

SELF-MANAGEMENT ASSESSMENT

Name: Alex Jeldes

Date of *Self-Management Assessment* development: 5.6.2021

For the annual period from: May 2021 through May 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: Codeine, Morphine, Morphine Derivatives	<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: Alex does not appear to have function awareness of his allergies. Alex is accepting of supports in this area. • Behaviors or Symptoms: Alex is allergic to Codeine, Morphine, and related derivatives. Alex could develop respiratory distress or other symptoms of an allergic reaction such as hives, rash, peeling or blistering of the skin. • Staff supports are required in this area according to the CSSP Addendum.
Seizures: Epilepsy, Partially Controlled Grand Mal Seizures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Alex is accepting of supports in this area. It is unknown if he has functional awareness of his seizure disorder.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Alex is diagnosed with epilepsy and has breakthrough seizures. He may experience an increase in seizure activity potentially caused by being ill, overheated, or dehydration. Alex's seizures present as Grand Mal with a blank expression, no response, and eyes rolling back or fluttering and range from 15 seconds to 1.5 minutes in duration. Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: It is unknown what Alex understands about his increased risk of choking. He is accepting of supports to moderate his eating pace. Behaviors or Symptoms: Alex does not thoroughly chew his food and has poor swallowing skills. He has a history of choking on raw vegetables. Alex may grab food on his plate and eat it quickly, which could cause him to choke. He has attempted to eat other's food when placed near him which may not be prepared to his needs and could cause him to choke. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs: Physician's order diet- bite sized pieces, GERD	<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: Alex is accepting of a bite sized diet and supports with eating. Alex is aware of when he requires assistance and will vocalize or uses a communication switch to request assistance and will bring a fork to his mouth once it has been loaded with food by staff. Behaviors or Symptoms: Alex eats with assistance using a fork and a lipped plate. He drinks using a straw from a regular cup. Alex wears his chest straps during and for 30 mins after lunch to assist with positioning and his GERD. Alex is not able to prepare or set up his food or choose a healthy diet for himself. Alex may refuse to eat his meals. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Cerebral Palsy, Gastroesophageal Reflux Disease, Hypogonadism, Neuromuscular Scoliosis with Spinal Fusion, Osteopenia, Osteoporosis, Psychomotor Delay, Vitamin D Deficiency	<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 what Alex understands regarding his chronic medical conditions. Alex 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 and coordination. Alex'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. Alex may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles. Gastroesophageal Reflux Disease (GERD): is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the

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		<p>esophagus and stomach. Symptoms of GERD include coughing, regurgitation, chest discomfort and nausea. Alex may put his hands down his mouth and throat causing vomiting.</p> <ul style="list-style-type: none"> ○ Hypogonadism: is a condition in which the body does not produce enough testosterone. Decreased testosterone can cause mental and emotional changes in addition to physical changes such as hot flashes, decreased muscle mass or breast tissue development. ○ Neuromuscular Scoliosis: is an irregular spinal curvature caused by disorders of the brain, spinal cord, and muscular system. Nerves and muscles are unable to maintain appropriate balance / alignment of the spine and trunk. Alex has a spinal fusion to stabilize and stop further progression of the curvature. ○ Osteopenia: is a condition that occurs when the body does not make new bone as quickly as it reabsorbs old bone. ○ Osteoporosis: is a condition in which bones become weak and brittle; new bone creation does not keep up with old bone removal. This increases risk of fracture. ○ Psychomotor Delay: an impairment that occurs when there is a disruption with the connections made between mental and muscle functions. Psychomotor impairment affects the way Alex is able to move. ○ Vitamin D Deficiency means that you do not have enough vitamin D in your body. Vitamin D is essential to healthy strong bones and aids the body in absorbing calcium to prevent the loss of bone density. <ul style="list-style-type: none"> • 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: Alex is accepting of supports in this area. It is unknown what functional awareness he has in this area. • Behaviors or Symptoms: Alex takes his medications orally in soft food followed by a drink. Due to his cognitive and physical limitations, Alex is not able to read, understand or implement medication orders for himself. • 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>	<ul style="list-style-type: none"> • PAI does not manage Preventative Screening for Alex.
<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 Alex.

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Other health and medical needs: Personal Cares, Toileting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Alex is aware of when his brief is soiled and will request to have his personal cares completed using his communication board on the iPad. Alex is able to roll to assist with his clothing changes and is accepting of supports. Behaviors or Symptoms: Alex utilizes the support of a disposable brief and due to his physical limitations, he is not able to complete his personal cares. Alex may stick his hands in his brief and then in his mouth or rub his eyes during personal cares or when not wearing a one piece. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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: Epilepsy, 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 Alex functional awareness is in this area. Alex is accepting of supports in this area. Behaviors or Symptoms: Due to Alex’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. Alex has limited torso control and a history of falling out of bed and various chairs causing him to sustain fractured limbs. Alex utilizes a specialized wheelchair with a chest strap, pelvic strap, foot straps and lap tray. He also utilizes a Hoyer and sling to transfer. Alex is not able to fasten or release his chest strap or pelvic and safety belts without supports. 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: Alex is able to roll from side to side and is accepting of supports in this area. It is unknown what Alex understands about his mobility impairments. Behaviors or Symptoms: Alex’s chronic medical conditions impact his ability to be safely mobile on his own. Alex has limited torso control and a history of falling out of bed and various chairs causing him to sustain fractured limbs. Alex utilizes a specialized wheelchair that he is unable to propel with a chest strap, pelvic strap, foot straps and lap tray. He also utilizes a Hoyer and sling to transfer. Alex is not able to fasten or release his chest strap or pelvic and safety belts without supports. Staff supports are required in this area according to the CSSP Addendum.

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Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown if Alex has functional awareness in this area but may pull his hand back if the water is not at a comfortable temperature for him. He is accepting of support to adjust the water temperature. • Behaviors or Symptoms: Alex is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Alex 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: Alex 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. Alex is accepting of assistance in the community. • Behaviors or Symptoms: Alex has been diagnosed with developmental disabilities and lacks a formal communication system. Alex 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: Alex is accepting of supports when near water. It is unknown what Alex's functional awareness is in this area. • Behaviors or Symptoms: Alex 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: Visual Impairment – Astigmatism Overstimulation – sensitive hearing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Alex is accepting of supports in this area. He is believed to have functional vision. He is able to point to picture cards on the iPad to communicate preferences and request assistance. • Behaviors or Symptoms: Alex is visually impaired, he is diagnosed with a mild astigmatism, and has a prescription for glasses. Alex does not tolerate wearing his glasses. Alex may become overstimulated in loud environment as indicated by his yelling, rocking, and/or sticking hand in his mouth with increases audio stimuli. • Staff supports are required 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"> • N/A

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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 behaviors: Biting hands, hitting ears, self-induced vomiting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Alex is able to communicate basic wants and needs using various choice boards on the iPad and is accepting of support and redirection when engaging in self-injurious behaviors. It is not known what Alex understands about his potential to cause injury to himself. Behaviors or Symptoms: Alex may communicate that he is upset, overstimulated, or experiencing symptoms of GERD through forcefully rocking his body back and forth, hitting his ear with his hand and biting his hand which may cause injury. Alex may also force his hand down his throat to induce vomiting. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Verbal/emotional aggression: Prolonged / Repetitive Vocalizations	<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 Alex has functional awareness in this area. Behaviors or Symptoms: Alex communicates nonverbally and often becomes frustrated when his communication is not understood or responded to quick enough. Alex may communicate that he is upset, overstimulated, or frustrated through loud high pitched and repetitive vocalizations. Staff supports are required in this area according to the CSSP Addendum.
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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 (state diagnosis): 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
An act or situation involving a person that requires the program to call 911, law	<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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enforcement or fire department		
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none">• N/A