SELF-MANAGEMENT ASSESSMENT

Name: James Drew

Date of *Self-Management Assessment* development: 8/24/21 For the annual period from: August 2021 to August 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	☐ Yes ☐ No ☒ NA – there are no allergies	• James is not diagnosed with allergies.
Seizures (state specific seizure types): NA	☐ Yes ☐ No ☒ NA – no seizures	• James is not diagnosed with a seizure disorder.

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Choking	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** James is aware of his NPO diet. James is able to help staff by answering yes/no questions regarding his feedings. • **Behavior and Symptoms:** Due to James' diagnoses he is not able to eat or drink orally. • Staff supports are needed in this area according to the CSSP Addendum.
Special dietary needs (state specific need): NPO	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• **Strengths, Skills, and Abilities:** James is aware of his NPO order. James is able to help staff by answering yes/no questions regarding his feedings. • **Behavior and Symptoms:** Due to James' diagnoses he is not able to eat or drink orally. • Staff supports are needed in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Spastic Quadriparesis Cerebal Palsy,Congenital Hydrocephaus-Left Ventriculopleural shunt, Neuromuscular Scoliosis, Dysphagia, history of Transient Aspiration Pneumonia, Asthma, Chronic Constipation, PMR	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• **Strengths, Skills, and Abilities:** James is aware of his disabilities and conditions. James is able to answer yes/no questions about his conditions or if he is in pain. • **Behavior and Symptoms:** James is diagnosed with Spastic Quadriparesis Cerebral Palsy, difficulty in controlling movements in the arms and the legs. Congenital Hydrocephaus-Left Ventriculopleural shunt, when a child is born with an excessive accumulation of cerebrospinal fluid (CSF) in the brain. Neuromuscular Scoliosis, a type of scoliosis that can occur in children who have medical conditions that impair their ability to control the muscles that support the spine. Dysphagia, difficulty swallowing with symptoms of coughing or choking when eating or drinking, and bringing food back up sometimes through the nose. PMR, an inflammatory disorder typically seen in older adults that causes widespread aching, stiffness and flu-like symptoms. DVT, deep vein thrombosis. James is also diagnosed with a history of Transient Aspiration Pneumonia, Asthma, and Chronic Constipation. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** James is aware of his medication and feedings. James is able to answer yes/no questions about his medication and treatments. • **Behavior and Symptoms:** Due to James' diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. James is unable to request medications or inform someone if there are issues associated with his medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with James. James' guardian will assist him with this.

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Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with James. James' guardian will assist him with this.
Other health and medical needs (state specific need): Skin integrity	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** James is aware of when he is in pain. James can answer yes/no questions. • **Behavior and Symptoms:** James has been diagnosed with Stage IV decubitus occipital and great trochanter pressure ulcers. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ 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 Quadriparesis Cerebral Palsy	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, and Abilities:** James is aware of his abilities and when he needs help. James is comfortable using the lift systems. • **Behavior and Symptoms:** James has limited trunk and limb control and is at risk of falling. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Spastic Quadriparesis Cerebral Palsy	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, and Abilities:** James is comfortable using his wheelchair. James is able to inform staff where he would like to go through yes/no questions. • **Behavior and Symptoms:** James has limited trunk and limb control. He is not able to propel his wheelchair independently. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** James is aware of the water temperature. He can tell staff if it's too warm or cold with yes/no questions. • **Behavior and Symptoms:** James 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.

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Community survival skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** James enjoys spending time in the community. James is very social and interested in meeting new people. • **Behaviors and Symptoms:** James is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able to independently propel his wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** James is aware he is not able to swim. • **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	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** James is aware of his sensory needs. James is able to advocate for himself through yes/no questions. • **Behavior and Symptoms:** James is visually impaired and is at risk of not being able to articulate to staff what he is able to see or not see. James is sensitive to loud vocalizations of his peers and may indicate he has a headache. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ 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	☐ Yes ☐ No ☒ NA	NA
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	NA

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PAI

Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	☐ Yes ☐ No ☒ NA	NA
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA

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