

**SELF-MANAGEMENT ASSESSMENT**

Name: Tiffany Olson

Date of *Self-Management Assessment* development: 2.23.2021

For the annual period from: February 2021 to February 2022

Name and title of person completing the review: Jessica Gunderson, 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	Tiffany has no known allergies
Seizures (state specific seizure types): Lennox-Gestaut Syndrome	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff assistance. Tiffany is accepting of staff redirection related to backpacks.</li> <li>Behaviors or Symptoms: Tiffany's grand mal seizures tend to occur more in the a.m. hours, but may occur at any time in the day. With a grand mal seizure, Tiffany could</li> </ul>

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		fall forward and lose consciousness for a small amount of time. Tiffany has a Vagal Nerve Stimulator implanted under her skin on her upper left chest area. She needs support not to damage the device with heavy backpacks or bags over that area.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> <li>Strengths, Skills, &amp; Abilities: Tiffany is able to eat independently.</li> <li>Behaviors or Symptoms: Tiffany needs her food to cut in nickel sized pieces.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): Refusal to eat	<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"> <li>Strengths, Skills, &amp; Abilities: Tiffany is able to eat independently.</li> <li>Behaviors or Symptoms: Tiffany’s appetite tends to fluctuate often (thought to be a side effect of medication) and will sometimes refuse meals, which puts her at risk of malnutrition and potential of reaching an unhealthy weight.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Lennox-Gastaut Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff assistance throughout her day.</li> <li>Behaviors or Symptoms:             <ul style="list-style-type: none"> <li>Lennox-Gastaut Syndrome, a neurological condition that accounts for her seizure activity, cognitive impairment and sensory fine motor functioning.</li> </ul> </li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff assistance with medication.</li> <li>Behaviors or Symptoms: Due to Tiffany’s cognitive limitations, she is not able to self-administer her medications. Tiffany has a history of refusing to take her medications. Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>PAI does not manage preventative screenings</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>PAI does not manage medical/dental appointments</li> </ul>
Other health and medical needs: Personal Cares	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff assistance in personal cares.</li> <li>Behaviors or Symptoms: Tiffany utilizes a brief due to incontinence. Due to her cognitive and physical limitations, Tiffany is not able to independently complete her personal cares.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Risk of falling (include the specific risk): Seizure disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is able to ambulate independently and is accepting of staff assistance.</li> <li>Behaviors or Symptoms: Tiffany has a seizure disorder, she needs staff support to prevent, address and treat any injuries should she fall due to seizure activity.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): Seizure disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is able to walk independently and is accepting of staff assistance.</li> <li>Behaviors or Symptoms: Tiffany is ambulatory, she may need staff support on slippery, icy, or uneven surfaces to walk safely.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany will allow staff to adjust the water temperature for her before using it.</li> <li>Behaviors or Symptoms: Tiffany is unable to adjust the water temperature or determine a safe water temperature. Tiffany is at risk of being exposed to extreme water temperatures if not regulated and supported.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany enjoys spending time in the community. She communicates what activities she would like to participate in and is accepting of assistance in the community.</li> <li>Behaviors or Symptoms: Tiffany may approach strangers and say “hi,” and is unable to determine who is safe and who is not. She may also swear at others, especially if she is ill or injured.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of assistance around bodies of water.</li> <li>Behaviors or Symptoms: Tiffany has been diagnosed with developmental and physical disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in the water.</li> </ul>

			<ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff assistance in this area.</li> <li>Behaviors or Symptoms: In the past Tiffany has shown signs of tactile defensiveness by taking off her shoes and socks.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		N/A
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		N/A
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		N/A
<b>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.</b>			
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>		<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Self-injurious behaviors (state behavior): Hitting head or leg	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff redirection.</li> <li>Behaviors or Symptoms: Tiffany has a history of slapping her head or her leg when she is upset, putting her at risk of self-injury.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Physical aggression/conduct: Taking other's belongings.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff redirection.</li> <li>Behaviors or Symptoms: Tiffany may take items that belong to others, and refuse to give them back, putting her at risk for retaliation.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Verbal/emotional aggression: Yelling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Tiffany is accepting of staff redirection.</li> <li>Behaviors or Symptoms: Tiffany may communicate frustration by striking out, grabbing, pulling hair, throwing items or kicking at others and screaming loudly. This most often occurs during times of transition.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Property destruction (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		

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Criminal or unlawful behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Mental or emotional health symptoms and crises (state diagnosis):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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
Other symptom or behavior (be specific):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

