

**SELF-MANAGEMENT ASSESSMENT**

Name: Mary Jo Huberty

Date of *Self-Management Assessment* development: 8.6.2021

For the annual period from: August 2021 to August 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
<b>Allergies:</b> Second and third hand smoke, latex band aids	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mary Jo is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Mary Jo has a sensitivity to secondhand smoke. She is sensitive to latex band aids and may develop a rash when exposed.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Seizures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	

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<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Mary Jo doesn't have any teeth or chew her food and may pocket food in her cheek while eating which puts her at risk for choking.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Special dietary needs:</b> Pureed with Honey thickened liquids	<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"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is able to eat hand over hand for 10 to 15 minutes. Mary Jo is accepting of supports for meals.</li> <li>Behaviors or Symptoms: Mary Jo does not have teeth and is unable to chew her food. She has a physician's ordered pureed diet with honey thickened liquids.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Chronic medical conditions:</b> Anemia, Constipation and Bowel Obstruction, GERD, Hernia, History of Ear Infections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of supports in this area.</li> <li>Behaviors or Symptoms:             <ul style="list-style-type: none"> <li>Anemia: Mary Jo is diagnosed with Anemia which may cause her to feel easily fatigued, have rapid heartbeat, shortness of breath and headache, difficulty concentrating, dizziness, leg cramps, pale skin, and insomnia.</li> <li>Constipation and bowel obstruction: On December 2017, Mary Jo had a bowel obstruction called Cecal Volvulus. This can be caused by chronic constipation. She may experience pain and/or discomfort when having a bowel movement.</li> <li>GERD (Gastroesophageal Reflux Disease): Mary Jo had GERD which is a chronic digestive disease that occurs when stomach acid or contents flows back into a person's esophagus. She may experience discomfort in the form of burning sensation in her chest, chest pain, difficulty swallowing, or dry cough.</li> <li>Hernia: Mary Jo was diagnosed with a Ventral Hernia in April 2019. This is likely due to her previous abdominal surgery, as well as her frequent flexing/tensing of the abdomen.</li> <li>History of Ear Infections: Mary Jo has a history of frequent ear infections. When experiencing an ear infection Mary Jo may have elevated blood pressure and/or increase in extended vocalizations.</li> </ul> </li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Self-administration of medication or treatment orders</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is cooperative with taking her medications. She is accepting of supports in this area.</li> </ul>

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		<ul style="list-style-type: none"> <li>Behaviors or Symptoms: Mary Jo is not able to understand or implement medication orders. She is not able to self-medicate but does willingly take medications when crushed in soft foods such as pudding or applesauce.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Preventative screening</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>PAI does not manage preventative screening.</li> </ul>
<b>Medical and dental appointments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>PAI does not manage medical or dental appointments.</li> </ul>
<b>Other health and medical needs: Anemia</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is cooperative in taking her daily medication at her residence for her anemia. She is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Mary Jo is diagnosed with anemia which may cause her to feel easily fatigued, have a rapid heartbeat, shortness of breath and headache, difficulty concentrating, dizziness, leg cramps, pale skin, and insomnia.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Other health and medical needs: GERD</b> (Gastroesophageal Reflux Disease)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is cooperative in taking her daily medication at her residence for her GERD. Mary Jo is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Mary Jo is diagnosed with GERD and may experience discomfort in the form of burning sensation in her chest, chest pain, difficulty swallowing, or dry cough.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Other health and medical needs: Hernia</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of staff monitoring her.</li> <li>Behaviors or Symptoms: Mary Jo is diagnosed with a ventral hernia and may experience pain, a visible bulge, nausea, or vomiting. Ventral hernia can cause serious bodily discomfort.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Other health and medical needs: Ear Infections</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is cooperative and allows staff at her residence to use ear drops weekly. She is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Mary Jo may have elevated blood pressure and/or increase in extended vocalizations. Other symptoms may include an earache (sharp or sudden pain), drainage from the ear canal and/or a fullness in the ear.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Other health and medical needs: Personal Cares</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is able to bear weight and walk with assistance. She is able to use the toilet once assisted in transferring to it. She is accepting of supports in this area.</li> </ul>

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		<ul style="list-style-type: none"> <li>Behaviors or Symptoms: Mary Jo wears a brief due to incontinence and is unable to use a restroom without staff support.</li> <li>Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
<b>Risk of falling:</b> Scoliosis, full spinal fusion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is able to bear weight and stand with assistance. She is cooperative with staff in using a transfer belt and or standing pivot transfers. Mary Jo is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Mary Jo has scoliosis and a full spinal fusion. She has an unnatural curve of the spine as well as an abnormal gait. Her full spinal fusion provides symptom relief. Mary Jo may flip over and attempt to get out of a chair she is seated in. She has fallen to the floor when attempting this.</li> <li>Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Mobility issues:</b> Arthritis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of full assistance in propelling her wheelchair and securing her seatbelt and chest strap during transportation. She also is cooperative of assistance in using her gait trainer at PAI. Mary Jo also wears AFOs the duration of her program day.</li> <li>Behaviors or Symptoms: Mary Jo may experience discomfort related to arthritis in her spine. Symptoms could be swelling and tenderness of one or more of her joints. The main system of arthritis is point pain and stiffness.</li> <li>Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Regulating water temperature</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of staff assistance in adjusting water temperature safely and according to a temperature that she is comfortable with for hygiene care and other water related activities.</li> <li>Behaviors or Symptoms: Mary Jo is unable to adjust the water temperature or determine a safe water temperature. Mary Jo is at risk of being exposed to extreme water temperatures if not regulated and supported.</li> <li>Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Community survival skills</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mary Jo is accepting of supports in the community.</li> <li>Behaviors or Symptoms: Mary Jo doesn't fully comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Should she</li> </ul>

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		<p>experience a situation requiring emergency assistance she is not able to act promptly or correctly in accessing care.</p> <ul style="list-style-type: none"> <li>• Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Water safety skills</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mary Jo is accepting of supports near bodies of water.</li> <li>• Behaviors or Symptoms: Mary Jo is unable to swim. She does not have the cognitive or physical ability to keep herself safe near or in water.</li> <li>• Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Sensory disabilities: Vision</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mary Jo is accepting of tactile cues as needed.</li> <li>• Behaviors or Symptoms: Due to a Stroke Mary Jo doesn't have useful vision in her right eye and is legally blind. It is unknown the limited vision Mary Jo has.</li> <li>• Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<p><b>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.</b></p>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
<b>Self-injurious behaviors:</b> Sucking fingers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mary Jo responds to redirection. She is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Mary Jo may suck her index fingers for a prolonged duration of time leading to breakdown on her fingers and has caused infection.</li> <li>• Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>
<b>Physical aggression/conduct:</b> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Verbal/emotional aggression:</b> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Property destruction:</b> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Suicidal ideations, thoughts, or attempts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Criminal or unlawful behavior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Mental or emotional health symptoms and crises:</b> Anxiety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mary Jo responds to redirection. She is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Mary Jo has an anxiety disorder and may show symptoms of behavior such as yelling and loud vocalizations for extended periods of time (15 minutes or more).</li> <li>• Staff supports are needed in this area as directed by the CSSP Addendum.</li> </ul>

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<b>Unauthorized or unexplained absence from a program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>An act or situation involving a person that requires the program to call 911, law enforcement or fire department</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	