

SELF-MANAGEMENT ASSESSMENT

Name: Sharmiki Byndum

Date of *Self-Management Assessment* development: 4/6/21 For the annual period from: April 2021 to April 2022

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): Seasonal Allergies	<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: Sharmiki is aware of when her allergies are affecting her. Sharmiki is able to inform staff. • Behaviors or Symptoms: Due to Sharmiki’s diagnosis she is unable to independently manage her seasonal allergies or administer medications. • 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"> Sharmiki is not diagnosed with a seizure disorder.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is aware of her eating abilities. Sharmiki is able to inform others. Behaviors or Symptoms: Sharmiki participates in pleasure tasting at work. Sharmiki has limited fine motor skills and is not able to prepare her pleasure tasting. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Feeding pump, pleasure tasting	<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: Sharmiki knows her favorite foods. Sharmiki is able to have pleasure tastings. Behaviors or Symptoms: Due to Sharmiki’s diagnoses she receives her nutrition via G-tube. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy with spastic quadraparesis, Neuromuscular Scoliosis-spinal fusion, Osteoporosis, Congenital Hip Dysplasia, Dystonia, GERD, Fundoplication, IBS, History of Bowel Obstructions and skin breakdown	<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: Sharmiki is knowledgeable about her chronic medical conditions. Sharmiki can inform others of them. Behaviors or Symptoms: Sharmiki is diagnosed with Cerebral Palsy with spastic quadraparesis, difficulty in controlling movements in the arms and the legs. Neuromuscular Scoliosis with a spinal fusion, nerves and muscles are unable to maintain appropriate balance / alignment of the spine and trunk. 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. Dystonia, a movement disorder in which a person's muscles contract uncontrollably. Sharmiki is also diagnosed with Congenital Hip Dysplasia, GERD, IBS, History of Bowel Obstructions and skin breakdown. 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: Sharmiki is knowledgeable about her medications. Sharmiki will request medications or treatments. Behaviors or Symptoms: Due to Sharmiki’s developmental disability and lack of fine motor skills she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Sharmiki is not able to dispense the medication independently. 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 Sharmiki. Sharmiki’s residence will assist her with this.

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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 Sharmiki. Sharmiki's residence will assist her with this.
Other health and medical needs (state specific need): DNR/DNI	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is aware of her DNI/DNR. Sharmiki may inform others of it. Behaviors or Symptoms: Due to preexisting medical conditions, Sharmiki has an order to Do Not Resuscitate and Do Not Intubate (DNR/DNI) which means no CPR (chest compressions, cardiac drugs or placement of breathing tube) will be performed. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): G-tube displacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is knowledgeable about her G-tube. Sharmiki will inform staff if it has been dislodged. Behaviors or Symptoms: She receives her feeding through her Joey pump while at day program, posing the risk for her tube to be displaced while in the care of PAI. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Tylenols/Acetaminophen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is aware of when she is in pain. Sharmiki will inform staff and may request a pain reliever. Behaviors or Symptoms: Due to medication interactions, Sharmiki is to avoid using Tylenol/Acetaminophen. Sharmiki is at risk of elevated liver levels if she receives Tylenol. Staff supports are required in this area according to the CSSP Addendum.

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): Cerebral Palsy with spastic quadraparesis, Neuromuscular Scoliosis	<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: Sharmiki is aware of her abilities. Sharmiki is able to inform staff of her needs. Behaviors or Symptoms: Due to Sharmiki's diagnoses she is not able to control her limbs or trunk. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy with spastic quadraparesis, Neuromuscular Scoliosis	<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: Sharmiki is aware of her abilities. Sharmiki is able to inform staff where she would like to go. Behaviors or Symptoms: Sharmiki is not able to propel her wheelchair independently.

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		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is aware of the water temperature. Sharmiki is able to inform staff if it's too hot or cold. Behaviors or Symptoms: Due to Sharmiki's limited fine motor skills she is not able to adjust the water temperature independently. 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: Sharmiki enjoys spending time in the community. Sharmiki is very friendly and will greet community members. Behaviors or Symptoms: Due to Sharmiki's development disability she may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Sharmiki is not able to propel her own 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, & Abilities: Sharmiki is aware of her limited water skills. 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 checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Sharmiki is able to see objects. Sharmiki is able to inform staff of what she can and cannot see. Behaviors or Symptoms: Sharmiki is diagnosed with optic nerve damage with low vision and low visual processing. Sharmiki is at risk of not being able to clearly see objects or process what she is looking at due to challenges with midline orientation. Sharmiki has shared she is overwhelmed by the noise in the PAI room and on a Newtrax bus. 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
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

PAI

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
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