

SELF-MANAGEMENT ASSESSMENT

Name: Shannon O’Brien

Date of *Self-Management Assessment* development: 6/22/21 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"> Shannon has no known allergies.
Seizures (state specific seizure types): Tonic Clonic, Cluster Complex Partial	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Shannon is aware of her seizure disorder. Her seizures are controlled by medication. Behavior and Symptoms: While in a seizure Shannon is unable to follow her seizure protocol or keep herself safe.

PAI

		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Shannon is aware of the foods she is able to eat and what is more difficult to her to eat. Shannon will inform someone if she should not be eating a particular food item. Behavior and Symptoms: Shannon has not been diagnoses with swallowing difficulties however she has a history of gagging or having trouble swallowing certain food items. Shannon had two instances in which she received abdominal thrusts for choking in 2017. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Nectar like liquid consistency, mechanical soft, no hard/raw fruit/vegetables, tough meats, breads, nuts, or seeds. Encourage small drinks between bites.	<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: Shannon is aware of how her food should be prepared. Shannon will inform someone if her food is not prepared correctly. Behavior and Symptoms: Shannon has limited fine motor skills and is unable to cut up her food into the correct sized bites. Shannon is not able to mix in the thickener for her drinks independently. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Hereditary Spastic Para paresis, Neurogenic Bladder/ spasms, Urine retention.	<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: Shannon is knowledgeable on her chronic medical conditions. Shannon informs staff if she is having symptoms or pain from her conditions and asks for help as needed. Behavior and Symptoms: Shannon is diagnosed with Hereditary Spastic Para paresis, refers to a group of inherited disorders that are characterized by progressive weakness and spasticity (stiffness) of the legs. Neurogenic Bladder/ spasms, a lack of bladder control due to a brain, spinal cord or nerve problem which lead to urine retention for Shannon. 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: Shannon is aware that she takes medication. Shannon will request medication when she is in pain. Behavior and Symptoms: Due to Shannon’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. Shannon is not able to dispense the medication independently. Staff supports are required in this area according to the CSSP Addendum.

PAI

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 Shannon. Shannon'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 Shannon. Shannon's residence will assist her with this.
Other health and medical needs (state specific need): Mitrofanoff Channel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Shannon is aware of when she needs to use the restroom and she informs staff accordingly. Behavior and Symptoms: Due to Shannon's diagnoses she is unable to independently empty her bladder. Staff supports are required in this area according to the CSSP Addendum.
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): Spastic Para Paresis	<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: Shannon is aware of her abilities and when she needs assistance. Behavior and Symptoms: Shannon does not have the ability to sit or maintain balance independently because she has spasticity in her upper and lower extremities. She is at risk of falling off a mat table or slouching on the toilet if she is not properly supported. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Spastic Para Paresis	<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: Shannon is able to drive her electric wheelchair independently. Behavior and Symptoms: Due to Shannon's constrictive movement she may lose control of her wheelchair. Shannon also struggles to maneuver her chair with accuracy when her emotions are heightened (laughing, crying). Shannon also struggles to maneuver her chair with accuracy when she is distracted by talking to someone in the opposite direction she is moving.

PAI

		<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, and Abilities: Shannon is aware of the water temperature and could inform staff if it is too hot or cold Behavior and Symptoms: Due to Shannon's limited fine motor skills she may not be able to adjust the 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, and Abilities: Shannon is able to navigate independently when in the community. Behavior and Symptoms: Due to Shannon's development disability she may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. 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: Shannon is aware of her limited skills in water safety. Behavior and 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, and Abilities: Shannon is able to understand some sign language when paired with spoken words. Behavior and Symptoms: Shannon may miss instructions or conversations if staff are speaking on her right side. 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

PAI

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): Depression	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Shannon may be aware when she is feeling depressed. Shannon may share this with staff. • Behavior and Symptoms: Shannon is diagnosed with depression. She may have a loss of interest, withdraw herself from peers, or have feelings of sadness. • Staff supports are required in this area according to the CSSP Addendum.
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