

SELF-MANAGEMENT ASSESSMENT

Name: **Tomas Morales**

Date of *Self-Management Assessment* development: 11/4/2021

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: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	Tomas has no known allergies
Seizures: Tomas has a seizure protocol and PRN medication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<p>Strengths, Skills and Abilities: Tomas shows awareness of what his seizures look like. Tomas accepts assistance.</p> <p>Behavior and Symptoms: During a seizure Tomas raises his arms as they stiffen. His eyes will usually track upward, his eyebrows may raise involuntarily, and is unresponsive. Tomas has a seizure protocol and PRN medication. Tomas is unable to administer his seizure PRN</p>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: Tomas may be aware of his Nothing by Mouth (NPO) order. Tomas accepts his G-tube feedings and does not attempt to eat orally.</p> <p>Behavior and Symptoms: Due to Tomas’ diagnoses he is not able to eat or drink orally. He would be at risk of choking/aspiration should he have food/liquid in his mouth.</p>

PAI

<p>Special dietary needs: Nothing By Mouth (NPO), G-tube</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<p>Strengths, Skills, and Abilities: Tomas may be aware of his NPO order. Tomas accepts his G-tube feedings and does not attempt to eat orally. Behavior and Symptoms: Due to Tomas’ diagnoses he is not able to eat or drink orally. Tomas is unable to administer his nutrition/fluids and requires staff assistance.</p>
<p>Chronic medical conditions: Cerebral Palsy (CP), Hypothermia, Intellectual Disability (ID), Scoliosis, Harrington Rod, Hip Dislocation, Polymyalgia Rheumatica (PMR)</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<p>Strengths, Skills, and Abilities: Tomas may be aware of his chronic medical conditions. Tomas expresses discomfort that may stem from his chronic medical conditions and is accepting of supports for his chronic medical conditions. Behavior and Symptoms: Cerebral Palsy (CP): is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Tomas’ ability to move and maintain balance and posture is impaired due to limited muscle control. Hypothermia: is when your body loses heat faster than it can produce heat and occurs when a person’s core body temperature drops below 95°F. Symptoms include dizziness, difficulty speaking, and lack of coordination. Intellectual Disability (ID): is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning, and is often accompanied by a neurological disorder. 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. Hip Dislocation: Tomas is not able to bear weight and may experience pain and muscle spasms as a result of the ball of the hip joint not fitting securely into the socket. Polymyalgia Rheumatica (PMR): is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips. Signs and symptoms of PMR are typically worse in the morning.</p>
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Strengths, Skills, and Abilities: Tomas may be aware that he takes medications. Tomas is cooperative during his medication administration. Behavior and Symptoms: Due to Tomas’ diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Tomas is unable to request medications or inform someone if there are issues associated with his medications.</p>
<p>Preventative screening</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>PAI does not set up or attend medical appointments with Tomas. Tomas’ guardians will assist him with this.</p>
<p>Medical and dental appointments</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>PAI does not set up or attend medical appointments with Tomas. Tomas’ guardians will assist him with this.</p>
<p>Other health and medical needs: DNR/DNI limited interventions</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<p>Strengths, Skills, and Abilities: It is unknown what Tomas understands about his DNR/DNI order. Tomas is accepting of supports in an emergency situation.</p>

PAI

		Behavior and Symptoms: Due to Tomas' diagnoses he is not able to advocate for himself.
Other health and medical needs: Personal Cares	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Strengths, Skills, and Abilities: Tomas may know when his brief or clothing are soiled, he is accepting of supports in this area. Behavior and Symptoms: Tomas utilizes the support of a disposable brief, chuck and a mat table for personal cares. Due to his physical limitations, Tomas requires full support in all areas of self-care.
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 Condition and Seizure Disorder increasing risks of falling.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	Strengths, Skills, and Abilities: Tomas may be aware of his risk of falling. Tomas is accepting of using the lift system. Behavior and Symptoms: Due to Tomas' medical conditions he has limited limb and trunk control. Tomas does not do any standing or weight bearing at PAI.
Mobility issues: Chronic Medical Conditions, Seizure Disorder and Blindness impacting mobility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	Strengths, Skills, and Abilities: Tomas is aware of when he is being transferred in the lift or moved in his wheelchair. Tomas is patient when waiting for staff to help him move his chair. Behavior and Symptoms: Due to Tomas' medical conditions he has limited limb and trunk control and is not able to move his wheelchair independently. Tomas does not do any standing or weight bearing at PAI.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: Tomas may be aware of the water temperature. Tomas does not seek out water independently. Behavior and Symptoms: Tomas does not have the fine motor skills needed to adjust the water temperature.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: Tomas enjoys spending time in the community. Tomas is accepting of assistance while in the community. Behaviors and Symptoms: Tomas 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.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Strengths, Skills, and Abilities: It is unknown if Tomas possesses water safety skills. Tomas is accepting of support when in the community and near abody 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: Legally blind, hearing loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Strengths, Skills, and Abilities: It is unknown what Tomas is able to see and hear. Tomas reacts verbal questions and music.

PAI

		Behaviors and Symptoms: Tomas is legally blind and has hearing loss. Tomas may be at risk of misunderstanding choices.
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
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 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