

SELF-MANAGEMENT ASSESSMENT

Name: **Samuel Slagerman**

Date of *Self-Management Assessment* development: 11/5/2021

For the annual period from: November 2021 to November 2022

Name and title of person completing the review: Megan Duffy, 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: NKA – avoids NSAIDs due to bleeding disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<p>Strengths, Skills, and Abilities: Sam’s functional awareness in this area is unknown. He is accepting of supports in this area.</p> <p>Behavior and Symptoms: Sam has no know allergies, however due to his bleeding disorders, Sam avoids NSAIDs such as Ibuprofen, Naproxen or High-dose Aspirin; which act as blood thinners increasing his risk for bleeding and bruising.</p>
Seizures (state specific seizure types): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	NA

PAI

Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA
Special dietary needs: Texture specific diet, Fluids administered via g-tube due to oral defensiveness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	Strengths, Skills, and Abilities: Sam knows what textures he likes and prefers and is able to make it known if he does not like something. Sam eats independently and does not attempt to drink while at PAI. He is accepting of support with his water flush. Behavior and Symptoms: Sam is orally defensive and has a doctor’s order to receive water via G-tube instead of orally while at PAI. Sam is diagnosed with a developmental disability and is not able to prepare his own food. Sam also lacks the ability to administer his water flush and requires staff supports.
Chronic medical conditions: Jacobsen Syndrome, Paris-Trousseau Syndrome (PTS), Thrombocytopenia, Severe Intellectual/Developmental Disability, Scoliosis, Harrington Rod	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	Strengths, Skills, and Abilities: Sam’s functional awareness of his chronic medical conditions is unknown. Sam shows signs and symptoms of discomfort related to his chronic medical conditions and is accepting of assistance. Behavior and Symptoms: Jacobsen Syndrome: is a condition characterized by the deletion of several genes on chromosome 11. Signs and symptoms vary among affected people but often include Paris-Trousseau syndrome (a bleeding disorder); distinctive facial features; delayed development of motor skills and speech; cognitive impairment; and learning difficulties. Paris-Trousseau Syndrome (PTS): describes the congenital platelet disorder found in > 90% of patients with Jacobsen syndrome and is a blood clotting disorder that results in Thrombocytopenia: a condition in which a person has a low blood platelet count. Platelets (thrombocytes) are colorless blood cells that help blood clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries. Sam is at an increased risk for easily bleeding and bruising. Severe Intellectual Disability (ID): is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. Scoliosis: A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Harrington Rod: a surgical implant used to stretch the spine in order to correct abnormal curvatures.

PAI

Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Symptoms: Sam is aware that he receives all fluids though his g-tube and may have an awareness of his medications. Sam is corporative during his medication administration and is accepting of supports in this area.</p> <p>Behavior and Symptoms: Due to Sam’s diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Sam is unable to request medications or inform someone if there are issues associated with his medications.</p>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA - PAI does not set up or attend medical appointments with Sam. Sam’s guardians will assist him with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA - PAI does not set up or attend medical appointments with Sam. Sam’s guardians will assist him with this.
Other health and medical needs: Personal Care Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<p>Strengths, Skills, and Symptoms: Sam is able to use the ASL sign for bathroom and may have functional awareness of his personal care needs. Sam is accepting of support in this area.</p> <p>Behavior and Symptoms: Sam utilizes the support of a disposable brief and a catheter. Due to his physical limitations, Sam is not able to complete his personal cares. Sam needs assistance to move from his wheelchair to the mat table to get freshened up using a sling and hoyer/in-ceiling track system.</p>
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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: Chronic Medical Conditions and Vision Impairments increasing risk of falling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<p>Strengths, Skills, and Symptoms: Sam is aware of his balance and body. Sam has good sitting balance and is able to withstand resistance when sitting unsupported.</p> <p>Behavior and Symptoms: Sam’s chronic medical conditions put him at a high risk of falling and impact his ability to be safely mobile on his own. Sam wears a seatbelt in his wheelchair. When Sam is on the mat table, the side rails will be up unless staff is standing directly next to him. Sam does not do any standing or weight bearing at PAI.</p>
Mobility issues: Chronic Medical Conditions and Vision Impairments impacting mobility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<p>Strengths, Skills, and Symptoms: Sam is aware of his mobility needs and is able to drive his electric wheelchair with minimal supports. Sam knows where he wants to go and how to get there. Sam is accepting of supports in this area when using his manual wheelchair or navigating his electric wheelchair out of the program building.</p>

PAI

		Behavior and Symptoms: Sam's chronic medical conditions and vision impact his ability to be safely mobile on his own. Sam uses both an electric wheelchair and a manual wheelchair for mobility depending on his ability levels. Sam can become distracted when maneuvering his electric wheelchair requiring staff support and is unable to propel his manual wheelchair.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: Sam may remove his hands from water if it is too hot or cold. Sam requests to wash his hands and is accepting of supports to regulate the temperature. Behavior and Symptoms: Sam does not have the awareness 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	Strengths, Skills, and Abilities: Sam enjoys spending time in the community, he is able to drive and navigate his electric wheelchair with supports. Sam is accepting of support to access the community. Behavior and Symptoms: Sam may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Sam may also become distracted when driving his chair and become unsafe.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: It is unknown if Sam possesses water safety skills. Sam is accepting of staff support when near bodies of water. 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.
Sensory disabilities: Vision Impairments, Mild Hearing Loss, Oral Defensiveness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Strengths, Skills, and Abilities: Sam is able to navigate around obstacles in the program room, turn towards to person speaking, and will eat orally. Behaviors and Symptoms: Vision Impairment: Sam has cataracts and a wandering left eye, Sam is also diagnosed with Myopia or near sightedness, a condition in which close objects appear clearly, but far ones don't. Hearing Loss: Sam has bilateral sensorineural hearing loss in the mild (20-35dB) range. Sam does not tolerate wearing hearing aids. Sam's mild hearing loss is comparable to what one hears with both their ears plugged with a finger. Oral Defensiveness: Sam has a texture specific diet due to his oral defensiveness and does not drink liquids at PAI. Sam eats only foods that are prepared to his preferred texture sent from home
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

PAI

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
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 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