

**SELF-MANAGEMENT ASSESSMENT**

Name: Libby Broadbent

For the annual period from: September 2020 through September 2021

Date of *Self-Management Assessment* development: 9.3.2021

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
<b>Allergies:</b> Seasonal	<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: Libby’s function awareness of her allergies is unknown. Libby takes medication daily at home and is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Libby experiences seasonal allergies, symptoms may include congestion, sneezing, wheezing, and watery eyes.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Seizures:</b> Epilepsy, VNS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Libby is accepting of supports during and after seizure activity; her functional awareness of her seizure diagnosis is unknown.</li> <li>• Behaviors or Symptoms: Libby experiences tonic-clonic seizures. Libby has a VNS magnet and a PRN medication. Her seizures typically present with jerking of her limbs for 15-30</li> </ul>

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		<p>seconds and raspy breathing which may be observed up to twice daily. Libby may vomit after a seizure. Her seizure activity may increase during changes in weather or barometric pressure; they also increase during her menses. At day program, Libby tends to have seizures during or shortly after lunch.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Libby responds to verbal cues to “slow down” and “chew” and is accepting of support in this area. Her awareness that she may choke is unknown.</li> <li>• Behaviors or Symptoms: Libby has a history of choking. She may put large amounts of food into her mouth quickly and may not chew her food well putting her at risk of choking.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Special dietary needs:</b> Physician’s order diet	<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: Libby enjoys eating and is able to eat most foods with minimal assistance. Libby is able to hold her cup and drink using a straw and is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Libby is unable to follow dietary guidelines and choose a healthy diet for herself. Libby eats some foods independently using her fingers or regular utensils but may require assistance with soupy or small items and when tired from seizure activity. Libby sits in her wheelchair and uses her tray and shoulder straps during meals. Libby is able to eat independently using a spoon or hands. Libby may at times use a spoon in both hands. Libby drinks from a cup with a straw using physical assistance. Libby is not able to prepare or set up her food.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Chronic medical conditions:</b> Asthma, Partial Trisomy 4p, Severe Intellectual Disability, Hypertonicity, Spastic Quadriplegia, GERD	<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"> <li>• Strengths, Skills, &amp; Abilities: It is unknown what Libby understands regarding her chronic medical conditions. Libby is accepting of support in these areas.</li> <li>• Behaviors or Symptoms:             <ul style="list-style-type: none"> <li>○ <b>Asthma:</b> is a condition in which airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when breathing out and shortness of breath</li> <li>○ <b>Chromosome 4 Partial Trisomy 4p:</b> is a rare chromosomal disorder in which all or a portion of the short arm (p) of chromosome 4 appears three times (trisomy). Associated symptoms and physical findings vary greatly in range and severity depending upon the specific length and location of the duplicated portion of chromosome 4p. Affected persons have feeding and breathing difficulties, malformations of the head and facial area, and abnormalities of the hands and feet. Additional features may include other skeletal defects and heart (cardiac) defects.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ <b>Severe Intellectual Disability (ID):</b> is a generalized neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. It is defined as having an IQ in the 20–34 range and is often accompanied by noticeable motor impairments and developed central nervous systems. Individuals with severe ID may develop basic self-care and communication skills with appropriate supports and training with a high level of structure and supervision.</li> <li>○ <b>Hypertonicity:</b> is the resistance of muscles to passive stretch or elongation. It causes an abnormal increase in muscle tension and reduced ability of muscles to stretch, affecting posture, tone, and reflexes.</li> <li>○ <b>Spastic Quadriplegia:</b> is a specific type of CP that refers to difficulty in controlling movements in the arms and the legs. Those who experience this form of CP will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs. Spastic quadriplegia will normally affect the whole body, the facial muscles and the core of the body are unable to perform their normal functions due to the intense amount of muscle tightness and strain</li> <li>○ <b>Gastroesophageal Reflux Disease (GERD):</b> is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Symptoms of GERD include coughing, regurgitation, chest discomfort and nausea.</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: It is unknown what Libby knows/understands related to her medications/treatments but Libby is accepting of supports in this area.</li> <li>● Behaviors or Symptoms: Libby takes her medications whole as tolerated in soft foods followed by a drink. Due to her cognitive and physical limitations, Libby is not able to self-administer her medications.</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 for Libby.</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 for Libby.</li> </ul>

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<b>Other health and medical needs:</b> Personal Care Toileting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Libby is able to hold onto the handles on the ARJO and adjust herself on the toilet once seated. Libby can assist in pushing the buttons on the ARJO control to move the arm up/down. Libby may void in the toilet if the timing is just right. She is accepting of support in this area</li> <li>• Behaviors or Symptoms: Libby utilizes the support of disposable briefs and requires additional support during her menses. Libby utilizes an ARJO mechanical lift and an adaptive toilet with arms on either side for her personal cares. Libby requires full physical support to provide for her personal care and hygiene.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</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> Epilepsy and Chronic medical conditions increasing risk of falls	<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: Libby is able to bear weight with assistance. She will hold onto the Arjo handles during transfers and is hesitant to transfer after seizure activity. Libby is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Libby’s Hypertonicity and seizure activity put her at increased risk of falling. Libby’s wheelchair is equipped with a lap belt that is secured for her at all times. Libby has a lap tray and shoulder straps which are used during transportation, lunch and 30 minutes following and when Libby needs assistance with positioning due to slumping over throughout day.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Mobility issues:</b> Chronic medical conditions limiting 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"> <li>• Strengths, Skills, &amp; Abilities: Libby is able to transfer into her stander or a recliner with assistance and will pull herself in/scoot back in her wheelchair, chair or stander. Libby is accepting of support in this area.</li> <li>• Behaviors or Symptoms: Libby uses a wheelchair for mobility that is propelled by others. Libby’s wheelchair is equipped with a lap belt and shoulder straps for positioning and foot pedals to elevate her feet; Libby requires support to apply/disengage these components of her chair. Due to her diagnoses of Trisomy 4P, Hypertonicity and Epilepsy Libby has limited abilities in self-transfers. Libby is assisted in transfers by 1 staff and at time requires the support of a mechanical lift.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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<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: Libby enjoys participating in water sensory and will wash her hands with assistance. She may pull her hands away if the water is not a comfortable temperature and is accepting of supports to regulate the temperature.</li> <li>• Behaviors or Symptoms: Libby is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Libby is at risk of being exposed to extreme water temperatures if not regulated and supported.</li> <li>• Staff supports are required in this area according to 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: Libby enjoys spending time in the community. She will communicate what activities she would like to participate in when given options. Libby is accepting of assistance in the community, her functional awareness community survival skills is unknown.</li> <li>• Behaviors or Symptoms: Libby has been diagnosed with developmental disabilities, and lacks a formal communication system. Libby 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.</li> <li>• Staff supports are required in this area according to 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: Libby enjoys participating in water sensory activities and being near bodies of water in the community. Libby enjoys spending time at her family cabin and being on the boat. Libby is accepting of supports when near water, her functional awareness in this area is unknown.</li> <li>• Behaviors or Symptoms: Libby has been diagnosed with developmental disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in water.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Sensory disabilities:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Other personal safety needs</b> (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<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>		
<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> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Physical aggression/conduct:</b> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>

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<b>Verbal/emotional aggression: NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA
<b>Property destruction: NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA
<b>Suicidal ideations, thoughts, or attempts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA
<b>Criminal or unlawful behavior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA
<b>Mental or emotional health symptoms and crises: NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA
<b>Unauthorized or unexplained absence from a program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• 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	• NA
<b>Other symptom or behavior: NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA