

SELF-MANAGEMENT ASSESSMENT

Name: Krista Young

Date of *Self-Management Assessment* development: 8/13/21 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): Phenobarbital and Barbiturates	<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: Krista may be aware when she is having an allergic reaction. Krista may be able to communicate this by saying “owie” • Behavior and Symptoms: Due to Krista’s diagnoses she is not able to monitor the medications she takes or inform someone of her allergy. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): Epilepsy	<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: Krista may be aware of when she has a seizure. Krista is accepting of assistance if she is having a seizure. • Behavior and Symptoms: Krista is diagnosed with a developmental disability and is not able to self-manage her seizures. • 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: Krista enjoys eating and is aware of her favorite foods. Krista eats orally. • Behavior and Symptoms: Krista may swallow too fast and is at risk of choking. Krista may also drink her liquids too quickly and also puts her at risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Low fat, 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: Krista knows the foods she prefers. Krista is accepting of help to cut her food into bite sized pieces. • Behavior and Symptoms: Due to Krista’s diagnoses she is not able to self-manage her dietary orders. Krista is diagnosed with hyperlipidemia, high cholesterol, and hypokalemia. Krista may choose not to eat her meal. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy with Spasticity, Scoliosis with Spinal Fusion & Harrington Rods, Fibrocystic breasts (mild), Osteoporosis, Hyperlipidemia, Gastritis, Low albumin, Chronic (L) hip Subluxation	<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: Krista is aware of her discomfort/pain from her chronic medical conditions. Krista is able to inform staff she is uncomfortable or in pain by saying “owie” • Behavior and Symptoms: Krista is diagnosed with Cerebral Palsy with Spasticity, a group of disorders that affect movement and muscle tone or posture. Scoliosis, a curvature of the spine with Spinal Fusion & Harrington Rods. Fibrocystic breasts (mild), a benign (noncancerous) condition in which the breasts feel lumpy. Osteoporosis, a disease in which the density and quality of bone are reduced. Gastritis, an inflammation of the protective lining of the stomach. Krista is also diagnosed with chronic left hip Subluxation. • 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: Krista may be aware of her medications. Krista is accepting of medications. • Behavior and Symptoms: Krista has a developmental disability that limits her ability to set up and understand medication orders. • 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 medical appointments with Krista. Krista’s residence will assist her with this.

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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 Krista. Krista's residence will assist her with this.
Other health and medical needs (state specific need): Bruises easily	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Krista is occasionally aware of when she bruises. She is able to indicate this by saying "owie" Behavior and Symptoms: Krista has a history of self-injury and Krista has been known to get bruises during these incidents of pinching herself or from hitting something. Krista is prone to extensive bruising when injuries or accidents occur. She is at risk of injury and discomfort from bruising. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): DNR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Krista appears to understand when this is explained to her. Behavior and Symptoms: Krista is not able to inform people of her DNR. Staff supports are required in this area according to the CSSP Addendum.
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): Cerebral Palsy with Spasticity, Scoliosis with Spinal Fusion & Harrington Rods	<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: Krista is aware of her abilities. Krista is able to bear wait with assistance of the Arjo. Behavior and Symptoms: Due to Krista's diagnoses she is not able to bear weight independently putting her at risk of falling. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy with Spasticity, Scoliosis with Spinal Fusion & Harrington Rods	<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: Krista is aware of her abilities. Krista can propel her wheelchair for a short period of time. Behavior and Symptoms: Due to Krista's diagnoses she needs assistance moving her wheelchair long distances. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Krista is aware of the water temperature. Krista is able to indicate if the water is too hot or cold by saying "owie" Behavior and Symptoms: Due to Krista's diagnoses she does not have the fine

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		<p>motor skills to work a faucet.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Krista enjoys spending time in the community. Krista is friendly and enjoys interacting with people. Behavior and Symptoms: Krista may not be 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 long distances. Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: It is unknown if Krista has water safety skills. Behavior and Skills: 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: Krista is able to see objects. Krista is able to indicate what she can see with a “yeah” or head shake for no. Behavior and Symptoms: Krista has a diagnosis of optic atrophy and astigmatism. Due to her diagnosis she could have the following symptoms: blurred vision, abnormal side vision, and abnormal color vision. This could put her at risk of not seeing something or a possible injury. 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

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Self-injurious behaviors (state behavior): Pinching self, hitting things	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Krista is aware of when she is feeling upset. Krista is able to communicate when she is upset or sad. • Behaviors and Symptoms: Krista has a history of self-injurious behaviors. Krista requires assistance to redirect herself from these behaviors and practice different communication methods. • Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): Grabs peers, spits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Krista is aware of natural social behavior and enjoys being social. Krista is able to indicate when she is feeling upset or sad. • Behavior and Symptoms: Krista may pull or grab another person without asking first. Krista may spit towards other people. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): cries, yells	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Krista is aware of natural social behavior and enjoys being social. Krista is able to communicate in different ways. • Behavior and Symptoms: Krista may become very loud crying or yelling when upset. • Staff supports are required in this area according to the CSSP Addendum.
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): Major Depression	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Krista is aware of her mood and feelings. Krista is able to communicate this. • Behavior and Symptoms: Krista is diagnosed with major depression. Krista is not able to independently manage her depression. • Staff supports are required in this area according to the CSSP Addendum.
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

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