

<b>SELF-MANAGEMENT ASSESSMENT</b>		
Name: Christina Wagner		For the annual period from: March 2021-March 2022
Date of <i>Self-Management Assessment</i> development: 3.22.2021		
Christina and title of person completing the review: Emily Elsenpeter, Designated Coordinator		
<p>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 <i>Self-Management Assessment</i> 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.</p> <p>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 <i>Self-Management Assessment</i>. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This <i>Self-Management Assessment</i> will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.</p> <p>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.</p> <p>The <b>general and health-specific supports and outcomes necessary or desired to support the person</b> based upon this assessment and the requirements of person centered planning and service delivery will be documented in the <i>CSSP Addendum</i>.</p>		
<b>Health and medical needs to maintain or improve physical, mental, and emotional well-being</b>		
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
<b>Allergies:</b> Seasonal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina is aware of when she is experiencing discomfort due to her seasonal allergies. Christina takes a daily allergy medication at home and will wipe her nose with a tissue when it is runny.</li> <li>Behaviors or Symptoms: Christina has seasonal allergies that present as runny nose, itchy eyes, and general upper respiratory discomfort.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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<b>Seizures:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina is aware of when food is in her mouth and is accepting of verbal supports from staff to “slow down” and to “eat slowly” during her meal.</li> <li>Behaviors or Symptoms: Christina has a physicians ordered diet to prevent choking but has a tendency to eat quickly putting her at risk of choking. Christina uses a small teaspoon (maroon spoon) to help her in taking smaller bites and is offered 3-4 ounces of her beverage at a time to promote a slower pace.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Special dietary needs:</b> Physician’s order diet, GERD	<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: Christina enjoys eating and is able to do so independently with supervision once her meal is set up for her. Christina is accepting of support in this area.</li> <li>Behaviors or Symptoms: Christina has a physicians ordered diet and is unable to follow dietary guidelines or choose a healthy diet for herself. Christina is not able to ensure her food is modified to the proper size. Christina drinks using a small (4 oz) cup and uses a small teaspoon (maroon) spoon and divided plate to eat.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Chronic medical conditions:</b> Cerebral Palsy, Spasticity, Hypertension	<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"> <li>Strengths, Skills, &amp; Abilities: It is unknown what Christina understands regarding her chronic medical conditions. Christina is accepting of support in these areas.</li> <li>Behaviors or Symptoms:           <ul style="list-style-type: none"> <li><b>Gastroesophageal Reflux Disease (GERD):</b> is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Symptoms of GERD include coughing, regurgitation, chest discomfort and nausea.</li> <li><b>Quadriplegic Cerebral Palsy (CP):</b> is a group of disorders that affect a person’s ability to move and maintain balance and posture. <i>Cerebral</i> means having to do with the brain. <i>Palsy</i> means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects a person’s ability to control his or her muscles. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, and hearing, swallowing, and speaking.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ <b>Spasticity:</b> is a condition in which certain muscles are continuously contracted. This contraction causes stiffness or tightness of the muscles and can interfere with normal movement, speech and gait. Spasticity is usually caused by damage to the portion of the brain or spinal cord that controls voluntary movement.</li> <li>○ <b>Hypertension:</b> or high blood pressure can lead to severe health complications and increase the risk of heart disease, stroke, and sometimes death. Blood pressure is the force that a person's blood exerts against the walls of their blood vessels.</li> <li>● Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Self-administration of medication or treatment orders</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>● Strengths, Skills, &amp; Abilities: Christina appears to be aware of her routine medication administration times as they relate to her personal routine. Christina will save a portion of her lunch for her daily medication at PAI and will spoon the medication into her mouth once it has been dispensed for her.</li> <li>● Behaviors or Symptoms: Christina takes her medications whole in soft food followed by a drink. Due to her cognitive and physical limitations, Christina is not able to self-administer her medications.</li> <li>● Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Preventative screening</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>● PAI does not manage Preventative Screening for Christina.</li> </ul>
<b>Medical and dental appointments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>● PAI does not manage Medical or Dental appointments for Christina.</li> </ul>
<b>Other health and medical needs:</b> Personal Care Toileting, Dysmenorrhea	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>● Strengths, Skills, &amp; Abilities: Christina is aware of when her brief or clothing have become soiled. Christina will propel her wheelchair to the cares room to indicate her need for personal cares.</li> <li>● Behaviors or Symptoms: Christina utilizes the support of a disposable brief and due to her physical limitations, she is not able independently complete her personal or menstrual cares. Dysmenorrhea is the term used to describe painful periods related to menstrual cramps of uterine origin.</li> <li>● Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Other health and medical needs:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>● NA</li> </ul>
<b>Personal safety to avoid injury or accident in the service setting</b>		

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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
<b>Risk of falling:</b> 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	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina has good torso control and an awareness that she may fall. Christina may become upset if the railing is not engaged when she is on the mat table for personal cares.</li> <li>Behaviors or Symptoms: Due to Christina’s chronic medical conditions she is at a high risk for falling. She has quadriplegic cerebral palsy and spasticity which impact her ability to be safely mobile on her own. Christina utilizes a wheelchair with the support of a pelvic strap and a seatbelt, and a lap tray for transportation. She also utilizes a Hoyer and sling to transfer. Christina is not able to fasten her pelvic or safety belt without supports.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Mobility issues:</b> Chronic medical conditions limiting mobility	<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: Christina is able to propel her wheelchair for short distances (10-30ft) when motivated and is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Due to Christina’s chronic medical conditions she experiences limited mobility. She has quadriplegic cerebral palsy and spasticity which impact her ability to be safely mobile on her own. Christina utilizes a wheelchair with the support of a pelvic strap and a seatbelt, and a lap tray for transportation. She also utilizes a Hoyer and sling to transfer.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Regulating water temperature</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina’s functional awareness in this area is unknown, she may vocalize if the water is not a comfortable temperature for her and is accepting of supports in washing her hands.</li> <li>Behaviors or Symptoms: Christina is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Christina 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>
<b>Community survival skills</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina does not have functional awareness in this area but enjoys spending time in the community. She communicates what activities she would like to participate in when presented with options. Christina is accepting of assistance in the community.</li> <li>Behaviors or Symptoms: Christina has been diagnosed with developmental disabilities, and lacks a formal communication system. Christina is not able to</li> </ul>

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		<p>comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She is not able to navigate unfamiliar areas without support and does not have the ability to drive. She would require support if an emergency situation were to occur or to ask for assistance.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Water safety skills</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Christina’s functional awareness of water safety skills is unknown. Christina is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Christina has been diagnosed with developmental disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in water.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Sensory disabilities:</b> sensorineural hearing loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: It is unknown what Christina understands as it relates to her hearing impairment. Christina appears to have functional hearing and will make eye contact with the speaker during conversation.</li> <li>• Behaviors or Symptoms: <ul style="list-style-type: none"> <li>○ <b>Sensorineural Hearing Loss (SNHL):</b> Is hearing loss associated with inner ear damage and problems with the nerve pathways from the inner ear to the brain. Soft sounds may be hard to hear. Even louder sounds may be unclear or may sound muffled. This is the most common type of permanent hearing loss.</li> </ul> </li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>• N/A</li> </ul>
<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>
<b>Self-injurious behaviors:</b> pulling her hair, hitting her forehead	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Christina’s functional awareness in this area is unknown. When exhibiting hair pulling or hitting herself, Christina is accepting of supports and redirection.</li> <li>• Behaviors or Symptoms: Christina may communicate that she is upset, frustrated, or experiencing symptoms of anxiety by hitting herself in the face or pulling her hair.</li> </ul>

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		<ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Physical aggression/conduct:</b> Reaching out to hit/grab/pinch others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Christina's functional awareness in this area is unknown. Christina is accepting of supports and redirection.</li> <li>Behaviors or Symptoms: When very upset, frustrated or anxious Christina may make loud vocalizations and reach out and attempt to hit staff or those around her. Christina may also attempt to grab staff or peers in an attempt to communicate inadvertently pinching them.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Verbal/emotional aggression:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Property destruction:</b> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Suicidal ideations, thoughts, or attempts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Criminal or unlawful behavior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Mental or emotional health symptoms and crises:</b> Anxiety, Seasonal Affective Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: It is unknown what Christina understands regarding her mental or emotional health. Christina is able to identify some of her emotions using her Dynavox device and is able to turn her light therapy lamp on at home. Christina is accepting of support in these areas.</li> <li>Behaviors or Symptoms:             <ul style="list-style-type: none"> <li><b>Anxiety:</b> Intense, excessive, and persistent worry and fear about everyday situations. Fast heart rate, rapid breathing, sweating, and feeling tired may occur. Christina has anxiety; which is evident during transitions or changes to her routine, specifically if she has to wait for something to occur such as lunch or a preferred activity.</li> <li><b>Seasonal Affective Disorder (SAD):</b> is a type of depression that's related to the change in seasons; which Christina experiences during winter months. Symptoms may include feeling depressed, sluggish, or agitated nearly every day, loss of interest in activities once enjoyed, feelings of hopelessness, difficulty concentration, low energy and changes in appetite or weight.</li> </ul> </li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Unauthorized or unexplained absence from a program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>NA</li> </ul>
<b>An act or situation involving a person that requires the</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>NA</li> </ul>

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<b>program to call 911, law enforcement or fire department</b>		
<b>Other symptom or behavior</b> (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"><li>• N/A</li></ul>