

SELF-MANAGEMENT ASSESSMENT

Name: Destiny Smith

For the annual period from: August 2021 through August 2022

Date of *Self-Management Assessment* development: 8.17.2021

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 |
|------------------------------|---|--|
| Allergies: Bee Stings | <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: Destiny is accepting of supports in this area. She will assist in packing her PRN medication when prompted but does not appear to have awareness of her allergies/sensitivities. Behaviors or Symptoms: Destiny has a potentially life threatening allergy to bee stings. Though she has been tested, it is uncertain how Destiny may react to being stung. Her reaction may include redness, swelling at the site, respiratory distress, and anaphylactic shock. Staff supports are required in this area according to the CSSP Addendum. |
| Seizures: NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> NA |

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| <p>Choking</p> | <input checked="" type="checkbox"/> NA – no seizures <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Destiny appears to have awareness of her increased choking risks. Destiny may eat very slowly or refuse parts of her meal if she is having difficulty swallowing and processing her food. • Behaviors or Symptoms: Destiny has a physician’s ordered diet texture to aid her in processing her food. Destiny has a nissen to treat her acid reflux, the nissen prevents her from vomiting and puts her at an increased risk of aspirating or choking should the Nissen tighten. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Special dietary needs: Physician’s order diet</p> | <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, & Abilities: Destiny enjoys eating and drinking and is able to get her lunch, snack or beverage from the fridge independently. Destiny is accepting of meal time supports. • Behaviors or Symptoms: Destiny eats pureed foods independently using a regular spoon, clothing protector, and a bowl or deep plate. To drink, she uses a plastic cup with a lid and a straw. Destiny is not able to prepare or set up her food. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Chronic medical conditions: Aortic Valve Disorder, Osteoporosis, Scoliosis, Trisomy 9</p> | <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, & Abilities: It is unknown what Destiny understands regarding her chronic medical conditions. Destiny is accepting of support in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Aortic Valve Disorder: is a condition in which the valve between the main pumping chamber of your heart (left ventricle) and the main artery to your body (aorta) doesn't work properly. Signs/symptoms may include abnormal heart sounds, irregular heartbeat, shortness of breath, dizziness or fainting, chest pain, and fatigue. ○ Intellectual Disability: is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ under 70, in addition to deficits in two or more adaptive behaviors that affect everyday living. ○ Osteoporosis: A condition in which bones become weak and brittle; new bone creation doesn't keep up with old bone removal. This increases risk of fracture. ○ Scoliosis: A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve. ○ Trisomy 9: is a rare chromosomal disorder in which the entire 9th chromosome appears three times (trisomy) rather than twice in some cells of the body. Common characteristics include failure to grown or gain weight, a small head size (microcephaly); a highly arched roof of the mouth (palate), various eye (ocular) anomalies may also be present that can lead to vision problems. Some affected individuals have been reported to have hearing loss that requires ear tubes or hearing aids |

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| | | <ul style="list-style-type: none"> 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, & Abilities: It is unknown what Destiny knows/understands related to her medications/treatments but Destiny is accepting of supports in this area. Behaviors or Symptoms: Destiny takes her medications in liquid form. Due to her cognitive and physical limitations, Destiny is not able to self-administer her medications. Staff supports are required in this area according to the 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 Destiny. |
| 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 Destiny. |
| Other health and medical needs: Personal Hygiene | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Destiny is able to independently use the toilet and may communicate her need to use the restroom while in public by putting her hand to her pubic area. Behaviors or Symptoms: Destiny is able to independently use the toilet; however, she needs support in cleaning herself after a bowel movement or when she has her menses. Staff supports are required in this area according to the CSSP Addendum. |
| Other health and medical needs: NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> 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: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Destiny appears to have an awareness that she may fall, she may become cautious transitioning flooring or ground surfaces and reach out for hand of staff, doorway or chair. Destiny is accepting of supports in this area. Behaviors or Symptoms: When navigating stairs, Destiny needs a railing for assistance. Staff supports are required in this area according to the 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: Destiny walks independently and is able to navigate well in barrier-free environments. Destin respond to verbal and gestural prompts to avoid potential obstacles. Behaviors or Symptoms: Destiny may become cautious transitioning flooring or ground surfaces and reach out for hand of staff, doorway or chair. She may become tired while walking long distances or if the weather is really hot and require the assistance of wheelchair. When navigating stairs, Destiny needs a railing for assistance. Staff supports are required in this area according to the CSSP Addendum. |

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| Regulating water temperature | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Destiny is able to turn the faucet on and wash her hands at the sink. She is accepting of supports to regulate the water temperature. • Behaviors or Symptoms: Destiny is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Destiny is at risk of being exposed to extreme water temperatures if not regulated and supported. • 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, & Abilities: Destiny enjoys being active in the community. She communicates what activities she would like to participate in when presented with 2 options. Destiny is accepting of assistance in the community. • Behaviors or Symptoms: Destiny has been diagnosed with developmental disabilities, and lacks a formal communication system. Destiny is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She is not able to navigate unfamiliar areas without support and does not have the ability to drive. She would require support if an emergency situation were to occur or to ask for assistance. • 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, & Abilities: Destiny appears to have awareness of the risk of drowning as she likes to be near water but prefers not to be in water. She is accepting of supports when near bodies of water in the community. • Behaviors or Symptoms: Destiny has been diagnosed with developmental disabilities that put her at high risk of drowning. She is not able to swim and does not have the cognitive or physical ability to keep herself safe in water. • Staff supports are required in this area according to the CSSP Addendum. |
| Sensory disabilities: Auditory Impairment, Visual Impairment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Destiny wears her glasses without issue and when choosing not to wear her hearing aids will put them away in her bag. It is unknown what Destiny's functional awareness is as it pertains to her sensory disabilities, she is accepting of supports in these areas. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Auditory Impairment: Destiny has a significant hearing loss as a result of her chronic medical conditions. Destiny has hearing aids for both ears that she may be resistant to wearing. ○ Visual Impairment: Destiny has a visual impairment that is corrected with glasses. Destiny has functional vision with her glasses and is able to navigate her environment. She receives assistance (staff's hand or arm) when transitioning flooring or terrain and is assisted in cleaning her glasses, should they become dirty. • Staff supports are required in this area according to the CSSP Addendum. |

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