

**SELF-MANAGEMENT ASSESSMENT**

Name: Mark Sneep

Date of *Self-Management Assessment* development: 4/13/21

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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>Mark has no known allergies as this time.</li> </ul>
Seizures (state specific seizure types): Grand Mal and Petit Mal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li><b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of his seizure disorder. Mark is accepting of assistance with his seizures.</li> <li><b>Behaviors or Symptoms:</b> Mark’s seizures tend to occur more often in September and October. There are no known triggers to Mark’s seizures. Mark is not able to</li> </ul>

# PAI

		<p>inform others of his seizure disorder. Mark is not able to independently maintain his seizure disorder.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of his eating preferences. Mark is able to eat and drink orally.</li> <li>• <b>Behaviors or Symptoms:</b> Mark is diagnosed with dysphagia and does not like chewing. Mark prefers to eat pureed foods with no “chunks” in them. Mark is not able to inform others of his needs.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of his eating preferences. Mark is able to eat and drink orally.</li> <li>• <b>Behaviors or Symptoms:</b> Mark is diagnosed with dysphagia and does not like chewing. Mark prefers to eat pureed foods with no “chunks” in them. Mark is not able to inform others of his needs.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Hypotonic Cerebral Palsy, constipation, contractures, history of reflux	<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>• <b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of some of his chronic medical conditions. Mark may indicate his is uncomfortable or in pain from his conditions.</li> <li>• <b>Behaviors or Symptoms:</b> Mark is diagnosed with <b>Hypotonic Cerebral Palsy</b>, a form of cerebral palsy that causes hypotonia, also known as low muscle tone. It leaves muscles too relaxed which can make everyday movements difficult as well as exhausting. <b>Contractures</b>, the permanent tightening of tissues. This includes muscles, tendons, ligaments, or skin. It makes it hard or impossible to move the nearby joints. Mark is also diagnosed with a history of <b>reflux</b> and <b>constipation</b>. Mark is not able to inform others of his conditions. Mark is not able to independently manage his conditions.</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>• <b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of his medications. Mark is accepting of medications and treatments.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Mark’s diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Mark is unable to request medications or inform someone if there are issues associated with his medications.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>PAI is not responsible for setting up or attending medical appointments. Mark's guardians with assist him with this.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>PAI is not responsible for setting up or attending medical appointments. Mark's guardians with assist him with this.</li> </ul>
Other health and medical needs (state specific need): GI Discomfort	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li><b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of his stomach discomfort. Mark indicates this through his mood.</li> <li><b>Behaviors or Symptoms:</b> Mark has bouts of stomach discomfort. Mark's stomach discomfort can greatly affect his mood. Mark is not able to verbally say his uncomfortable or in pain. Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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
<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): Hypotonic Cerebral Palsy	<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><b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of his risk of falling. Mark is comfortable using a Hoyer lift.</li> <li><b>Behaviors or Symptoms:</b> Due to Mark's diagnoses he is not able to bear weight. Mark has limited use of limbs. On occasions when Mark is upset, if he is seated on a couch or chair that is not his wheelchair he may attempt to slide himself out onto floor.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): Hypotonic Cerebral Palsy	<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><b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of his mobility issues. Mark may indicate when he wants to move in his wheelchair.</li> <li><b>Behaviors or Symptoms:</b> Due to Mark's diagnoses he is not able to propel his own wheelchair.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Mark may be aware of the water temperature. Mark may indicate if the water is too hot or cold with vocalizations.</li> <li>• <b>Behaviors or Symptoms:</b> Mark does not have the fine motor skills needed to turn on the water or adjust the temperature.</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>• <b>Strengths, Skills, &amp; Abilities:</b> Mark enjoys going out into the community. Mark is accepting of assistance from staff.</li> <li>• <b>Behaviors or Symptoms:</b> Mark is not able to propel his own wheelchair. Mark may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills.</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>• <b>Strengths, Skills, &amp; Abilities:</b> It is unknown if Mark possesses any water safety skills.</li> <li>• <b>Behaviors or Symptoms:</b> 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.</li> <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>• <b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of some of his sensory disabilities. Mark enjoys active environments and may indicate this.</li> <li>• <b>Behaviors or Symptoms:</b> Mark is diagnosed with oculomotor apraxia and exotropia which causes blurry vision. He is also diagnosed with an astigmatism. Mark chooses not to wear his glasses. Mark does not like certain noises that are loud. Things like loud vacuum cleaners bother him. Mark does not wear hats.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<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>		

# PAI

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): Bite finger	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of when he's frustrated or overwhelmed. Mark will indicate this by biting his finger or vocalizing.</li> <li>• <b>Behaviors or Symptoms:</b> Mark may bite his finger when frustrated or overwhelmed. Mark may cause bruising or break the skin on his finger.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Physical aggression/conduct (state behavior): May grab or push others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Mark is aware of when he's frustrated or overwhelmed. Mark is protective of his personal space.</li> <li>• <b>Behaviors or Symptoms:</b> Mark may grab or push others. Mark does not like others in his personal space or may want someone closer to him. Mark is not aware of strength.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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

PAI