

SELF-MANAGEMENT ASSESSMENT		
Name: Terrell Monjeau For the annual period from: June 2021 through June 2022		
Date of <i>Self-Management Assessment</i> development: 6.14.2021		
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: Cigarette Smoke	<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, & Abilities: Terrell demonstrates agitation when feeling uncomfortable from cigarette smoke, it is unknown what Terrell understands about his allergies/sensitivities. Terrell is accepting of supports in this area. Behaviors or Symptoms: Terrell is allergic to cigarette smoke. His reaction is unknown; however, he is at risk of an adverse reaction that may include respiratory distress. Staff supports are required in this area according to his CSSP Addendum.

PAI

<p>Seizures: Possible Seizure Activity in 2006</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, & Abilities: Terrell’s functional awareness in this area is unknown. Terrell is accepting of supports in this area. • Behaviors or Symptoms: Terrell had 2 possible seizure experiences in November and December of 2006. Possible seizure activity includes arms jerking at the chest area, legs spreading outwards, head jerking from side to side, and incontinence. In both experiences Terrell was alert after the seizure activity. The seizure in December was noted to be 10 seconds long. • Staff supports are required in this area according to his CSSP Addendum.
<p>Choking</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Terrell is able to chew adequately, he is tolerant of his shoulder straps during meals for positioning and is accepting of supports in modifying his food. • Behaviors or Symptoms: Terrell is at risk of choking as he is unable to determine appropriately sized bites putting him at risk of choking. Terrell has a physician’s ordered bite sized diet that he is unable to prepare for himself and may attempt to eat food items prior to them being prepared for him increasing his risk of choking. • Staff supports are required in this area according to his CSSP Addendum.
<p>Special dietary needs: Physician’s order diet; Limited intake of caffeine and sugary drinks</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, & Abilities: Terrell enjoys eating and is able to do so with minimal assistance. He is able to request food or drink using ASL signs. Terrell is accepting of supports in this area. • Behaviors or Symptoms: Terrell is unable to determine and/or follow an appropriate diet plan. He eats independently using a lipped plate, thick handled spoon or fork and drinks with a spouted “sippy” cup or a lidded cup with straw. Terrell is not able to prepare or set up his food. Terrell is not able to set up his drinks independently and cannot manage his liquid intake or the contents in his beverage. • Staff supports are required in this area according to his CSSP Addendum.
<p>Chronic medical conditions: Attention Deficit Disorder, Autistic like behaviors, Baclofen Pump, Cerebral Palsy, Constipation,</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, & Abilities: It is unknown what Terrell understands regarding his chronic medical conditions. Terrell is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> • Attention Deficit Disorder (Inattentive ADHD): Terrell may have a difficult time focusing on tasks or may be easily distracted during activities. • Autistic like behaviors: Terrell demonstrates Autistic like behaviors & may engage in repetitive body movements with his hands and arms. At times Terrell

PAI

		<p>may also be hyper or hypo reactive to sensory input (reacts badly to certain sounds/textures or seems indifferent to temperature or pain)</p> <ul style="list-style-type: none"> • Baclofen Pump: Terrell has a Baclofen Pump placed under his skin that uses intrathecal Baclofen which is injected into the spinal cavity to relieve spasms associated with Cerebral Palsy. • Cerebral Palsy (CP): is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Terrell's ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. • Constipation: Terrell is diagnosed with Constipation which could cause him pain, discomfort, decreased appetite, and stomach upset. • Staff supports are required in this area according to his 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: Terrell can choose which food item his medications will be given with. It is unknown what Terrell knows/understands related to his medications/treatments but Terrell is accepting of supports in this area. • Behaviors or Symptoms: Terrell takes his medications whole orally in soft foods followed by a drink. Due to his cognitive and physical limitations, Terrell is not able to self-administer his medications. • Staff supports are required in this area according to his 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 Terrell
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 Terrell
Other health and medical needs: Personal Care Toileting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Terrell knows the ASL sign for bathroom and will use it when prompted; he is accepting of supports in this area. • Behaviors or Symptoms: Terrell utilizes the support of a disposable brief and due to his physical limitations, is not able to complete his personal cares. Terrell needs assistance in completing his personal cares every two hours & as needed. Terrell is transferred by two staff persons and Hoyer lift using a full body sling. • Staff supports are required in this area according to his CSSP Addendum.
Other health and medical needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • NA

PAI

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: Chronic medical conditions	<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, & Abilities: It is not known what Terrell functional awareness is that he may fall. Terrell is accepting of wearing his shoulder straps and supports in this area. Behaviors or Symptoms: Terrell is not able to bear weight and has limited balance; Terrell is able to remove his pelvic belts and unfasten his safety belt and can move himself out of a chair/recliner; putting him at an increased risk for falling. Terrell utilizes a specialized wheelchair with a shoulder/chest strap, pelvic strap, and foot straps used during transportation, to prevent injury. Staff supports are required in this area according to his CSSP Addendum.
Mobility issues: Chronic medical conditions impacting mobility	<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, & Abilities: Terrell is capable of propelling his wheelchair short distances and is able to remove his pelvic and safety belts when wanting to get out of his wheelchair. Terrell is accepts of supports in this area but it is unknown what he understands about his mobility impairments. Behaviors or Symptoms: Terrell’s chronic medical conditions impact his ability to be safely mobile on his own. He utilizes a specialized wheelchair that he is unable to propel with a shoulder/chest strap, pelvic strap and foot straps. He also utilizes a Hoyer and sling to transfer. Terrell is not able to fasten or release his chest strap or foot straps without supports. Staff supports are required in this area according to his CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: It is unknown if Terrell has functional awareness in this area but may pull his hand back if the water is not at a comfortable temperature for him and is accepting of support to adjust the water temperature. Behaviors or Symptoms: Terrell is unable to adjust the water temperature or determine a safe water temperature due to his developmental and physical disabilities. Terrell is at risk of being exposed to extreme water temperatures if not regulated and supported. Staff supports are required in this area according to his CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Terrell enjoys spending time in the community and seeing people. He communicates what activities he would like to participate in

PAI

		<p>when presented with 2 options. Terrell’s functional awareness in this area is unknown, he is accepting of assistance in the community.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Terrell has been diagnosed with developmental disabilities, and lacks a formal communication system. Terrell is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He is not able to navigate unfamiliar areas without support and does not have the ability to drive. He would require support if an emergency situation were to occur or to ask for assistance. Staff supports are required in this area according to his CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Terrell is accepting of supports when near water. It is unknown what Terrell’s functional awareness is in this area. Behaviors or Symptoms: Terrell has been diagnosed with developmental disabilities that put him at high risk of drowning. He does not have the cognitive or physical ability to keep himself safe in water. Staff supports are required in this area according to his CSSP Addendum.
Sensory disabilities: Deaf	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Terrell uses limited and modified sign language, vocalizations, and hand gestures to communicate. Terrell is able to read lips. He is accepting of support in this area. Behaviors or Symptoms: Terrell is diagnosed as profoundly deaf in the high pitch areas. It is reported that he seems as though he can hear some sounds, but how much he can hear is unknown and not accessible through testing. Staff supports are required in this area according to his CSSP Addendum.
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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: Bite and hit self	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Terrell is accepting of support and redirection when engaging in self-injurious behaviors. It is not known what Terrell understands about his potential to cause injury to himself.

PAI

		<ul style="list-style-type: none"> Behaviors or Symptoms: Terrell is nonverbal and may communicate that he is upset, frustrated, hungry or in pain by biting himself. Terrell has a history of masturbation resulting in injury to himself when not redirected. Staff supports are required in this area according to his CSSP Addendum.
Physical aggression/conduct: Bite, hit, scratch others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Terrell is accepting of support and redirection when attempting to communicate through biting, hitting or scratching others. It is not known what Terrell understands about his potential to cause injury to others. Behaviors or Symptoms: Terrell is unable to associate the consequences with his action due to his mental and physical disabilities. There are times that Terrell may attempt to hit, bite or pinch others in an attempt to communicate. Staff supports are required in this area according to his CSSP Addendum.
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Mental or emotional health symptoms and crises (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
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"> 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	<ul style="list-style-type: none"> NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA