

**SELF-MANAGEMENT ASSESSMENT**

Name: Jordan Holm

Date of *Self-Management Assessment* development: 10/4/21

For the annual period from: October 2021 to November 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): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA – there are no allergies | NA   |
| Seizures (state specific seizure types): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – no seizures            | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan may be aware of when he has a seizure. Jordan is accepting of assistance during a seizure.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan does not have a history of seizures, however, was observed to have two seizures within a few days in December of 2018. During the</li> </ul> |

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|   |  | <p>seizures, Jordan was observed to have abnormal breathing, loss of consciousness, upper body convulsions, and eyes rolling back. Jordan is not able to follow his protocol.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| Choking   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan knows the foods he prefers. Jordan is able to eat orally.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan is at risk of choking if given food that is not prepared according to his diet orders (Pureed). Jordan receives liquids through his G-Tube. Jordan follows doctor's orders for all dietary orders.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| Special dietary needs (state specific need): Pureed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – there are no special dietary needs      | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan knows his foods he prefers. Jordan is able to eat orally.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan has a doctor prescribed pureed diet and receives liquids through his G-Tube. Jordan does experience intermittent problems with constipation and GERD so he is on a specific diet to promote better digestion.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| Chronic medical conditions (state condition): Iron deficiency anemia, Cornelia de Lange syndrome, GERD, Contracture of ankle & foot joint | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – there are no chronic medical conditions | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan is aware of when these conditions affect him. Jordan may communicate this with his facial expressions and body language.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan is diagnosed with Iron deficiency anemia, condition in which blood lacks adequate healthy red blood cells. Symptoms can include general fatigue, weakness, pale skin, shortness of breath, and dizziness. Cornelia de Lange syndrome, a syndrome of multiple congenital anomalies characterized by a distinctive facial appearance, prenatal and postnatal growth deficiency, feeding difficulties, psychomotor delay, behavioral problems, and associated malformations that mainly involve the upper extremities. GERD, heartburn or acid reflux. Jordan is also diagnosed with contracture of ankle &amp; foot joint.</li> <li>• Staff supports are required 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, &amp; Abilities:</b> Jordan is cooperative during his medication administration.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Jordan's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Jordan is unable to request medications or inform someone if there are issues associated with his medications.</li> </ul>   |

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|   |   | <ul style="list-style-type: none"> <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 medical appointments with Jordan. Jordan'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 medical appointments with Jordan. Jordan's guardians will assist him with this.</li> </ul>  |
| Other health and medical needs (state specific need):<br>NA               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | NA   |
| Other health and medical needs (state specific need):<br>NA               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | NA   |
| Other health and medical needs (state specific need):<br>NA               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | NA   |
| <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): Cornelia de Lange syndrome.  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – not at risk for falling      | <ul style="list-style-type: none"> <li><b>Strengths, Skills, &amp; Abilities:</b> Jordan is aware of his abilities. Jordan is comfortable using the track system.</li> <li><b>Behaviors or Symptoms:</b> Due to Jordan's diagnoses he is not able to support himself.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Mobility issues (include the specific issue): Cornelia de Lange syndrome. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – there are no mobility issues | <ul style="list-style-type: none"> <li><b>Strengths, Skills, &amp; Abilities:</b> Jordan is patient when waiting for staff to assist him.</li> <li><b>Behaviors or Symptoms:</b> Due to Jordan's diagnoses he is not able to propel his wheelchair.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>                   |
| Regulating water temperature  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <ul style="list-style-type: none"> <li><b>Strengths, Skills, &amp; Abilities:</b> Jordan is willing to put his hands in water.</li> <li><b>Behaviors or Symptoms:</b> Jordan has limited fine motor skills and is not able to adjust the water temperature.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>           |

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| Community survival skills   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan enjoys being in the community. Jordan helps decide where he likes to go</li> <li>• <b>Behaviors or Symptoms:</b> Jordan is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able to independently propel his wheelchair.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| Water safety skills   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> It is unknown if Jordan possesses water safety skills.</li> <li>• <b>Behaviors or 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.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| Sensory disabilities  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan may be able to see and make out objects.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan is diagnosed with cortical visual impairment which is a condition in which the eye is structurally and functionally normal, but the visual processing area of the brain doesn't function properly. Jordan can become overstimulated from excessively noisy environments and may "shut down".</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Other personal safety needs (state specific need):<br>NA  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA  |
| Other personal safety needs (state specific need):<br>NA  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA  |
| Other personal safety needs (state specific need):<br>NA  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA  |
| <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): Hand Chewing   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Jordan is aware if he is in pain. Jordan is able to communicate this by hand chewing.</li> <li>• <b>Behaviors or Symptoms:</b> Jordan may chew on his hand, which may cause cracking or blistering of his skin. Chewing on his hand is an indication of physical discomfort.</li> </ul>   |

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|  |   | <ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| 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   |
| 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   |