

SELF-MANAGEMENT ASSESSMENT

Name: **Henry Hendrickson**

Date of *Self-Management Assessment* development: 11/16/2021 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: Lactose Intolerance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<p>Strengths, Skills, and Abilities: Henry’s functional awareness of his allergies are unknown. Henry would not put himself at risk by independently seeking out lactose products to ingest and is accepting of support in this area.</p> <p>Behavior and Symptoms: Henry is lactose intolerant and is at risk of illness and discomfort if given lactose. Henry is unable to communicate his allergies to other and requires staff support in this area.</p>
Seizures: Epilepsy, partially controlled with medication., PRN seizure medication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<p>Strengths, Skills, and Abilities: Henry may be aware of his seizure disorder. Henry accepts his seizure medication when they are being administered and is accepting of support in this area.</p> <p>Behavior and Symptoms: Henry’s seizures are partially controlled by medications, and Henry has a PRN rescue medication for prolonged seizure. Should he experience a seizure Henry would not be able to follow his seizure protocol, administer his medication or remain safe without a trained staff.</p>

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: Henry may be aware of his choking risk. He has not shown that he will seek out food to eat orally and is accepting of staff support in this area.</p> <p>Behavior and Symptoms: Henry has a physician ordered NPO diet due to his history of aspiration and esophageal dysmotility. Henry is unable to independently follow his physician's orders and is at risk of choking if his NPO order is not followed.</p>
Special dietary needs : NPO (nothing by mouth)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<p>Strengths, Skills, and Abilities: Henry may be aware of his NPO order. Henry accepts his G-tube feedings and does not attempt to eat orally.</p> <p>Behavior and Symptoms: Henry has a physician ordered NPO diet. Henry receives all fluids and nutrition via his g-tube. Due to Henry's physical disabilities he is unable to administer his fluids or nutrition without the support of a trained staff.</p>
Chronic medical conditions: Asthma, Cerebral Palsy, Esophageal Dysmotility, Scoliosis, Restrictive Airway Disease (RAD)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<p>Strengths, Skills, and Abilities: Henry may have awareness of his chronic medical conditions. Henry expresses discomfort that may stem from his chronic medical conditions, and is accepting of staff supports in these areas.</p> <p>Behavior and Symptoms:</p> <ul style="list-style-type: none"> • Asthma: a condition in which airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when breathing out and shortness of breath • 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. Henry's ability to move and maintain balance and posture is impaired due to limited muscle control. He experiences poor coordination, stiff, weak muscles, and may experience problems with sensations, vision, hearing, swallowing, and speaking as a result of weakened muscles. • Esophageal Dysmotility: is a condition where the muscles of the esophagus fail to contract and the esophagus does not properly deliver food and liquids into the stomach. Henry receives all fluid and nutrition via g-tube. • Moderate Intellectual Disability (ID): a generalized neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning and is often accompanied by a neurological disorder and noticeable motor impairments. • Scoliosis: A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. Henry has a personal wheelchair with a specially designed supports to aid in proper positioning of his body. • Restrictive Airway Disease (RAD): is an informal label that physicians apply to patients with symptoms similar to those of asthma. Individuals who are typically labeled as having RAD generally have a history of wheezing, coughing, dyspnea, and production of sputum that may or may not be caused by asthma. Symptoms may also include, but are not limited to, coughing, shortness of breath, excess mucus in the bronchial tube, swollen mucous membrane in the bronchial tube, and/or hypersensitive bronchial tubes.

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Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: Henry may be aware he takes medications although it is unknown if Henry understands what he takes each medication for. Henry is cooperative during his medication administration and is accepting of support.</p> <p>Behavior and Symptoms: Due to Henry's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Henry is unable to physically administer his medications, 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	N/A - PAI does not set up or attend preventative screenings with Henry.
Medical / Dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A - PAI does not set up or attend medical or dental appointments with Henry.
Other health and medical needs: Personal Care Supports; Chronic Skin Breakdown (coccyx)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<p>Strengths, Skills, and Abilities: Henry's functional awareness in this area is unknown. He is able to stand for his personal cares using an Arjo lift or pivot transfer and is accepting of staff supports to ensure proper hygiene and monitor for skin integrity concerns.</p> <p>Behavior and Symptoms: Henry wears a disposable brief due to incontinence and is not able to reposition himself increasing his risk of skin integrity concerns. Henry lacks the physical ability to perform personal hygiene related tasks or monitor for skin breakdown.</p>
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

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: Epilepsy and Chronic Medical Conditions increasing risk of falls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<p>Strengths, Skills, and Abilities: Henry may be aware of his risk of falling. Henry is accepting of using an easy pivot or Arjo and helps staff and caregivers by bearing weight while being assisted with his transfers.</p> <p>Behavior and Symptoms: Due to Henry's medical conditions he has limited limb and trunk control, and cannot independently bear weight. Henry's seizure disorder also increases his risk of falling. Henry is unable to reposition himself and requires a positioning belt/safety strap while in his wheelchair to prevent falls.</p>
Mobility issues: Chronic medical conditions limiting mobility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<p>Strengths, Skills, and Abilities: Henry may be aware of his mobility issues. Henry is patient when waiting for staff to help him move his chair, or when assisting him with transfers. He is able to bear weight with staff assistance and is accepting of assistance from staff.</p> <p>Behavior and Symptoms: Henry utilizes a manual wheelchair for mobility which he is unable to propel without staff supports. Henry he has limited limb and trunk control, and cannot independently bear weight or reposition himself. He requires staff support to transfer to/from his wheelchair using an Arjo lift or an easy pivot.</p>

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Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: Henry may be aware of the water temperature and may pull his hands away if water is an uncomfortable temperature to him. Henry is accepting of staff supports to regulate water temperature.</p> <p>Behavior and Symptoms: Henry is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Henry is at risk of being exposed to extreme water temperatures if not regulated and supported.</p>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: Henry enjoys spending time out in the community and is able to communicate choices while in the community to familiar caregivers. Henry is accepting of assistance in the community, his functional awareness community survival skills are unknown.</p> <p>Behaviors and Symptoms: Henry has been diagnosed with developmental disabilities, and lacks a formal communication system. Henry is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He is not able to navigate unfamiliar areas without support and does not have the ability to drive. He would require support if an emergency situation were to occur or to ask for assistance. Henry can self-propel his wheelchair over short distances, and although he has no history of doing so, he could potentially propel himself away from a group or staff if he is not being monitored.</p>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Strengths, Skills, and Abilities: It is unknown if Henry possesses water safety skills or understands his increased risk of drowning. Henry is accepting of support when near bodies of water.</p> <p>Behaviors and Symptoms: Henry has been diagnosed with developmental disabilities and a seizure disorder that put him at high risk of drowning. He does not have the cognitive or physical ability to keep himself safe in water.</p>
Sensory disabilities: 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
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): 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

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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