

SELF-MANAGEMENT ASSESSMENT

Name: Nicole Milligan

Date of *Self-Management Assessment* development: 7/15/21 For the annual period from: July 2021 to July 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): MSG, Latex, seasonal allergies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky may be aware of her allergies. Nicky is accepting of assistance with her allergies. • Behavior and Symptoms: Due to Nicky’s diagnosis she is not able to independently manager her allergies. Nicky is not able to inform others of her allergies. • Staff supports are required in this area according to the CSSP Addendum.

PAI

<p>Seizures (state specific seizure types): Partially controlled</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky may be aware of her seizure disorder. Nicky is accepting of assistance. • Behavior and Symptoms: Nicky has a history of seizures and is at risk of injury during a seizure as she cannot move obstacles away from her during a seizure. Nicky is at risk of not obtaining treatment if needed because she cannot independently take medications. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky is aware of when she has food in her mouth. Nicky is able to eat orally. • Behavior and Symptoms: Nicky is diagnosed with dysphagia. Nicky had a choking incident at PAI in September of 2019. Nicky may pocket large amounts of food in her mouth due to difficulty swallowing putting her at risk for choking if she tries to swallow too much at once. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): Pureed</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky is aware she eats pureed foods. Nicky is able to eat orally. • Behavior and Symptoms: Due to Nicky’s high risk of choking she eats food that is pureed. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Rhett Syndrome, Osteoporosis, Scoliosis</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky is aware of when she has discomfort from her chronic medical conditions. Nicky may be able to communicate this with body language. • Behaviors and Symptoms: Nicky is diagnosed with Rhett Syndrome, loss of hand function, difficulty walking, loss of speech, and seizures, Osteoporosis, lack of bone density and putting her at risk of fractures. Scoliosis, curvature of the spine. • Staff supports are required in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky may be aware of her medications and treatments. Nicky is accepting of medication and treatments. • Behavior and Symptoms: Due to Nicky’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Nicky is unable to request medications or inform someone if there are issues associated with her medications. • 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 Nicky. Nicky's guardians 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 Nicky. Nicky's guardians will assist her with this.
Other health and medical needs (state specific need): Prone to bruising	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Nicky may be aware of when she has a bruise. Nicky may communicate this with her body language. Behavior and Symptoms: Nicky has a history of bruising easily. 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): Rhett Syndrome, Osteoporosis, 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: Nicky is aware of her walking abilities. Nicky is able to walk and bear weight with assistance. Behavior and Symptoms: Nicky has poor balance and does not possess enough strength to bear weight independently. Nicky also has a diagnosis of Scoliosis and Rhett's Syndrome all of which result in poor balance and may cause her to fall putting her at risk of injury. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Rhett Syndrome, Osteoporosis, 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: Nicky is aware of her walking abilities. Nicky is able to walk and bear weight with assistance. Behavior and Symptoms: Nicky has poor balance and does not possess enough strength to bear weight independently. Nicky also has a diagnosis of Scoliosis and Rhett's Syndrome all of which result in poor balance and may cause her to fall putting her at risk of injury. Nicky does not have enough strength to propel her own wheelchair. Staff supports are required in this area according to the CSSP Addendum.

PAI

Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Nicky may be aware of the water temperature. Nicky may indicate the water is too hot or cold by pulling her hands away. • Behavior and Symptoms: Nicky does not have the fine motor skills needed to adjust the water temperature. • 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: Nicky enjoys spending time in the community. Nicky is accepting of assistance while in the community. • Behaviors and Symptoms: Nicky is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently walk or propel her wheelchair. • 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 Nicky possesses water safety skills. • Behaviors 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 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
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

PAI

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): 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA