

SELF-MANAGEMENT ASSESSMENT

Name: Nicholas Kessler

Date of *Self-Management Assessment* development: 11.18.2021

For the annual period from: November 2021 to November 2022

Name and title of person completing the review: Emily Elsenpeter, 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 |
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| Allergies (state specific allergies): Hay fever/seasonal allergies, possibly allergic to latex (tape created rash) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nicholas is accepting of supports needed when it comes to his allergies. Behaviors or Symptoms: Nicholas is allergic to hay fever/seasonal allergies, and possibly allergic to latex, as he had a rash from tape one time. Nicholas is monitored for symptoms of seasonal allergies which include sneezing, runny nose, and red and itchy eyes. Nicholas will take all allergy medications at home. Staff supports are required in this area according to the CSSP Addendum. |

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| Seizures (state specific seizure types): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures | <ul style="list-style-type: none"> N/A |
| Choking | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nicholas responds well and will accept verbal reminders to slow down while eating. He will often eat a little bit slower if he is using a spoon instead of a fork. Nick is accepting of supports in this area. Behaviors or Symptoms: Nicholas can eat independently, but at times may eat too quick or put too much food in his mouth at one time, putting him at risk of choking. Staff supports are required in this area according to the CSSP Addendum. |
| Special dietary needs (state specific need): Bite Sized Diet | <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"> Strengths, Skills, & Abilities: Nick enjoys eating and can eat and drink independently when his food and beverage is set up for him. Behaviors or Symptoms: Nicholas requires a regular calorie diet for bite sized foods. His lunch comes prepared by his residence and is checked to ensure it is prepared properly prior to serving. He may put too much food in his mouth at one time due to how quickly he may eat. Staff supports are required in this area according to the CSSP Addendum. |
| Chronic medical conditions (state condition): Intellectual Disability, Hypotonia, Autism (ASD) | <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"> Strengths, Skills, & Abilities: It is unknown what Nicholas understands about his chronic medical conditions. Nicholas is accepting of support in these areas. Behaviors or Symptoms: <ul style="list-style-type: none"> Intellectual Disability (Severe): A neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. Typical IQ is 35-49. People with moderate intellectual disability have fair communication skills but cannot typically communicate on complex levels. They may have difficulty in social situations and problems with social cues and judgment. These people can care for themselves but might need more instruction and support than the typical person. Hypotonia: A medical term used to describe decreased muscle tone. Normally, even when relaxed, muscles have a very small amount of contraction that gives them a springy feel and provides some resistance to passive movement. It is not the same as muscle weakness, although the two conditions can co-exist. Muscle tone is regulated by signals that travel from the brain to the nerves and tell the muscles to contract. Hypotonia can happen from damage to the brain, spinal cord, nerves, or muscles. The damage can be the result of trauma, environmental factors, or genetic, muscle, or central nervous system disorders. |

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| | | <ul style="list-style-type: none"> ○ Autism (ASD): People with ASD have difficulty with social communication and interaction, restricted interests, and repetitive behaviors. Not all people with ASD will show all behaviors, but most will show several. • Staff supports are required in this area according to the CSSP Addendum. |
| Self-administration of medication or treatment orders | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas is accepting of medications when they are given on a spoon with applesauce. • Behaviors or Symptoms: Nick's medication is set up for it and he takes them on a spoon with applesauce with full support. Due to his intellectual disability, he is not able to self-administer his medications. • Staff supports are required in this area according to the CSSP Addendum. |
| Preventative screening | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • PAI does not manage Preventative Screening for Nicholas. |
| Medical and dental appointments | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • PAI does not manage Medical or Dental Appointments for Nicholas. |
| Other health and medical needs (state specific need): Personal Cares | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas is accepting of reminders to use the restroom. Nicholas will independently walk to the restroom. • Behaviors or Symptoms: Nicholas needs reminders to use the restroom about every hour and a half. Nicholas wears briefs and needs assistance changing a brief when a new one is needed. • Staff supports are required in this area according to the CSSP Addendum. |
| Other health and medical needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 (include the specific risk): Visual Impairment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas is aware of his visual impairment and that he needs to be cautious when navigating unfamiliar environments. He is accepting of a hand and/or arm for support when navigating new environments. • Behaviors or Symptoms: Nicholas may need assistance while using stairs, uneven terrain, or while going from sitting to standing. It may take Nicholas some time to |

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| | | <p>navigate unfamiliar environments. Nicholas is very cautious when walking but needs an extra set of eyes to make sure that there are no hazards in his path.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Mobility issues (include the specific issue): Visual Impairment</p> | <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"> • Strengths, Skills, & Abilities: Nicholas is aware of his visual impairment and that he needs to be cautious when navigating unfamiliar environments. He is accepting of a hand and/or arm for support when navigating new environments. • Behaviors or Symptoms: Nicholas may need assistance while using stairs, uneven terrain, or while going from sitting to standing. It may take Nicholas some time to navigate unfamiliar environments. Nicholas is very cautious when walking but needs an extra set of eyes to make sure that there are no hazards in his path. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Regulating water temperature</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas is accepting of supports when regulating temperature. • Behaviors or Symptoms: Nick is unable to independently adjust the water temperature or determine a safe water temperature due to his intellectual disabilities. Nick is at risk of being exposed to extreme water temperatures if not regulated and supported. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Community survival skills</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas enjoys spending time in the community and accepting of assistance. • Behaviors or Symptoms: Nicholas has been diagnosed with intellectual disabilities. He is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He does not have the ability to drive. He would require support if an emergency were to occur or if he were to need to ask for assistance. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Water safety skills</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas enjoys swimming and is accepting of supports while swimming. Nicholas can tread water. • Behaviors or Symptoms: Nicholas has been diagnosed with intellectual and physical disabilities that limit his ability to swim independently. Nicholas can tread water with assistance and is accepting of these supports. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Sensory disabilities</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nicholas wears glasses and is accepting of supports in this area. |

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| | | <ul style="list-style-type: none"> Behaviors or Symptoms: Nicholas has a vision impairment and wears corrective lenses. Nicholas may need assistance cleaning his glasses if they were to get dirty. Staff supports are required in this area according to the CSSP Addendum. |
| Other personal safety needs (state specific need): Transitional Supports | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nicholas understands when a transition is occurring and communicates when he is having a hard time transitioning nonverbally. Nick is accepting of staff supports in this area and to use a wheelchair during transitions to and from the bus. Behaviors or Symptoms: Nicholas has been diagnosed with intellectual and physical disabilities and lacks a formal communication system. During transitions Nick may communicate that he is having difficulties by laying on the ground. Nick may choose to do this in unsafe locations putting himself and peers at risk of injury. Nick requires staff support during transitions and the occasional use of a wheelchair to aid in transitions to and from the bus. Staff supports are required in this area according to the CSSP Addendum. |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> 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): Biting Finer, Pulling Hair | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nicholas is usually responsive to redirection. Behaviors or Symptoms: Nicholas has a history of biting his finger or pulling hair when he is trying to communicate that he is upset, frustrated, or when his communication is not understood. Staff supports are required in this area according to the CSSP Addendum. |
| Physical aggression/conduct (state behavior): Charging at Other People, Pushing Away Items/People | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nicholas is usually responsive to redirection. Behaviors or Symptoms: Nicholas has a history of charging at his staff when he is trying to communicate that he is upset, frustrated, or when his communication is not understood. Nicholas may also push items/people away when he is disinterested. Staff supports are required in this area according to the CSSP Addendum. |

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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 |