

<b>SELF-MANAGEMENT ASSESSMENT</b>		
Name: TéVon Joseph <span style="float: right;">For the annual period from: May 2021 through May 2022</span>		
Date of <i>Self-Management Assessment</i> development: 5.17.2021		
Name 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>		
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
<b>Allergies:</b> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Seizures:</b> N/A	<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>

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<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon is aware when food is too large for him to bite and will request assistance. He is accepting of supports in this area and verbal cues to slow down when eating too quickly.</li> <li>• Behaviors or Symptoms: TÉVon has a physician order for a bite size diet. TÉVon may eat fast and has a pronounced underbite (his lower teeth overlap his upper teeth) and is not able to bite off food (such as taking a bite out of a sandwich). This puts him at an increased risk of choking.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<b>Special dietary needs:</b> Physician's order diet- bite sized	<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: TÉVon is aware of the adaptive equipment he uses to eat his meals and is able to eat with supervision. He is accepting of supports in this area and verbal cues to slow down when eating too quickly.</li> <li>• Behaviors or Symptoms: TÉVon is able to eat independently with staff supervision, using an adaptive spoon/fork, regular cup and a built up plate. TÉVon has a physician ordered specialized diet; he is not able to plan and prepare his food according to the order.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<b>Chronic medical conditions:</b> Attention Deficit Hyperactivity Disorder, Cerebral Palsy	<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 TÉVon understands regarding his chronic medical conditions. TÉVon is accepting of support in these areas.</li> <li>• Behaviors or Symptoms:           <ul style="list-style-type: none"> <li>○ <b>Attention Deficit Hyperactivity Disorder (ADHD):</b> is one of the most common <i>neurodevelopmental</i> disorders. ADHD is a disorder that makes it difficult for a person to pay attention and control impulsive behaviors. TÉVon may experience problems with inattention, disorganization, and poor impulse control.</li> <li>○ <b>Cerebral Palsy (CP):</b> is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. TÉVon's ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. TÉVon may experience problems with sensations, vision, and hearing, swallowing, and speaking as a result of weakened muscles.</li> </ul> </li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>

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<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: It is unknown what TÉVon knows/understands related to his medications/treatments but TÉVon is accepting of supports in this area.</li> <li>Behaviors or Symptoms: TÉVon takes his medications with a drink of water or in soft food when given to him; however, he is not able to understand the importance of taking medications as prescribed or have the fine motor skills to self-administer his medications.</li> <li>Staff supports are needed 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 TÉVon</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 TÉVon</li> </ul>
<b>Other health and medical needs:</b> Personal Care Toileting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: TÉVon may be aware of when he needs to utilize the restroom and may request assistance. H is accepting of supports in this area.</li> <li>Behaviors or Symptoms: TÉVon utilizes the support of a disposable brief and due to his physical limitations, he is not able to complete his personal cares. TÉVon needs assistance to transfer onto the toilet or changing table. TÉVon is able to sit on the toilet but does not always eliminate.</li> <li>Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<b>Other health and medical needs:</b> N/A	<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>		
<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>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: TÉVon is able to bear weight, independently complete transfers into &amp; out of his wheelchair to surfaces of similar height and is aware of the risk of falling. TÉVon is accepting of supports in this area.</li> <li>Behaviors or Symptoms: While TÉVon is completing a transfer, he is offered verbal &amp; physical assistance if he should he need it. And is supported to steady his chair by holding the handle bar. When TÉVon requires assistance in transferring to surfaces higher than his wheelchair, staff will use a transfer belt and complete a two-person side by side pivot or if to the toilet, a one staff assist with the ARJO.</li> <li>Staff supports are needed in this area according to the CSSP addendum.</li> </ul>

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<p><b>Mobility issues:</b> Chronic medical conditions limiting mobility</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon is able to propel his wheelchair independently and will ask for assistance if needing help when going longer distances. He responds to verbal cues when making right turns and is accepting of supports.</li> <li>• Behaviors or Symptoms: TÉVon’s chronic medical conditions and vision impact his ability to be safely mobile on his own. TÉVon requires physical assistance to propel his wheelchair when outside of the program building or when going long distances and may need assistance with right turns when not attending to verbal cues.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p><b>Regulating water temperature</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon is able to turn on water; he is accepting of support to regulate the water temperature.</li> <li>• Behaviors or Symptoms: TÉVon is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. TÉVon is at risk of being exposed to extreme water temperatures if not regulated and supported.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p><b>Community survival skills</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon does not have functional awareness in this area but enjoys spending time in the community. He communicates what activities he would like to participate in and is accepting of assistance in the community.</li> <li>• Behaviors or Symptoms: TÉVon has been diagnosed with developmental disabilities, and lacks a formal communication system. TÉVon is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He is not able to navigate unfamiliar areas without support and does not have the ability to drive. He would require support if an emergency situation were to occur or to ask for assistance.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p><b>Water safety skills</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon is accepting of supports when near water. It is unknown what TÉVon’s functional awareness is in this area.</li> <li>• Behaviors or Symptoms: TÉVon has been diagnosed with developmental disabilities and is unable to swim putting him at high risk of drowning. He does not have the cognitive or physical ability to keep himself safe in water.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p><b>Sensory disabilities:</b> vision impairment</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: TÉVon is accepting of wearing his glasses and supports to ensure the lenses stay clean. It is unknown what TÉVon’s functional awareness is in this area.</li> </ul>

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		<ul style="list-style-type: none"> <li>Behaviors or Symptoms: TéVon has a vision impairment and wears glasses; even when wearing his glasses he has limited vision out of his right eye. He is tactile defensive to his hands.</li> <li>Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<b>Other personal safety needs (state specific need):</b> 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>
<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): 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>
Physical aggression/conduct (state behavior): 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>
Verbal/emotional aggression (state behavior): 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>
Property destruction (state behavior): 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>
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Mental or emotional health symptoms and crises (state diagnosis): 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>
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Other symptom or behavior (be specific): 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>

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