

SELF-MANAGEMENT ASSESSMENT

Name: Alan Flader

Date of *Self-Management Assessment* development: 6.7.2021

For the annual period from: June 2021 to June 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: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	NA
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: It is unknown what Alan’s functional awareness is in this area. Alan is receptive to receiving medications for seizure disorder. Behaviors or Symptoms: Alan’s seizures are controlled. Alan has not had an observed or recorded seizure since 2004.

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		<ul style="list-style-type: none"> 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: Alan is able to assist with his g-tube feedings. He does not attempt to eat/drink orally and prefers not to have anything near his mouth. He is accepting of supports in this area. It is unknown if Alan has functional awareness in this area. Behaviors or Symptoms: Alan is fully supported in receiving all nutrition, fluids, and medications via his g-tube. He does not take anything by mouth. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs: g-tube, NPO	<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: Alan is able to assist with his g-tube feedings. He does not attempt to eat/drink orally and prefers not to have anything near his mouth. He is accepting of supports in this area. It is unknown if Alan has functional awareness in this area. Behaviors or Symptoms: Alan is supported in receiving all nutrition, fluids and medications via his g-tube. He does not take anything by mouth. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Osteoporosis, Chronic Hematuria, Chronic Constipation	<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 if Alan has functional awareness in this area. He may indicate if he is not feeling well through his behavior. He is generally accepting of supports in managing his chronic medical conditions. Behaviors or Symptoms: Osteoporosis: Alan’s bone density is reduced (porous) making him more prone to fractures. Chronic Hematuria: Alan may experience blood in his urine. Chronic Constipation: Alan may have difficulty, or infrequent bowel movements. He may experience discomfort while having a bowel movement or when unable to pass stool. 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: Alan is accepting of receiving his medications via his g-tube. It is unknown if Alan has functional awareness in this area. Behaviors or Symptoms: Alan is not able to set up or administer his own medications. His receives all medications via his g-tube with complete assistance. 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	PAI does not manage preventative screening for Alan.

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Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	PAI does not manage medical or dental appointments for Alan.
Other health and medical needs: Prone to Bruising	<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 Alan functional awareness is in this area. Alan is accepting of supports in this area. Alan can assist with rolling during personal cares. He advocates for his personal space by communicating his discomfort when others are too close to him. Behaviors or Symptoms: When bumping into objects in his environment or while receiving assistance with personal care needs, Alan may develop small bruises. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Alan may put his fingers in his mouth.	<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 Alan functional awareness is in this area. Alan responds to redirection to sensory activities when this occurs but may return to putting fingers in his mouth a short while later. Behaviors or Symptoms: Alan may put his fingers in his mouth for extended periods of time which has caused skin issues in the area. Alan requires support to monitor his skin. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical 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
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: Spastic Quadriplegia, Harrington Rods	<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 Alan functional awareness is in this area. Alan is accepting of supports in this area. Alan can roll but may not do so at appropriate times. He responds to barriers such as siderails for support in not rolling off a table. Behaviors or Symptoms: Alan’s chronic medical conditions, spastic quadriplegia and Harrington rod put him at high risk of falling and impacts his ability to safely move on his own. Alan uses a wheelchair with support straps; he is not able to secure the support straps or propel his wheelchair. When seated in the recliner, Alan requires a positioning belt, pillows, and the footrest to be engaged to prevent falls. When using the mat-table, the side rail is engaged. Staff supports are required in this area according to the CSSP Addendum.

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Mobility issues:	<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: It is not known what Alan functional awareness is in this area. Alan is accepting of supports in this area. • Behaviors or Symptoms: Alan’s chronic medical conditions impact his ability to move his wheelchair on his own. Alan uses a wheelchair which he is not able to propel independently. Alan uses a Hoyer and sling to transfer his body. • 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: Alan 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: Alan is unable to adjust the water temperature or determine a safe water temperature due to his developmental disabilities. Alan 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: Alan enjoys being in the community and is receptive to supports. He does not have functional awareness of community survival skills. • Behaviors or Symptoms: Alan 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is not known what Alan functional awareness is in this area. Alan is accepting of supports in this area; he will demonstrate discomfort with water temperature with facial expressions and gestures. • Behaviors or Symptoms: Alan is not able to adjust the water temperature or determine a safe water temperature due to his developmental and intellectual disability. Alan is at risk of being exposed to extreme water temperatures if not regulated with support. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Astigmatism, History of Cataracts, and Significant Vision Loss, Tactilely 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 not known what Alan functional awareness is in this area. Alan is accepting of assistance in navigating activities which cause coordination and site. He is also accepting of support in completing hand over hand activities for short amounts of time.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Astigmatism, History of Cataracts and Significant Vision Loss: Alan has very limited vision; it is believed he can see light and dark in his immediate environment. Tactile Defensive: Alan does not care to receive physical touch and will indicate by pulling away or becoming upset. Alan is especially sensitive to his face being touched. 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"> NA
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
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 (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Suicidal ideations, thoughts, 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 (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA

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program to call 911, law enforcement or fire department		
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