing illness. • Staff supports are required in this area according to the CSSP Addendum.

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<p>Seizures: Epilepsy</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: Keith is accepting of supports to take daily medication at home. It is unknown what Keith knows/understands about his Epilepsy. • Behaviors or Symptoms: Keith is diagnosed with Epilepsy; his seizures are considered controlled as Keith has not had an observed seizure in over 16 years. Historically Keith’s Tonic Clonic seizures present as gagging & foaming at the mouth and during Absence seizures staring for short periods. • Staff supports are required 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: Keith is able to hold his cup while drinking independently and will request frequent drinks when experiencing congestion. Keith is able to assist with his meals hand over hand. It is unknown what Keith understands regarding his increased choking risks, he is accepting of support in this area. • Behaviors or Symptoms: Keith has a physician ordered specialized diet; he is not able to plan and prepare food according to this order. Keith prefers to eat quickly & does not chew his food. Keith has choked on pieces of food in the past, requiring abdominal thrusts and emergency care. Keith may attempt to take his/others food or drinks that are within arm’s reach and put them to his mouth putting him at an increased risk of choking. Keith’s symptoms of environmental allergies result in severe congestion with the potential of building mucus in his airway and have resulted in choking. • Staff supports are required 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 – there are no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Keith communicates that he would like a drink or snack by positioning himself by the kitchenette in the St. Croix room. Keith will scoop and bring his food to his mouth with hand over hand assistance. Keith is able to hold his cup independently. He is accepting of supports in this area. • Behaviors or Symptoms: Keith eats with assistance using an adapted hollow handled spoon and divided plate to eat; he uses a small cup with a wide mouth to drink. Keith has a physician ordered specialized diet; he is not able to plan and prepare food according to this order. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions: Downs Syndrome Gout, Microcephaly Pica Spastic Diplegia</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 Keith understands regarding his chronic medical conditions. Keith is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Downs Syndrome: is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features of Down syndrome and contributes to intellectual disability and developmental delays. Individuals

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		<p>diagnosed with Downs Syndrome may also experience seizures, hearing, vision and spinal problems and an increased risk of dementia.</p> <ul style="list-style-type: none"> ○ Gout: is a common, painful form of arthritis resulting from buildup of uric acid in the body. It causes swollen, red, hot, and stiff joints. Often, gout first attacks the big toe. It can also attack ankles, heels, knees, wrists, fingers, and elbows. At first, gout attacks usually get better in days. Eventually, attacks last longer and happen more often. ○ Microcephaly: A condition in which the head is significantly smaller than expected, often due to abnormal brain development. Symptoms vary and include intellectual disability and speech delay. In severe cases, there may be seizures and abnormal muscle functionality. ○ Pica: is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips. ○ Spastic Diplegia: is a form of cerebral palsy (CP) and is a neuromuscular condition of hypertonia and spasticity in the muscles of the lower extremities (legs, hips, pelvis); above the hips typically retain normal muscle tone and range of motion. Symptoms include delayed motor movements, walking on toes, and "scissor" style of walking. ○ Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown what Keith knows/understands related to his medications/treatments, but he is accepting of supports in this area. • Behaviors or Symptoms: Keith takes his medications whole orally in soft food followed by a drink. Due to his cognitive and physical limitations, Keith is not able to self-administer his medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • PAI does not manage Preventative Screening for Keith
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • PAI does not manage Medical or Dental appointments for Keith
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: Keith may be aware of when he needs to use the restroom and will activate a communication switch near the door to request assistance. Keith is able to propel his wheelchair to the restroom and into the stall of his choosing. Keith may void on the toilet and is accepting of supports in this area. • Behaviors or Symptoms: Keith utilizes the support of a disposable brief in conjunction with a toileting schedule. Keith is assisted to the restroom every 2 hours, once in the stall he will stand using the support rail and wait for assistance. Keith is not able to complete his personal cares without support.

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Other health and medical needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum. • N/A
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: Keith is able to bear weight with support. Keith may be aware of his chronic medical conditions causing him to need assistance while transferring. Keith is accepting of supports in this area. • Behaviors or Symptoms: Keith has an unbalanced gait and could become unstable while transferring causing him to fall. Keith is able to unbuckle the seatbelt on his wheelchair putting him at an increased risk of falling. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Chronic medical conditions limiting mobility	<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: Keith knows which wheelchair is his and can self-propel himself short distances. He is able to climb into his chair without assistance when the breaks are engaged; he may also scoot about on the floor on his hands and knees to get where he would like to be. Keith is accepting of supports. • Behaviors or Symptoms: Keith’s chronic medical conditions and vision impact his ability to be safely mobile on his own. Keith primarily uses a wheelchair for mobility, he can self-propel his wheelchair short distances and is able to climb into his chair without assistance when the breaks are engaged; however, he has acquired bumps and bruises doing so in the past. Keith scoots about on the floor on his hands and knees to get where he would like to be; he may sit in high traffic areas causing him to possibly be bumped by others. • 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: Keith is able to turn on water; he may pull his hands away from the sink if the water is not comfortable and is accepting of support to regulate the water temperature. • Behaviors or Symptoms: Keith is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Keith 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: Keith does not have functional awareness in this area but enjoys spending time in the community. He communicates what activities he would like

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		<p>to participate in when presented with 2 options. Keith is accepting of assistance in the community.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Keith has been diagnosed with developmental disabilities and lacks a formal communication system. Keith 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 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: Keith is accepting of supports when near water. It is unknown what his functional awareness is in this area. Behaviors or Symptoms: Keith 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 required in this area according to the CSSP Addendum.
Sensory disabilities:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Keith is able to propel his wheelchair in familiar environments and responds to verbal and physical cues to avoid obstacles. He enjoys listening and dancing to music and will seek out sounds in his environment. When engaging in hand mouthing, he responds to the ASL sign of “stop” and verbal cues. Keith’s functional awareness of his sensory disabilities is unknown, he is accepting of supports in these areas. Behaviors or Symptoms: <ul style="list-style-type: none"> Vision Impairment: Keith has vision limitations; however, the extent of the impairment is unknown due to an inability to do an accurate vision screening. Keith refuses to wear glasses but is believed to have functional vision. Hearing Impairment: Keith has hearing impairment; however, the extent of the impairment is unknown due to an inability to do an accurate hearing test. Oral Sensory Processing: A seeking of sensory input through the mouth. This includes tactile, proprioceptive, and taste. The need to chew, bite, and suck come from the proprioceptive input that we receive from the pressure in our jaws. Keith has a strong need for oral sensory input; this leads him to hand mouthing, chewing on his shirt, shoes, and nearby furniture/surfaces. Keith has mouthed his hands to the point where they become infected. Staff supports are required in this area according to the CSSP Addendum.
<p>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.</p>		

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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: Banging head against objects, biting hands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Keith responds to the ASL sign for “stop” and responds to verbal and physical direction. It is unknown what Keith’s functional awareness is in this area, he is accepting of support. Behaviors or Symptoms: Keith may become agitated due to becoming stuck with his wheelchair, having to wait, not feeling well, transitions, during lunch time or for unknown reasons. This is noted by banging his head against walls or furniture and biting his hands. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct: Pulling others hair, biting others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Keith responds to the ASL sign for “stop” and responds to verbal and physical direction. It is unknown what Keith’s functional awareness is in this area, he is accepting of support. Behaviors or Symptoms: Keith may become agitated due to becoming stuck with his wheelchair, having to wait, not feeling well, transitions, during lunch time or for unknown reasons. He may pull staffs’ hair and, in the past, has come up from behind and bitten staff in the buttocks. Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Property destruction: Kicking walls, furniture or others wheelchairs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Keith responds to the ASL sign for “stop” and responds to verbal and physical direction. It is unknown what Keith’s functional awareness is in this area, he is accepting of support. Behaviors or Symptoms Keith may become agitated due to becoming stuck with his wheelchair, having to wait, not feeling well, during lunch time or for unknown reasons. This is noted by kicking walls, furniture, or other wheelchairs. Keith has damaged walls in the past. Staff supports are required in this area according to the CSSP Addendum.
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Mental or emotional health symptoms and crises: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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"> N/A

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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	• N/A
Other symptom or behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A