

SELF-MANAGEMENT ASSESSMENT

Name: Matt Edwards

Date of *Self-Management Assessment* development: 6/18/2021 – Updated 7/16/21

For the annual period from: June 2021 to June 2022

Name and title of person completing the review: Beth Blackorbay-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): Lactose intolerance	<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: It is unknown if Matt is aware of his lactose intolerance. Matt accepts re-direction if he seeking out a dairy product to eat or drink. He is accepting of caregivers assisting him in maintaining a safe and lactose-free diet. • Behavior and Symptoms: Matt is at risk of allergic reaction if he were to consume in dairy products. • PAI staff supports are needed in this area according to the CSSP addendum.

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<p>Seizures (state specific seizure types): History of seizures</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: It is not known if Matt is aware of his seizure disorder. Matt would be accepting of staff assistance in supporting him in the event of a seizure. • Behavior and Symptoms: Matt would not be able to self-manage and remain safe in the event of a seizure. Matthew has a history of seizures which are controlled with medication. When Matt has a minor seizure, he appears to be looking off/staring off and his eyes may move quickly. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Choking: HX of choking, cut food in to bite sized pieces, soft food, encourage him to use utensils, history of placing small items in his mouth which places him at risk for choking</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is accepting of staff re-direction if he is trying to eat too fast or is not using a utensil to eat. He accepts staff and caregiver assistance in supporting him by preparing food according to his dietary guidelines. • Behavior and Symptoms: Matt is at risk of choking if he is given food that is not cut into bite size pieces. Matt has a history of choking. His food should be cut into bite size pieces and he should be encouraged to use utensils. Matt has a history of placing small objects in his mouth which puts him at risk for choking. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Special dietary needs (state specific need): lactose intolerant, soft foods, food cut in to bite size pieces, should only eat items sent in his lunch, no outside food</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: Matt accepts staff assistance in making sure his meals are cut in to bite size pieces, and that is does not consume any dairy products. • Behavior and Symptoms: Matt is at risk of choking if his food is not prepared by care givers in accordance with his dietary plan. His food should be cut in to cite-sized pieces. He is at risk of having an allergic reaction if he consumes dairy products. Matt should not be given outside food, only food sent with him from home. • Staff supports are needed in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Bronchio-Oto-Renal Syndrome, Hypopituitarism</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: It is unknown if Matt has awareness of his chronic medical conditions. Matt expresses himself if he is feeling discomfort that could be stemming from his chronic medical conditions. He communicates well if staff are aware of his hearing loss and speak to him so he can see their face and any ASL they may be using to communicate with Matt. • Behavior and Symptoms: Matt has been diagnosed with Bronchio-Oto-Renal Syndrome, which is characterized by ear tags or pits, abnormal passages from throat, bronchial cysts, and hearing loss. Matt has also been diagnosed with

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		<p>Hypopituitarism, which causes him to be short of stature, which could be a risk for him if he's around bigger, aggressive peers.</p> <ul style="list-style-type: none"> • Staff will Staff supports are needed 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, and Abilities: It is unknown if Matt has knowledge of the medications he takes or their purposes. Matt is accepting of staff assistance during his medication administration. • Behavior and Symptoms: Due to Matt's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Matt 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.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is accepting of assistance when attending preventative screening appointments with his parents. • Behavior and Symptoms: Matt needs assistance and support from caregivers in attending screening appointments. PAI does not set up or attend medical appointments with Matt. Matt's parents will assist him with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is accepting of assistance when attending medical and dental appointments with his parents. • Behavior and Symptoms: Matt needs assistance and support from caregivers in attending medical and dental appointments. PAI does not set up or attend medical appointments with Matt. Matt's parents will assist him with this.
Other health and medical needs (state specific need): PICA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is accepting of staff re-direction if they need to remove an item from Matt's reach. • Behavior and Symptoms: Matt has been diagnosed with PICA (Matt has not had a history of trying to eat inedible objects, put he will put inedible objects into his mouth as a sensory input). Matt needs assistance and support from caregivers in ensuring that he is not putting items into his mouth, and that items that he could put into his mouth are kept away from his arm's reach. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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 (include the specific risk):	<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: It is unknown if Matt is aware of his risk of falling. Matt walks independently, he is accepting of staff assistance while navigating environments and terrains where he may need help. • Behavior and Symptoms: Matt walks independently, but he could struggle with icy or uneven surfaces and may be at risk of falling while navigating such environments. Matt may need assistance from staff while navigating certain environments and terrain. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue):	<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: It is unknown if Matt is aware of his risk of falling. Matt walks independently, and he is accepting of staff assistance while navigating environments and terrains where he may need help. • Behavior and Symptoms: Matt walks independently, but he could struggle with icy or uneven surfaces and may be at risk of falling while navigating such environments. Matt may need assistance from staff while navigating certain environments and terrain. • 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: It is unknown if Matt is aware of the water temperature. Matt is accepting of staff assistance should he need to regulate water temperature. • Behavior and Symptoms: It is unclear if Matt is aware of safe 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: Matt enjoys spending time out in the community. • Behaviors and Symptoms: Matt may not be able to comprehend the potential dangers related to the community, such as displaying traffic skills, or pedestrian

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		<p>safety skills. He requires staff assistance in navigating some environments and terrain while walking.</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: Matt enjoys swimming, it is unknown how much water safety skills Matt could independently display. • 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 are 1:1 with Matt in the community and will ensure that he stays at a safe distance from bodies of water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Hearing impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is able to understand some ASL, and therefore can communicate with staff with some basic sign language. • Behaviors and Symptoms: Matt has a severe hearing impairment, and this could put him at risk in certain environments where his hearing impairment could put him in harm's way, such as out in the community around traffic or other aspects where not hearing auditory stimuli could be dangerous. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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	N/A
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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	
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A