

SELF-MANAGEMENT ASSESSMENT

Name: Marissa Bourdage

Date of *Self-Management Assessment* development: 10/27/2020

For the annual period from: October 2020 to October 2021

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 <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Marissa has no known allergies.
Seizures (state specific seizure types): Generalized Tonic Clonic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Marissa is accepting of treatment for her seizures. • Behavior and Symptoms: Marissa is diagnosed with a developmental disability, she is unable to manage the symptoms of her seizures.

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		<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Marissa enjoys eating and can take bites off of her spoons. Marissa is accepting of water through her G-tube. • Behavior and Symptoms: Marissa is at risk of choking as she does not chew. Marissa is also at risk of choking if her chair is not positioned correctly. Marissa is at risk of aspirating liquids. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Pureed	<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, and Abilities: Marissa knows what type of foods she prefers. Marissa enjoys eating. • Behavior and Symptoms: Marissa is diagnosed with a developmental disability and is not able to prepare her food to the correct consistency. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Global developmental impairment, Choreoathetoid movement disorder, Hypertension (HTN), Constipation, Neurogenic bladder, Recurrent UTI, Scoliosis (& kyphoscoliosis), Renal Cyst	<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, and Abilities: Marissa may be aware of some of her chronic medical conditions. Marissa may show signs and symptoms of discomfort due to her chronic medical conditions. • Behavior and Symptoms: Marissa is diagnosed with kyphoscoliosis with spinal fusion, an abnormal curve of the spine on two planes: the coronal plane, or side to side, and the sagittal plane, or back to front. Global developmental impairment, is when a child takes longer to reach certain development milestones than other children their age. This might include learning to walk or talk, movement skills, learning new things and interacting with others socially and emotionally. Choreoathetosis, a movement disorder that causes involuntary twitching or writhing, Hypertension (HTN), high blood pressure. Neurogenic bladder, lack bladder control due to a brain, spinal cord or nerve problem. Renal Cyst, sacs of fluid that form in the kidneys. Marissa is also diagnosed with Constipation and recurrent UTI. • 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, and Abilities: Marissa may be aware she takes medications. Marissa is corporative during her medication administration. • Behavior and Symptoms: Due to Marissa’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Marissa is unable to request medications or inform someone if there are issues associated with her

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		<p>medications.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Marissa. Marissa's residence will assist her with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Marissa. Marissa's residence will assist her with this.
Other health and medical needs (state specific need): VNS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Marissa may be aware of her seizure disorder. Marissa is accepting of her VNS during her seizures. Behavior and Symptoms: Marissa is not able to administer the VNS while she is in a seizure. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Hives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Marissa may be aware when she has hives. Marissa will show signs and symptoms of her hives. Behavior and Symptoms: It is unknown why Marissa breaks out in hives. Marissa is not able to administer her own PRN. Staff supports are needed in this area according to the CSSP Addendum.
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 (include the specific risk): kyphoscoliosis	<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, and Abilities: Marissa may be aware of her risk of falling. Marissa is able to roll onto her stomach and enjoys stretching out. Behavior and Symptoms: Marissa is diagnosed with kyphoscoliosis and has limited trunk and limb control. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): kyphoscoliosis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Marissa may be aware of her mobility issues. Marissa is patient when waiting to someone to propel her wheelchair. Behavior and Symptoms: Due to Marissa's diagnoses she is not able to propel her own wheelchair. Staff supports are required in this area according to the CSSP Addendum.

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Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Marissa may be aware of the water temperature. Marissa is accepting of putting her hands in water. • Behavior and Symptoms: Marissa does not have the fine motor skills 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	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Marissa enjoys spending time in the community. Marissa is accepting of assistance while in the community. • Behaviors and Symptoms: Marissa is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently propel her wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Marissa possesses water safety skills. • 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. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Marissa may be aware of her sensory disabilities. Marissa is able to see. • Behavior and Symptoms: Marissa is diagnosed with Estropia, a form of strabismus in which one or both eyes turns inward. Marissa is at risk of not seeing what staff are showing her. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
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Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.		

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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