

SELF-MANAGEMENT ASSESSMENT

Name: Charlotte Jensen

Date of *Self-Management Assessment* development: 08/12/2021

For the annual period from: August 2021 to August 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
Allergies (state specific allergies): <ul style="list-style-type: none"> • Medication: Ceclor • Seasonal 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 Charlotte is aware of her Ceclor allergy. Charlotte would not put herself at risk by independently taking Ceclor. Charlotte is accepting of staff assistance in managing her seasonal allergies. • Behavior and Symptoms: Charlotte has seasonal allergies, which develop when the body’s immune system overreacts to something in the environment, usually during spring, summer or fall when certain plants pollinate. Charlotte is at risk

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		<p>of allergic reaction such as breathing complications or rash if she were to take Ceclor.</p> <ul style="list-style-type: none"> • Staff supports are needed in this area according to the CSSP addendum.
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte may be aware of her choking risk. Charlotte is very accepting of staff assistance in preparing and eating her meals, should she require assistance. • Behavior and Symptoms: Charlotte is at risk of choking if her dietary guidelines are not followed. • Staff supports are needed in accordance with her CSSP addendum.
Special dietary needs (state specific need): Charlotte is on a physician ordered diet of bite size 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: Charlotte may be aware of her diet orders. Charlotte is very cooperative when staff are assisting her in preparing and eating her meals, should she require assistance. • Behavior and Symptoms: Charlotte 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.
Chronic medical conditions (state condition): Autism, Bruxism, Scoliosis, Spinal fusion x 2- 08, Constipation, Allergic Rhinitis, Chromosome 22 Abnormality	<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: Charlotte may have awareness of some of her chronic medical conditions. Charlotte expresses discomfort that may stem from her chronic medical conditions via body language and vocalizations, so she is able to self-advocate in this area. • Behavior and Symptoms: Charlotte has been diagnosed with Autism, which refers to a broad range of conditions characterized by challenges with social skills (limited eye contact and connections with others), repetitive behaviors and communication delays, Bruxism (a condition that causes grinding and gnashing of the teeth, sometimes unknowingly or unconsciously), Scoliosis (Curvature of the spine), Spinal fusion x 2- 08, Constipation, Allergic Rhinitis (associated with a group of symptoms affecting the nose), which the symptoms occur when you breathe in something you are allergic to, such as dust, animal dander, or pollen), and Chromosome 22 Abnormality (is a disorder caused when a small part of chromosome 22 is missing. This deletion results in the poor development of several body systems). Medical problems commonly associated with chromosome 22 syndrome include heart defects, poor immune

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		<p>system function, a cleft palate, complications related to low levels of calcium in the blood, and delayed development with behavioral and emotional problems).</p> <ul style="list-style-type: none"> • Staff supports are needed 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: Charlotte may be aware she takes medications. Charlotte is cooperative during her medication administrations. • Behavior and Symptoms: Due to Charlotte’s diagnoses she may not understand the full scope of the administration of her medications, including side effects, doses, and following prescriber’s orders. Charlotte 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.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • PAI does not set up or attend appointments with Charlotte. Charlotte’s residence 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 appointments with Charlotte. Charlotte’s residence will assist her with this.
Other health and medical needs (state specific need): • Personal Cares	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte is cooperative during her cares and assists in standing to participate in her personal cares. • Behavior and Symptoms: Charlotte needs assistance and support from staff in transferring and changing her brief during her cares. Charlotte could experience skin integrity issues due to use of briefs and requires assistance in her personal cares routine every two hours and as needed. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): N/A	<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

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<p>Risk of falling (include the specific risk): Charlotte can bear weight with assistance from staff, but is at risk of falling if not supported.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte may be aware of her risk of falling. Charlotte is accepting of staff assistance with her transfers and helps staff and caregivers by bearing weight while being assisted with her transfers. • Behavior and Symptoms: Due to Charlotte’s medical conditions she has limited limb and trunk control. She needs assistance while bearing weight and transferring. • Staff supports are required in this area according to the CSSP Addendum.
<p>Mobility issues (include the specific issue):</p> <ul style="list-style-type: none"> • Charlotte can bear weight, but needs assistance from staff. She can propel her wheelchair over short distances but needs staff assistance with the majority of her navigation while in her chair. 	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte may be aware of her risk of falling. Charlotte is accepting of staff assistance with her transfers, and in the propulsion of her wheelchair, and helps staff and caregivers by bearing weight while being assisted with her transfers. Charlotte can self-propel her wheelchair over short distances. • Behavior and Symptoms: Due to Charlotte’s medical conditions she has limited limb and trunk control. She needs assistance while bearing weight and transferring. She needs staff assistance in the propulsion of her wheelchair over long distances. • Staff supports are required in this area according to the CSSP Addendum.
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte may be aware of the water temperature. Charlotte responds to staff re-direction if she is seeking out water that may be too hot for touch. • Behavior and Symptoms: Charlotte 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>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Charlotte enjoys spending time out in the community. She is accepting of staff assistance in navigating her community environments. • Behaviors and Symptoms: Charlotte is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She can self-propel her wheelchair over short distances, and although she has not had a history of doing so, she could potentially propel herself away from a group or staff if she is not being monitored.

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		<ul style="list-style-type: none"> 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 Charlotte possesses water safety skills. Charlotte has not before propelled her chair towards a body of water, or sought out bodies of water without staff or caregivers in close proximity. Behaviors and Symptoms: Charlotte 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.
Sensory disabilities: <ul style="list-style-type: none"> Vision Impairment 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Charlotte may be aware of her sensory disability. Charlotte appears to have functional vision without her corrective lenses, and navigates her environment well, despite her vision impairment. Behaviors and Symptoms: Charlotte 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

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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
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