

SELF-MANAGEMENT ASSESSMENT

Name: John Boeck

Date of *Self-Management Assessment* development: 9/1/2021

For the annual period from: September 2021 to September 2022

Name and title of person completing the review: Briana Hinzman, 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 (state specific allergies): penicillin (rash), amoxicillin (asthma/skin rash), Bactrim (rash), high fat milk/milk products (mucus build up/difficulty swallowing).	<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, and Abilities: John may be aware when he is having an allergic reaction. John may communicate he is in discomfort. • Behavior and Symptoms: John is diagnosed with a developmental disability. He is unable to manage his allergies independently. John is not able to inform others of his allergies. • Staff supports are required in this area according to the CSSP Addendum.

PAI

<p>Precautions: Latex (precaution), mosquito bites to head/facial/neck area (lethargy/nausea/ emesis), cats (sneezing/runny nose), dogs (sneezing/runny nose), and anesthesia (facial/throat swelling).</p>		
<p>Seizures (state specific seizure types): Partially Controlled</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, and Abilities: John may be aware of when he has a seizure. John is accepting of assistance for his seizure disorder. • Behavior and Symptoms: Due to John’s disability he would not be able to follow his seizure protocol. John would not be able to inform someone if he had a seizure. • 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, and Abilities: John may be aware of his choking risk. John is able to eat and drink thickened liquids. • Behavior and Symptoms: Due to John’s diagnoses he is not able to prepare his food and liquids safely. John does not eat at PAI. • Staff supports are needed in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): oropharyngeal dysphagia</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, and Abilities: John is aware of his special dietary needs. John is able to eat and drink thickened liquids. • Behavior and Symptoms: John has oropharyngeal dysphagia and has difficulty initiating a swallow. John drinks liquids at a honey-like consistency and receives half of his nutrition via G-tube. John does not eat or drink at PAI. • Staff supports are need in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Agenesis of Corpus Colosseum, Cerebral Palsy, Spastic Quad, Hypothyroidism, Tachycardia, Adrenal insufficiency, Colitis, Panhypopituitaryism, Severe aspiration pneumonia complicated by Sepsis, Acute</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, and Abilities: John may be aware of some of his chronic medical conditions. John may express discomfort that could stem from his medical conditions. • Behavior and Symptoms: John is diagnosed with Agenesis of Corpus Colosseum, a rare birth defect (congenital disorder) in which there is a complete or partial absence of the corpus callosum. It occurs when the corpus callosum, the band of white matter connecting the two hemispheres in the brain, fails to develop normally, typically during pregnancy. Spastic Quadriplegia Cerebral Palsy, a group of disorders that affect movement and

PAI

<p>respiratory failure, Neuromuscular restrictive lung disease, John has had a history of acute hypoxic and hypercapnia respiratory failure, subcutaneous emphysema w/tension mediastinal pneumothorax, sacral blushing consistent w/ stage 1 pressure injury</p>		<p>muscle tone or posture. It's caused by damage that occurs to the immature brain as it develops, most often before birth. Hypothyroidism, an underactive thyroid gland. Tachycardia, a condition that makes your heart beat more than 100 times per minute. Adrenal insufficiency, a disorder that occurs when the adrenal glands don't make enough of certain hormones. Colitis, a chronic digestive disease characterized by inflammation of the inner lining of the colon. Panhypopituitarism is a condition of inadequate or absent production of the anterior pituitary hormones. John has also been diagnosed with severe aspiration pneumonia complicated by Sepsis, Acute respiratory failure, and neuromuscular restrictive lung disease. John has had a history of acute hypoxic and hypercapnia, subcutaneous emphysema with tension mediastinal pneumothorax, sacral blushing consistent with stage one pressure injury.</p> <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, and Abilities: John is aware he takes medications. John is cooperative during his medication administration. • Behavior and Symptoms: Due to John's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. John is unable to request medications or inform someone if there are issues associated with his medications. • Staff supports are required in this area according to the CSSP Addendum.
<p>Preventative screening</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • PAI does not set up or attend medical appointments with John. John's guardians will assist him with this.
<p>Medical and dental appointments</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • PAI does not set up or attend medical appointments with John. John's guardians will assist him with this.
<p>Other health and medical needs (state specific need): Tracheostomy</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: John may be aware of his trach. John is accepting of assistance. • Behavior and Symptoms: Due to John's medical conditions his trach site may require oxygen, suctioning, BiPAP, heated humidity, and special care if CPR were to be needed. • Staff supports are required in this area according to the CSSP Addendum.
<p>Other health and medical needs (state specific need): Equipment Failure</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if John is aware of the medical equipment he requires. • Behavior and Symptoms: When the outside air temperature falls below 0

PAI

		<p>degrees F John's medical equipment may not function properly.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Blood clot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: John may be aware he previously suffered from blood clots. John may show signs and symptoms of a blood clot. It is unknown if John is aware of this possibility. • Behavior and Symptoms: A Vena cava filter was placed in inferior vena cava, the large central vein in John's stomach (05.04.08) due to venous thrombosis (blood clot, 2007) in his left leg. He is at risk of venous thrombosis due to lack of mobility. • Staff supports are required 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 (include the specific risk): Spastic Quad Cerebral Palsy	<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, and Abilities: John may be aware of his risk of falling. John is comfortable using the track system for transfers. • Behavior and Symptoms: Due to John's diagnoses he is not able to control his trunk or bear weight. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Spastic Quad Cerebral Palsy	<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, and Abilities: John may be aware of his mobility issues. John is patient when waiting for someone to push his wheelchair. • Behavior and Symptoms: Due to John's diagnoses he is not able to propel his own wheelchair. • 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, and Abilities: John may be aware of the water temperature. John may indicate it is too cold/hot with vocalizations or facial expressions. • Behavior and Symptoms: John does not have the fine motor skills needed to adjust the water temperature. • 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, and Abilities: John enjoys spending time in the community. John accepts help while in the community to move his wheelchair and follow safety standards. • Behaviors and Symptoms: John is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is

PAI

		<p>not able to independently propel his wheelchair.</p> <ul style="list-style-type: none"> 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, and Abilities: It is unknown if John possesses water safety skills. Behaviors and Symptoms: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with 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, and Abilities: John may be aware of his sensory disabilities. John is accepting of assistance. Behavior and Symptoms: John is legally blind. He is diagnosed with DeMorsiers syndrome, under-developed optic nerves. The optic nerves carry messages from the eye to the brain. John is auditorally sensitive and may be sensitive to some noises. Some noises may be painful for him. 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	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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	NA
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

PAI

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