

SELF-MANAGEMENT ASSESSMENT

Name: Jillian Jaszewski

Date of *Self-Management Assessment* development: 7/12/2021

For the annual period from: July 2021 to July 2022

Name and title of person completing the review: Beth Blackorbay, 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 |
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| Allergies (state specific allergies): Cefzil, minor environmental allergies | <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: It is unknown if Jilli is aware of her seasonal allergies. Jilli is accepting of staff assistance in managing her seasonal allergies. • Behavior and Symptoms: Jilli is diagnosed with minor seasonal allergies and is allergic to Cefzil. Jilli displays minor congestion and sneezing when experiencing seasonal allergy symptoms. She requires assistance from staff in managing these symptoms. • PAI staff supports are needed in this area according to the CSSP addendum. |

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| Seizures (state specific seizure types): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures | N/A |
| Choking: bite sized pieces | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Jilli is aware of her diet orders. Jilli is very accepting of staff assisting her in preparing and eating her meals, should she ask for assistance. • Behavior and Symptoms: Jilli should not eat foods that are not consistent with her dietary guidelines. She is at risk of choking without staff assistance in preparing her meals. • Staff supports are needed in this area according to the CSSP Addendum. |
| Special dietary needs (state specific need): bite sized pieces | <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: It is unknown if Jilli is aware of her diet orders. Jilli is very accepting of staff assisting her in preparing and eating her meals, should she ask for assistance. • Behavior and Symptoms: Jilli should not eat foods that are not consistent with her dietary guidelines. Jilli’s food should be cut in to bite sized pieces. She is at risk of choking without staff assistance in preparing her meals. • Staff supports are needed in this area according to the CSSP Addendum. |
| Chronic medical conditions (state condition): Cerebral palsy with spastic quadriplegia, Chronic GERD, Chronic 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: It is unknown if Jilli has awareness of her chronic medical conditions. Jilli expresses discomfort, verbally and through body language, that may stem from her chronic medical conditions, so she is able to self-advocate in this area. • Behavior and Symptoms: Jilli is diagnosed with Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Spastic Quadriplegia, also referred to as spastic quad or spastic quad CP, is a form of cerebral palsy that means the “loss of use of the whole body.” Jilli has been diagnosed with GERD (Gastroesophageal reflux disease (GERD) which occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash (acid reflux) can irritate the lining of your esophagus.). Jilli is diagnosed with Chronic Constipation (Chronic constipation is a common condition that is characterized by difficult, infrequent, or perceived incomplete evacuation of bowel movements. Symptoms of constipation include having less than 3 bowel movements per week, straining, hard stools, incomplete evacuation and inability to pass stool.) Jilli is at risk of severe health complications related to her Chronic Constipation if it is not managed properly. • Staff supports are needed in this area according to the CSSP Addendum. |

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| 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: It is unknown if Jilli has knowledge of the medications she takes or their purpose. Jilli is accepting of staff assisting her with her medication administrations. • Behavior and Symptoms: Due to Jilli's developmental disabilities she may not understand the full scope of the administration of her medications, including side effects, doses, and following prescriber's orders. Jilli is unable to administer her own medications independently. • 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 support Jilli in preventative screening. |
| 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 support Jilli in this area. |
| Other health and medical needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Other health and medical needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Other health and medical needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| 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 with spastic quadriplegia, unable to bear weight, uses an electronic wheelchair | <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: It is unknown if Jilli is aware of her risk of falling. Jilli is accepting of staff assistance with her transfers. • Behavior and Symptoms: Due to Jilli's medical conditions she has limited limb and trunk control. She needs assistance with her transfers. Her primary means of mobility is her electric wheelchair. She is at risk of falling if she is not secured in properly • Staff supports are required in this area according to the CSSP Addendum. |

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| <p>Mobility issues (include the specific issue): cerebral palsy with spastic quadriplegia, unable to bear weight, uses an electronic wheelchair</p> | <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: It is unknown if Jilli is aware of her risk of falling. Jilli’s primary means of mobility is her electric wheelchair, which she is able to operate with minimal assistance from staff. Jilli is accepting of staff assistance with the propulsion of her wheelchair should she ask or requires it, such as in the community or in and around difficult environments to navigate. • Behavior and Symptoms: Due to Jilli’s medical conditions she has limited limb and trunk control. She needs assistance from staff with her transfers. Jilli needs assistance in in operating her wheelchair in certain situations, such as navigating an environment with many obstacles. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Regulating water temperature</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Jilli is aware of the water temperature. Jilli responds to staff re-direction if he is seeking out water that may be too hot for touch. • Behavior and Symptoms: Jilli does not have the fine motor skills needed to adjust the water temperature to a safe level. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Community survival skills</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jilli enjoys spending time out in the community. Jilli is able to independently operate her electric wheelchair in many environments. • Behaviors and Symptoms: Jilli is not able to fully comprehend the potential dangers related to the community such as traffic skills, or pedestrian safety skills. She can independently operate her wheelchair in many environments, but may need staff assistance navigating certain terrain and/or environments. Although she has not had a history of doing so, she could potentially drive herself away from a group or staff if she is not being monitored. • Staff supports are required in this area according to the CSSP Addendum. |
| <p>Water safety skills</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: The extent of Jilli’s water safety skills is unknown. Jilli is aware that water could potentially be a danger to her. • Behaviors and Symptoms: Jilli would be at risk if she were to enter a body of water. 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. |

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| Sensory disabilities: Esotropia | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jilli navigates her environment well, despite her vision impairment. • Behaviors and Symptoms: Jilli has been diagnosed with Esotropia, which causes eye muscle imbalance. Her right eye will drift intermittently, causing visual impairment in her right eye as a result of this. Jilli has a vision impairment, and this could put her at risk in certain environments where her vision impairment could put her in harm's way, such as out in the community around traffic or other aspects where not seeing vision stimuli could be dangerous. • Staff supports are required in this area according to the CSSP Addendum. |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| 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): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Physical aggression/conduct (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Verbal/emotional aggression (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Property destruction (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Suicidal ideations, thoughts, or attempts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |

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| Criminal or unlawful behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Mental or emotional health symptoms and crises (state diagnosis): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| Unauthorized or unexplained absence from a program | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |
| 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 | N/A |
| Other symptom or behavior (be specific): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | N/A |