

SELF-MANAGEMENT ASSESSMENT

Name: Cassandra Behrman

Date of *Self-Management Assessment* development: 7.8.2021

For the annual period from: July 2021 to July 2022

Name and title of person completing the review: Emily Elsenpeter, 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:	<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: Absence Seizures, Tonic-Clonic Seizures	<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: Cassie is accepting of supports in this area. It is unknown if she has functional awareness of her seizure disorder. Behaviors or Symptoms: Cassie is diagnosed with a seizure disorder that is considered partially controlled. Most of Cassie’s seizures present as Absence

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		<p>Seizures; however, she will have a Tonic-Clonic seizure on occasion. Cassie's seizures occur daily, mostly at night; she may also have an absence type seizure when going into a cold temperature environment. Cassie's Absence seizures present as eyes dilated and her staring into space. She breathes differently for ten or more seconds. Her Tonic-Clonic Seizures present as startled look, eyes fixed and no response averaging about 30 seconds in length. Cassie will yawn and make chew type sounds as she is coming out of a Tonic-Clonic Seizure.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Cassie has adequate chewing and swallowing skills when eating. No additional staff supports are needed in this area other than the required training by the company on first aid and CPR.
Special dietary needs: Failure to thrive	<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: Cassie is accepting of supports with her daily nutrition through a g-tube. She has been diagnosed with failure to thrive. • Behaviors or Symptoms: Cassie is able to take in food, juice and water by mouth but chooses not to eat. Cassie needs extra fluids during high temperatures. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Hypothyroidism, Hydrocephalus	<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: Cassie is accepting of supports with her hypothyroidism and hydrocephalus conditions. • Behaviors or Symptoms: Cassie may show signs of hypothyroidism which could include fatigue, feeling cold, and weight gain due to fluid retention, dry skin and hair loss. Currently Cassie does not show symptoms, signs of Hydrocephalus include headache, nausea, and difficulty focusing her eyes, leg weakness, irritability, drowsiness, personality changes, and seizures. • 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: Cassie is accepting of supports in this area. It is unknown what functional awareness she may have in this area. • Behaviors or Symptoms: Due to her cognitive and physical limitations, Cassie 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	PAI does not manage Cassie's preventative screening.
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	PAI does not manage Cassie's medical and dental appointments.
Other health and medical needs: Personal Cares	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Cassie may be aware of when she requires the use of the restroom and is accepting of supports in this area.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Cassie is brief dependent due to her cognitive and physical limitations she is not able to independently complete her cares. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Heat Sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Cassie may be aware of when she is overheating. She is accepting of supports in this area. Behaviors or Symptoms: Cassie is easily overheated. When overheated Cassie may be lethargic, flushed, refuse fluids, limited sweating, and have emesis. Staff supports are required in this area according to the CSSP Addendum.
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: Scoliosis, Hypotonia	<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: It is unknown what Cassie’s functional awareness is in this area. Cassie is accepting of supports in this area. Behaviors or Symptoms: Cassie has limited torso control, scoliosis, hypotonia and requires supports to bear weight. Cassie has seizure disorder which also places her at risk for falling. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Scoliosis, Hypotonia	<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: It is unknown what Cassie’s functional awareness is in this area. Cassie is accepting of supports in the area. Behaviors or Symptoms: Cassie has been diagnosed with scoliosis and hypotonia which impact her ability to be mobile on her own. Cassie utilizes a wheelchair that does not propel independently. She also utilizes an Arjo and Hoyer. 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: Cassie does not have functional awareness in this area but may vocalize if the water is not at a comfortable temperature for her. Cassie is accepting of support to adjust the water temperature. Behaviors or Symptoms: Cassie is unable to adjust the water temperature of determine a safe water temperature due to her developmental and physical disabilities. Cassie 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.

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Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Cassie does not have functional awareness in this area but enjoys spending time in the community. Cassie is accepting of assistance in the community. • Behaviors or Symptoms: Cassie has been diagnosed with developmental disabilities 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 propel her wheelchair or navigate without support and does not have the ability to drive. Cassie would require support if an emergency situation were to occur or to ask for assistance. • 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: Cassie has no functional awareness in this area but is accepting of supports when near bodies of water. • Behaviors or Symptoms: Cassie has been diagnosed with developmental and physical disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Near Sighted, Melanoma	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known what Cassie understands as it relates to her sensory disabilities. Cassie is typically accepting of supports in these areas; however, Cassie will not tolerate wearing glasses. • Behaviors or Symptoms: <ul style="list-style-type: none"> Near Sightedness: an eye disorder where light focuses in front of, instead of on, the retina causing distant objects to be blurry while close objects appear normal. Other symptoms may include headaches and eye strain. Melanoma is a kind of cancer that develops in cells that give your skin, eyes, and hair their color. These cells are called melanocytes. Melanoma usually shows up on the skin, but it also can happen in your eyes. When it does, doctors call it ocular melanoma. • Staff supports are required in this area according to the CSSP Addendum.
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: 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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Physical aggression/conduct: Grab and scratch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Cassie will vocalize and cry when she is not feeling well, "all done" with an activity or agitated due to a change in her routine/environment. Cassie is accepting of supports in this area. • Behaviors or Symptoms: Cassie may attempt to grab staff or peers and possibly scratching them when she becomes agitated or overwhelmed. Cassie can be redirected verbally. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression: 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: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Mental or emotional health symptoms and crises:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
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"> • 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	<ul style="list-style-type: none"> • N/A