

| SELF-MANAGEMENT ASSESSMENT | | |
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| Name: Amber Roach For the annual period from: June 2021 through June 2022 | | |
| Date of <i>Self-Management Assessment</i> development: 6.16.2021 | | |
| 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 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 <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 |
| Allergies: 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"> • N/A |
| Seizures: N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures | <ul style="list-style-type: none"> • N/A |

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| Choking | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Amber responds to requests to chew and swallow her food or to take a drink and is accepting of support in this area. Her functional awareness in this area is unknown. • Behaviors or Symptoms: Amber has a physician’s ordered bite sized diet. Amber may not chew well and may become distracted while eating, pocket her food or hold it in her mouth putting her at risk of choking. • Staff supports are required in this area according to the CSSP Addendum. |
| Special dietary needs: Physician’s order diet; High Arched Palate | <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: Amber is able to identify her cup when set out for her and drink independently throughout her day. Amber is able to hold her fork and bring bites to her mouth with encouragement. Amber’s functional awareness of her special dietary needs is unknown, she is accepting of supports in this area. • Behaviors or Symptoms: Amber has a physician’s ordered bite sized diet. She eats with physical assistance from staff using a sectioned built up plate & regular utensils and an adaptive cup with a straw to drink. Amber has a High Arched Palate that makes it hard for her to get food off of a spoon. She is not able to follow a balanced diet, to prepare or set up her food. • Staff supports are required in this area according to the CSSP Addendum. |
| Chronic medical conditions: Distal 18Q Deletion Syndrome | <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: Amber may communicate that her ears are causing her discomfort by pulling at or holding her ear and that Eczema is bothering her by itching her skin. It is unknown what Amber understands regarding her chronic medical conditions. Amber is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Distal 18Q Deletion Syndrome: is a chromosomal condition that occurs when a piece of chromosome 18 is missing. Distal 18q deletion syndrome can lead to a wide variety of symptoms including a short stature (due to growth hormone deficiency), weak muscle tone, hearing loss due to ear canals that are narrow or absent, and foot abnormalities such as an inward or upward-turning foot effecting gait. Eye movement disorders and other vision problems are common as are high or cleft palates, hypothyroidism, and skin problems. Most people with distal 18q deletion syndrome have neurological problems that may include delayed development, learning disabilities, and intellectual disability that can range from mild to severe. Seizures, hyperactivity, mood disorders such as anxiety, and features of autism spectrum disorder that affect communication and social interaction may also occur. |

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| | | <ul style="list-style-type: none"> ○ Ear Infections: Amber has a history of chronic ear infections (an infection of the air-filled space behind the eardrum that contains the tiny vibrating bones of the ear). She may experience ear pain, drainage of fluid from the ear or trouble hearing. ○ Eczema: a skin irritation/inflammation indicated by itchy, reddened, dry skin. For Amber this occurs mostly on her arms, legs, neck, and scalp. • 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: It is unknown what Amber knows/understands related to her medications/treatments but Amber is accepting of supports in this area. • Behaviors or Symptoms: Amber takes her medications whole in soft food and a drink. Due to her cognitive and physical limitations, Amber is not able to self-administer her medications. • Staff supports are required in this area according to the CSSP Addendum. |
| Preventative screening | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • PAI does not manage Preventative Screening for Amber |
| Medical and dental appointments | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • PAI does not manage Medical or Dental appointments for Amber |
| Other health and medical needs: Personal Hygiene Care Toileting | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: At times Amber appears aware of her need to use the restroom as she may walk to the restroom without prompting. Amber may void on the toilet or in her brief and can be alone in the restroom for five minutes with visual checks every two. Amber is accepting of supports in this area. • Behaviors or Symptoms: Amber utilizes the support of a disposable brief and an additional pad during her menses. Due to her cognitive and physical limitations, she requires full physical assistance to complete her personal cares, monitor for skin integrity concerns and provide for privacy. • Staff supports are required in this area according to the CSSP Addendum. |
| Other health and medical needs: N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • N/A |
| 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 |

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| <p>Risk of falling: Distal 18Q Deletion Syndrome</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Amber is able to walk independently and appears aware of the potential to fall when going up or down stairs. Amber responds to verbal cues to look up and to watch where she is walking and is accepting of assistance when outside of the program area. • Behaviors or Symptoms: Amber has a history of walking fast or into things and occasionally tripping and falling over furniture, or her own feet as she often keeps her head down to the left side while walking. Amber has a history of bruises and scratches of unknown origin which may be attributed to walking into things. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Mobility issues: Distal 18Q Deletion Syndrome</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"> • Strengths, Skills, & Abilities: Amber walks independently in the program room, she responds to verbal cues to look up and to watch where she is walking and is accepting of assistance when outside of the program area. • Behaviors or Symptoms: Amber is not able to navigate unfamiliar environments independently. She may not look where she is walking and has bumped into furniture, walls, doors and peers wheelchairs. Amber often keeps her head down to while walking. She has a history of bruises and scratches of unknown origin which may be attributed to walking into things. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Regulating water temperature</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Amber is accepting of support to wash her hands and regulate the water temperature, she may pull her hands away if the water is an uncomfortable temperature for her. • Behaviors or Symptoms: Amber is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Amber is at risk of being exposed to extreme water temperatures if not regulated and supported. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Community survival skills</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Amber enjoys spending time in the community and going out to eat. Amber may recognize frequented locations but does not have functional awareness in this area. She communicates what activities she would like to participate in when presented with options. Amber is accepting of assistance in the community. • Behaviors or Symptoms: Amber is nonverbal and lacks a formal communication system. She is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She is not able to navigate unfamiliar |

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| | | <p>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"> • 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: Amber is accepting of supports when near water, it is unknown what she understands as it relates to water safety. • Behaviors or Symptoms: Amber 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. Amber is not able to swim. • 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: Amber appears to have functional awareness in this area. When overstimulated she will cover her ears and may leave the room/environment to find a quieter space. Amber is accepting of support when experiencing symptoms of overstimulation. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Overstimulation: Amber may become overstimulated when in the community or in environments that are overcrowded or loud. This is evident by her holding her head down, not responding to requests to look up, becoming withdrawn, sitting in a corner, and putting her hands to her ears. • Staff supports are required in this area according to the CSSP Addendum. |
| 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"> • N/A |
| 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): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> • N/A |
| 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"> • N/A |
| 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"> • N/A |
| 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"> • N/A |

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| Suicidal ideations, thoughts, or attempts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| Criminal or unlawful behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| Mental or emotional health symptoms and crises (state diagnosis): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| Unauthorized or unexplained absence from a program | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| 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 | • N/A |
| Other symptom or behavior (be specific): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |