

**SELF-MANAGEMENT ASSESSMENT**

**Name:** Alexander Subiaga

**Date of *Self-Management Assessment* development:** 9/10/21

**For the annual period from:** September 2021 to September 2022

**Name and title of person completing the review:** Briana Hinzman, Designated Coordinator and Stephanie Borscheid, Designated Manager

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): <ul style="list-style-type: none"> <li><b>Medications:</b> <b>Amoxicillin and Ceftriaxone Sodium</b></li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li><b>Strengths, Skills, and Abilities:</b> Alex’s understanding of his allergies to medications is unknown. Alex would not put himself at risk by independently taking Amoxicillin or Ceftriaxone Sodium.</li> <li><b>Behavior and Symptoms:</b> Alex is at risk of allergic reaction such as breathing complications or rash if he were to take either Amoxicillin or Ceftriaxone Sodium. Alex does not use words to communicate and could not inform others of his allergies.</li> </ul>

# PAI

		<ul style="list-style-type: none"> <li>PAI staff supports are needed in this area according to the CSSP addendum.</li> </ul>
Seizures (state specific seizure types): <ul style="list-style-type: none"> <li><b>Drop Seizures.</b></li> <li><b>Tonic Clonic Seizures.</b></li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li><b>Strengths, Skills, and Abilities:</b> Alex may be aware of his seizure disorder. Alex is accepting of staff assistance in following his seizure protocol, and in the administration of his PRN.</li> <li><b>Behavior and Symptoms:</b> Alex is diagnosed with a seizure disorder that is partially controlled with medication. Alex has drop seizures, putting himself at risk of injury if he is not properly secured in his chair. His seizures present as his head dropping down.</li> <li>PAI staff supports are needed in this area according to his CSSP addendum.</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li><b>Strengths, Skills, and Abilities:</b> Alex may be aware of his choking risk. Alex is accepting of staff assistance with eating as needed.</li> <li><b>Behavior and Symptoms:</b> Alex often has drop seizures while eating as he becomes excited. Alex may also eat quickly or put too much food in his mouth at one time. Alex may put nonedible items in his mouth. These factors place him at risk for choking.</li> <li>PAI staff supports are needed in accordance with his CSSP addendum.</li> </ul>
Special dietary needs (state specific need): <ul style="list-style-type: none"> <li>Bite Sized Diet</li> </ul>	<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"> <li><b>Strengths, Skills, and Abilities:</b> Alex enjoys eating. Alex eats bite sized foods independently and is accepting of help</li> <li><b>Behavior and Symptoms:</b> Alex is at risk of choking if his food is not cut into bite size pieces, or if he were to have a seizure during mealtime. Alex is not able to prepare his food properly.</li> <li>Staff supports are needed in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): <ul style="list-style-type: none"> <li><b>Atypical Rett Syndrome</b></li> <li><b>Hypotonia</b></li> </ul>	<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"> <li><b>Strengths, Skills, and Abilities:</b> Alex may be aware of some of his chronic medical conditions. Alex is accepting of staff assistance in managing his chronic medical conditions.</li> <li><b>Behavior and Symptoms:</b> <ul style="list-style-type: none"> <li><b>Atypical Rett Syndrome</b>, which is a neurodevelopmental disorder that is diagnosed when a child has some of the symptoms of Rett Syndrome but does not meet all the diagnostic criteria. (Rett Syndrome is a progressive, neurodevelopmental condition that primarily affects girls. Affected individuals appear to have normal psychomotor development during the first 6 to 18 months of life, followed by a developmental “plateau”, and then rapid regression in language and motor skills.) Alex has also been diagnosed with</li> </ul> </li> </ul>

# PAI

		<ul style="list-style-type: none"> <li>- <b>Hypotonia</b>, which results in generalized muscle weakness.</li> <li>• Staff supports are needed in this area according to the CSSP Addendum.</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Alex may be aware of the medications he takes. Alex is cooperative during his medication administration.</li> <li>• <b>Behavior and Symptoms:</b> Due to Alex's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Alex is unable to request medications or inform someone if there are issues associated with his medications.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not set up or attend preventative screening appointments with Alex. Alex's guardians will assist him with this.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not set up or attend appointments with Alex. Alex's guardians will assist him with this.</li> </ul>
Other health and medical needs (state specific need): <ul style="list-style-type: none"> <li>• Personal Cares</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills and Abilities:</b> Alex is aware of when he needs to use the restroom or have his personal cares completed. He is accepting of help in this area.</li> <li>• <b>Behavior and Symptoms:</b> Alex needs assistance transferring to the toilet and may need time to sit. Alex may have incontinence and requires the use of briefs; he is not able to put them on or remove them independently.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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
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
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Risk of falling (include the specific risk): <b>Alex can bear</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Alex may be aware of his risk of falling. Alex is accepting of staff assistance while bearing weight and transferring using an</li> </ul>

# PAI

<p><b>weight but he requires some assistance in doing so.</b></p>		<p>Arjo.</p> <ul style="list-style-type: none"> <li>• <b>Behavior and Symptoms:</b> Due to Alex’s medical conditions he has limited limb and trunk control. He needs assistance from staff while bearing weight via the Arjo.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Mobility issues (include the specific issue):</p> <ul style="list-style-type: none"> <li>• <b>Needs support in transfers</b></li> <li>• <b>Uses wheelchair for mobility.</b></li> </ul>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Alex may be aware of his risk of falling. Alex is accepting of staff assistance while bearing weight in the Arjo, and in ensuring that he is properly secured in his wheelchair.</li> <li>• <b>Behavior and Symptoms:</b> Due to Alex’s medical conditions he has limited limb and trunk control. He needs assistance from staff while bearing weight in the Arjo. He requires assistance in ensuring that he is properly secured in his wheelchair.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Alex may be aware of the water temperature. Alex does not independently seek out or turn on water faucets without staff assistance. He is accepting of staff assistance in washing his hands as needed.</li> <li>• <b>Behavior and Symptoms:</b> Alex does not have the fine motor skills needed to adjust the water temperature, and it is unclear if he is aware of safe water temperature.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Community survival skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Alex enjoys spending time out in the community. Alex is accepting of assistance with moving his wheelchair.</li> <li>• <b>Behaviors and Symptoms:</b> Alex is not able to comprehend the potential dangers related to the community, such as displaying traffic skills, or pedestrian safety skills. He requires staff assistance with the propulsion of his wheelchair.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Water safety skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> It is unknown if Alex possesses water safety skills. Alex does not independently seek out bodies of water that may pose dangers to him.</li> <li>• <b>Behaviors and Symptoms:</b> 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 Alex in the community and will ensure that he stays at a safe distance from bodies of water.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

Sensory disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, skills, and abilities.</b> It is not known what Alex understands regarding his vision impairment and tactile defensiveness.</li> <li>• <b>Behaviors and Symptoms:</b> <ul style="list-style-type: none"> <li>- Vision Impairment: Alex has a vision impairment and will not tolerate glasses.</li> <li>- Tactile Defensiveness: Alex feels touch more strongly than other people. He may be resistant to being touched (specifically on his hands) due to how it feels.</li> </ul> </li> <li>• Staff Supports are required in this area according to the CSSP Addendum.</li> </ul>
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
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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
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 N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

# PAI

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	N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A