

SELF-MANAGEMENT ASSESSMENT

Name: Nicole Reitan

Date of *Self-Management Assessment* development: 03/15/2021

For the annual period from: March 2021 to March 2022

Name and title of person completing the review: Beth Blackorbay, 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): Sulfa drugs	<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: Nikki does not attempt to take medications that are not hers. • Behaviors or Symptoms: Nikki is not able to inform someone she is allergic to sulfa medications. Nikki likely will not check medication ingredients prior to consuming them. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> Nikki is not diagnosed with a seizure disorder.
Choking- hard food cut in to nickel sized pieces	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Nikki is aware of her eating abilities. Nikki can eat independently and will request assistance as needed. Behaviors or Symptoms: Nikki may not chew her food thoroughly prior to swallowing or taking another bite. Nikki is not able to independently cut her own food. Staff should cut hard food in to nickel sized pieces. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Weight loss	<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: Nikki is aware of her eating abilities. Nikki can eat independently and will request assistance as needed. Behaviors or Symptoms: Nikki may choose to eat her chips or snacks and choose not to eat her main course. Nikki is at risk of losing weight. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Trisomy-15 Mosaic, Osteoporosis, Scoliosis, Oral Apraxia, Hirsutism	<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: Nikki is aware of some of her chronic medical conditions. Nikki uses caution when walking. Behaviors or Symptoms: Nikki is diagnosed with Trisomy-15 Mosaic, a rare chromosomal anomaly syndrome principally characterized by intrauterine growth restriction, congenital cardiac anomalies (incl. ventricular and atrial septal defects, patent ductus arteriosus) and craniofacial dysmorphism. Osteoporosis, a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. Scoliosis, curvature of the spine. Oral Apraxia, involves movements of parts of the mouth, lips, tongue, and jaw. Hirsutism, a condition in women that results in excessive growth of dark or coarse hair. 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: Nikki is aware of the medication she takes. Nikki is cooperative during medication administration. Behaviors or Symptoms: Due to Nikki's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Nikki is unable to request medications or inform someone if there are issues associated with her medications. 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 Nikki. Nikki's mother and/or residence will assist her with this.

PAI

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 Nikki. Nikki's mother and/or residence will assist her with this.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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): Scoliosis, Osteoporosis	<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: Nikki is aware of when she would like assistance. Nikki walks independently and will reach out to staff when she would like assistance. Behaviors or Symptoms: Nikki is diagnosed with Osteoporosis, a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. Nikki is diagnosed with Scoliosis, curvature of the spine. Nikki walks bent at the waist and she is unsteady, especially on ice, snow, curbs, stairs or when in crowded areas. Her unsteadiness is especially concerning due to her brittle bones. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Scoliosis, Osteoporosis	<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, & Abilities: Nikki is aware of when she would like assistance. Nikki walks independently and will reach out to staff when she would like assistance. Behaviors or Symptoms: Nikki is diagnosed with Osteoporosis, a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. Nikki is diagnosed with Scoliosis, curvature of the spine. Nikki walks bent at the waist and she is unsteady, especially on ice, snow, curbs, stairs or when in crowded areas. Her unsteadiness is especially concerning due to her brittle bones. Staff supports are required in this area according to the CSSP Addendum.

PAI

Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nikki is aware of the water temperature. Nikki is able to turn the water on and off. • Behaviors or Symptoms: Nikki is unlikely 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, & Abilities: Nikki enjoys spending time in the community. Nikki is able to navigate around people. • Behaviors or Symptoms: Nikki is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. • 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, & Abilities: Nikki is aware she needs to wear a life jacket if on a boat. Nikki is willing to wear her life jacket. • Behaviors or 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): 10 minutes alone time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Nikki enjoys have uninterrupted time in the bathroom. Nikki is able to be safe when alone in the bathroom. • Behaviors or Symptoms: Nikki may need extra time in the restroom to have a bowel movement. • 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	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

PAI

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