

SELF-MANAGEMENT ASSESSMENT

Name: Doug Meyer

Date of *Self-Management Assessment* development: 8.10.2021

For the annual period from: August 2021 to August 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
<p>Allergies (state specific allergies): Cephalexin, Penicillin, Seasonal Allergies</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: It is unknown if Doug know or understands his allergies to medication (Cephalexin and penicillin) and his seasonal allergies. Doug is accepting of supports in this area. Behaviors or Symptoms: Doug receives medications in accordance with his physician’s; should he receive the medications the allergic reaction is unknown but may include hives, rash, anaphylactic shock, and respiratory distress. Doug may

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		<p>experience symptoms of seasonal allergies which includes water eyes, sneezing, coughing, and runny nose.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
<p>Seizures (state specific seizure types): Partially Controlled Partial Complex seizures and generalized Tonic Clonic 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, & Abilities: Doug has functional awareness of his seizure activity. He may be able to feel a seizure coming on and is accepting of supports during and following a seizure. • Behaviors or Symptoms: Doug experiences seizures in the form of prolonged partial complex or generalized Tonic Clonic seizures which may occur a few times a year and often require his rescue medication. • 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: It is unknown if Doug has an awareness of his choking risks. He will work to cough up secretions and hold his mouth open when needing in-mouth oral suctioning. • Behaviors or Symptoms: Doug has a G-tube with a feeding pump. He takes nothing by mouth as he is at risk of aspiration. Doug requires oral suctioning as needed when ill or experiencing seasonal allergies as he coughs up secretions that sit at the back of his mouth near the entrance of the throat. He could aspirate on secretions putting him at an increased risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): G-tube, Nothing By Mouth (NPO) Order</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: Doug understand he receives his nutrition through his g-tube site via a feeding pump. He is compliant with process and staff in his personal space supporting him with his nutrition regimen. • Behaviors or Symptoms: Doug does not take food, fluids, or medications by mouth. He receives all nutrition via his g-tube via a feeding pump. Doug needs full support in this area. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Cerebral Palsy, Osteopenia, Hypotonia, Scoliosis</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 the level of awareness Doug has of his chronic medical conditions. Doug will accept support in these areas and answer yes/no questions using his personal communication regarding choices and repositioning. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Cerebral Palsy: (CP) is a group of disorders that affect a person’s ability to move and maintain balance and posture. Cerebral means having to do with the brain and Palsy means weakness or problems with using the muscles. Cerebral Palsy is

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		<p>caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, and hearing, swallowing, and speaking.</p> <ul style="list-style-type: none"> ○ Osteopenia: is a condition in which loss of bone mass begins and the bones become weaker. Doug may experience back pain, loss of height, stooped posture and possibly fractures in his bones. ○ Hypotonia: is a condition in which a person has an abnormally low or decreasing level of muscle tone ○ Scoliosis: is a sideways curvature of the spine likely caused by Doug's cerebral palsy. Doug may experience discomfort due to this and need support in repositioning his body. <ul style="list-style-type: none"> ● 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 Doug knows or understands related to his medications and treatments, but Doug is accepting of supports in this area. ● Behaviors or Symptoms: Doug takes all medications and treatments via his g-tube. Due to his cognitive and physical limitations, Doug is not able to self-administer his medications or treatments. ● 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 Doug's preventative screening.
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 support Doug in his medical or dental appointments.
Other health and medical needs (state specific need): Personal Cares	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> ● Strengths, Skills, & Abilities: Doug may be aware of when he requires the use of the restroom and is accepting of supports in this area. ● Behaviors or Symptoms: Doug is brief dependent due to his cognitive and physical limitations; he is not able to independently complete his cares. Doug requires support to access the restroom and to maintain his skin integrity. ● 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
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

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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): Cerebral Palsy, Hypotonia, and Scoliosis	<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 if Doug has a functional awareness in this area. Doug is accepting of supports in this area. Behaviors or Symptoms: Doug’s chronic medical conditions put him at a high risk of falling and impacts his ability to be safely mobile on his own. Doug utilizes a wheelchair that he does not propel independently, with the support of shoulder straps, lap belt, head/neck support and a seatbelt. When in a recliner, Doug requires a positioning belt, pillow supports, and that the footrest be engaged to prevent falls. He also utilizes a Hoyer lift or in ceiling track system and sling to transfer his body. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy, Hypotonia	<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 if Doug has an awareness in this area. Doug is accepting of supports in this area. Behaviors or Symptoms: Doug’s chronic medical conditions impact his ability to move on his own. Doug uses a wheelchair which he does not propel independently, with the support of straps, head/neck support and a seatbelt. He also utilizes a Hoyer lift or in ceiling track system and sling to transfer. 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: Doug does not have functional awareness in this area but may vocalize if the water is not at a comfortable temperature for him. Doug is accepting of support to adjust the water temperature. Behaviors or Symptoms: Doug is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Doug 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: Doug does not have functional awareness in this area but greatly enjoys spending time in the community, especially riding in the van or bus. Doug communicates what activities he would like to participate in by vocalizing or eye pointing when presented with 2 options. Doug is accepting of assistance in the community.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Doug has been diagnosed with developmental disabilities 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 is not able to propel his wheelchair or navigate without support and does not have the ability to drive. Doug would require support if an emergency 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: Doug has no functional awareness in this area but is accepting of support when near bodies of water. Behaviors or Symptoms: Doug has been diagnosed with developmental and physical 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 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
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 (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Physical aggression/conduct (state behavior): 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

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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