

SELF-MANAGEMENT ASSESSMENT

Name: Justine Pullum

Date of *Self-Management Assessment* development: 9/2/21

For the annual period from: September 2021 to September 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): Sensitivity to lactose products | <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: Justine is aware of when she is having symptoms. Justine is may let staff know she is uncomfortable with vocalizations and body language. • Behavior and Symptoms: Justine is diagnosed with a developmental disability and is not able inform someone of her allergy. • Staff supports are required in this area according to the CSSP Addendum. |

PAI

| | | |
|--|--|---|
| Seizures (state specific seizure types): tonic- clonic and partial/complex seizures | <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: Justine is accepting of assistance when she has a seizures. • Behavior and Symptoms: Due to Justine’s diagnosis she is not able to protect herself while having a seizure. • 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: Justine is aware of the foods she likes. Justine is able eat finger food independently. • Behavior and Symptoms: Justine is not aware of an appropriate bite sized piece. Justine may eat finger foods too quickly without fully chewing. Justine may grab food from her peers that is not properly prepared for her. • Staff supports are required in this area according to the CSSP Addendum. |
| Special dietary needs (state specific need): Bite-sized pieces, sensitivity to lactose | <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: Justine is aware of the foods she likes. Justine is able to eat finger food independently. • Behavior and Symptoms: Due to Justine’s risk of choking she is given food cut into bite sized pieces. Justine is not able to cut her food independently. • Staff supports are required in this area according to the CSSP Addendum. |
| Chronic medical conditions (state condition): Tuberos Sclerosis, Amenorrhea | <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: Justine is aware of when she is in pain or discomfort. Justine may show discomfort from her chronic medical conditions. • Behavior and Symptoms: Justine is diagnosed with tuberous sclerosis, a multi-system genetic disease that causes benign tumors to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin. It usually affects the central nervous system and results in a combination of symptoms including seizures, developmental delay, behavioral problems, skin abnormalities, and kidney disease. Justine is also diagnosed with amenorrhea which is an abnormal absence of menstruation. • 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: Justine is cooperative during her medication administration. • Behavior and Symptoms: Due to Justine’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Justine 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 Justine. Justine's guardians 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 Justine. Justine's guardians will assist her with this. |
| Other health and medical needs (state specific need): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA |
| Other health and medical needs (state specific need): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA |
| Other health and medical needs (state specific need): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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): Tuberos Sclerosis | <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: Justine is able to walk 10-15 steps with staff supports. Behavior and Symptoms: Justine's diagnosis of Tuberos Sclerosis limits her truck and limb control. Staff supports are required in this area according to the CSSP Addendum. |
| Mobility issues (include the specific issue): Tuberos Sclerosis | <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: Justine is able to walk 10-15 steps with staff assistance. Behavior and Symptoms: Justine's diagnosis of Tuberos Sclerosis limits her limb control. Justine is not able to propel her own wheelchair. 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: Justine enjoys having her hands in water. It is unknown if Justine is aware of the water temperature. Behavior and Symptoms: Justine 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. |

PAI

| | | |
|---|---|---|
| Community survival skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Justine enjoys spending time in the community. Justine is able to indicate if she is enjoying her time in the community with body language and vocalizations. • Behaviors and Symptoms: Justine 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 Justine 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: Justine knows she does not like her face being touched. Justine can move her face away from the unwanted touch. • Behavior and Symptoms: Justine is not able to communicate this to people prior to being touched. • 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 |
| 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): Pokes eye | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: it is unknown if Justine is aware of her self-injurious behavior. • Behavior and Symptoms: Justine has a history of poking her eye and popping it |

PAI

| | | |
|--|---|---|
| | | <p>out of socket. Justine is at risk of pulling her eye out.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum. |
| 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 |