

SELF-MANAGEMENT ASSESSMENT

Name: Laura Pizinger

Date of *Self-Management Assessment* development: 7/26/21

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): Minocycline (causes pain. Cannot take Anti-inflammatory meds.) At risk of allergy to bees (several family members are)	<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: Laura may be aware of her allergies. Laura may show signs and symptoms of an allergic reaction. • Behavior and Symptoms: Laura is diagnosed with developmental disability and is not able to independently manage her allergies. Laura is not able to inform others of her allergies. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types): Partially controlled	<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: Laura may be aware of her seizures. Laura is accepting of assistance during seizures. • Behavior and Symptoms: When Laura has a seizure, she often suddenly turns her head to the left while smiling or laughing with facial twitching. Laura is not able to manage her seizures independently. • 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: Laura may be aware of her risk of choking. Laura does not attempt to eat orally. • Behavior and Symptoms: Laura is diagnosed with dysphagia and she has a high risk of aspiration. Laura has an NPO order. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): NPO	<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: Laura may be aware of her dietary needs. Laura does not attempt to eat orally. • Behavior and Symptoms: Due to Laura’s diagnoses she has a high risk of aspiration. Laura has an NPO order. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy, Scoliosis with spastic quadreparesis, encephalopathy, dysphagia, history of hip dislocation, constipation	<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: Laura may be aware of some of her chronic medical conditions. Laura may show signs and symptoms of her chronic medical conditions. • Behavior and Symptoms: Laura is diagnosed with Cerebral Palsy, abnormal development or damage to the parts of the brain that control movement, balance, and posture. Scoliosis with Spastic Quadreparesis, a sideways curvature of the spine and stiffness or tightness of the muscles. Encephalopathy, abnormal brain function or brain structure. Dysphagia, difficulty swallowing. Laura also has a history of hip dislocation and constipation. • 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: Laura may be aware of her medications. Laura is corporative during her medication administration. • Behavior and Symptoms: Due to Laura’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Laura 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 Laura. Laura'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 Laura. Laura's residence will assist her with this.
Other health and medical needs (state specific need): Hand contractures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Laura may be aware of her hand contractures. Laura allows staff to check her hands Behavior and Symptoms: Laura's hands and fingers are contracted and is not always able to open her hands. Laura is at risk of skin breakdown in the palm of her hands and in between her fingers. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Stoma Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Laura may be aware of her stoma site. Laura is accepting of help with her G-tube site. Behavior and Symptoms: Laura's tube has a history of becoming loose or unsecured from ostomy site with the balloon remaining intact. Laura does have a J-Tube and may experience leaking from around the stoma site. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): VP Shunt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Laura may know when her VP Shunt is causing her discomfort. Laura may show signs and symptoms of having a headache or being in pain Behavior and Symptoms: Due to Laura's diagnoses she is not able to indicate her shunt is malfunctioning. 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 (include the specific risk): Cerebral Palsy, scoliosis, spastic quadriplegia	<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: Laura may be aware of her risk of falling. Laura appears comfortable using the track system. Behavior and Symptoms: Laura does not have the ability to sit or maintain balance independently because she does not have functional use of her arms or legs. Staff supports are required in this area according to the CSSP Addendum

PAI

Mobility issues (include the specific issue): Cerebral Palsy, scoliosis, spastic quadriplegia	<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: Laura may be aware of her mobility issues. Laura is patient when waiting to someone to move her wheelchair. • Behavior and Symptoms: Laura is diagnosed with Spastic Quadriplegia and cannot voluntarily control movement of arms and legs. Laura uses a manual wheelchair with custom insert and is not able to reposition herself. Laura also has a history of hip dislocation. She had hip surgery at the age of 2. • 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: Laura may be aware of the water temperature. Laura is willing to put her hands in water. • Behavior and Symptoms: Laura does not have the fine motor skills needed to adjust the water temperature. Laura is not able to indicate if water is too hot or cold. • 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: Laura enjoys spending time in the community. Laura is very friendly and greets others. • Behaviors and Symptoms: Laura is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently 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 Laura 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 checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Laura may be aware of her sensory disabilities. Laura is able to see objects at a close distance. • Behavior and Symptoms: Laura is diagnosed with cortical blindness and may not see items at a farther distance. Laura has a sensitivity to loud sounds and may become upset when startled. • 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

PAI

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
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

PAI

Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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