

SELF-MANAGEMENT ASSESSMENT

Name: Sara Valento

Date of *Self-Management Assessment* development: 6/15/2021

For the annual period from: June 2021 to June 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"> Sara has no known allergies
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"> Sara does not have a seizure disorder

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths Skills, and Abilities: Sara enjoys mealtime and knows her favorite foods. Sara is able to eat finger foods independently. • Behavior and Symptoms: Sara may become distracted or not chew her food thoroughly. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Bite sized pieces	<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, and Abilities: Sara enjoys mealtime and knows her favorite foods. Sara is able to eat a regular diet. Sara eats finger foods independently. • Behavior and Symptoms: Sara has scoliosis and has limited motor skills. Sara is not able to independently cut up her food. Sara requires adaptive eating equipment to promote independence. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy with mixed tone quadriplegia, severe neuromuscular scoliosis, GERD, and neurogenic bladder.	<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, and Abilities: Sara may be aware of some of her chronic medical conditions. Sara may indicate she is in discomfort due to her conditions. • Behavior and Symptoms: Sara is diagnosed with Cerebral Palsy with mixed tone quadriplegia, a group of disorders that affect movement and muscle tone or posture. Severe neuromuscular scoliosis, which impairs her ability to control the muscles that support the spine. GERD, heartburn or acid indigestion. Neurogenic bladder, overflow incontinence, frequency, urgency, urge incontinence, and retention. • 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, and Abilities: Sara may be aware she takes medications. Sara is accepting of medications. • Behavior and Symptoms: Sara has a developmental disability that limits her ability to set up and understand medication orders. • 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 Sara. Sara's residence will assist her with this.
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 Sara. Sara's 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

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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): Cerebral Palsy, 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, and Abilities: Sara may be aware of her risk of falling. Sara is able to support her trunk while in her wheelchair. • Behavior and Symptoms: Sara is diagnosed with Cerebral Palsy and Scoliosis. These conditions limit Sara’s muscle control. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy, 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, and Abilities: Sara may be aware of her mobility issues. Sara will alert staff when she wants her chest strap off. • Behavior and Symptoms: Due to Sara’s conditions she is not able to propel her wheelchair independently. Sara requires a chest strap during transportation. • 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, and Abilities: Sara may be aware of the water temperature. Sara may indicate the water is too hot/cold by pulling her hand away. • Behavior and Symptoms: Due to Sara’s condition she does not have the fine motor skills to work a faucet. • 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, and Abilities: Sara enjoys spending time in the community. Sara is friendly and enjoys interacting with people. • Behavior and Symptoms: Sara may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently propel her wheelchair long distances. • 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, and Abilities: It is unknown if Sara has water safety skills. • Behavior and Skills: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to

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		<p>local parks with water.</p> <ul style="list-style-type: none"> • 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, and Abilities: Sara may be aware of her sensory disabilities. Sara is able see and focus on objects for a short period of time. • Behavior and Symptoms: Sara is diagnosed with oculomotor apraxia, inability to make voluntary eye movement and strabismus, eyes not properly aligned. Sara may have difficulty keeping her eyes on a specific object for more than a few seconds due to oculomotor apraxia. Sara may be interested in a project but may struggle with visual focus and appear disinterested. • 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): 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
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

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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