

**SELF-MANAGEMENT ASSESSMENT**

Name: Kim Varness

For the annual period from: September 2021 through September 2022

Date of *Self-Management Assessment* development: 9.20.2021

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
<p><b>Allergies:</b> Sulfa Medications, Seasonal Allergies</p> <p><b>Sensitivity:</b> Bug Sprays &amp; Sunscreens</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> NA – there are no allergies</p>	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: It is unknown what Kim understands about her allergies/sensitivities. Kim is accepting of supports in this area.</li> <li>Behaviors or Symptoms: Kim is allergic to sulfa medications; reactions may include rash, respiratory distress or anaphylactic shock. Kim experiences seasonal allergies; she may experiences sneezing, runny nose, and itchy, watery eyes. Kim’s skin is sensitive to all bug sprays and some sunscreens; reactions include rash &amp; itchy watery eyes.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p><b>Seizures:</b> Epilepsy</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> NA – no seizures</p>	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Kim is accepting of supports but her skills &amp; abilities in this area are unknown.</li> <li>Behaviors or Symptoms: Kim is diagnosed with epilepsy; she has not had a seizure since 1998.</li> </ul>

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<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim understands and responds to verbal cues to slow down &amp; chew her food while eating. Kim is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kim does not chew her food thoroughly and may eat foods she enjoys quickly; increasing her risk for choking. Kim may attempt to sample her peer’s food items, putting her at further risk of choking as Kim has a physician’s ordered diet.</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: Kim typically enjoys eating and has strong food preferences. Kim is able to eat finger food and drink independently using a sippy cup. Kim is accepting of supports during meal times.</li> <li>• Behaviors or Symptoms: Kim has a physician ordered diet. She needs her food cut into dime sized pieces and prepared for her. Kim sits in a chair with arm supports at a personal table adjacent to her peers. Kim uses a scoop dish and her hands to eat finger foods independently with supervision. Kim uses a sippy cup or cup with a spout to drink. Kim 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> Cerebral Palsy, Cervical Spine Spondylosis, Constipations, Dysmenorrhea, Severe ID, Scoliosis, Spinal Cord Stenosis	<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 Kim understands regarding <b>her</b> chronic medical conditions. Kim is accepting of support in these areas.</li> <li>• Behaviors or Symptoms:           <ul style="list-style-type: none"> <li>• <b>Cerebral Palsy (CP):</b> is a developmental disorder occurring as a result of damage to the motor cortex of the brain, the part that affects muscle control and coordination. Kim’s ability to move and maintain balance and posture is impaired due to limited muscle control. Symptoms include poor coordination, stiff muscles, weak muscles, and tremors. Kim may experience problems with sensations, vision, hearing, swallowing, and speaking as a result of weakened muscles.</li> <li>• <b>Cervical Spine Spondylosis:</b> is a common, age-related condition that affects the joints and discs of the cervical spine (neck). It’s also known as cervical osteoarthritis or neck arthritis. It develops from the wear and tear of cartilage and bones. It can cause chronic, severe pain and stiffness. However, many people who have it are able to conduct normal daily activities.</li> <li>• <b>Chronic Constipation:</b> is infrequent bowel movements, and small, hard-to-pass, stool. Kim is at risk of abdominal discomfort, weight loss and rectal pain due to constipation.</li> <li>• <b>Dysmenorrhea:</b> is the medical term for painful menstrual periods which are caused by uterine contraction. Symptoms include throbbing or cramping pains in the lower abdomen which can be severe enough to interfere with everyday activities, pain that radiates from the lower back to thighs, nausea, loose stools, headache, and dizziness for a few days every month.</li> </ul> </li> </ul>

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<p><b>Chronic medical conditions continued</b></p>		<ul style="list-style-type: none"> <li>• <b>Intellectual Disability (ID) Severe:</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>Neuromuscular Scoliosis:</b> is an irregular spinal curvature caused by disorders of the brain, spinal cord, and muscular system. Nerves and muscles are unable to maintain appropriate balance / alignment of the spine and trunk. Neuromuscular curves are often caused by pelvic obliquity (pelvis is unevenly tilted with one side higher than the other)</li> <li>• <b>Spinal Cord Stenosis:</b> occurs when the small spinal canal, containing the nerve roots and spinal cord, becomes compressed. This causes a “pinching” of the spinal cord / nerve roots, which leads to pain, cramping, weakness or numbness. Depending on where the narrowing takes place, these symptoms may be felt in the lower back and legs, neck, shoulder or arms. Symptoms of spinal stenosis often start slowly and get worse over time.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p><b>Self-administration of medication or treatment orders</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: It is unknown what Kim knows/understands related to her medications/treatments but Kim is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kim takes her medications with soft foods and is encouraged to take a drink afterwards. Due to her cognitive and physical limitations, Kim is not able to self-administer her medications.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p><b>Preventative screening</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<ul style="list-style-type: none"> <li>• PAI does not manage Preventative Screening for Kim.</li> </ul>
<p><b>Medical and dental appointments</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<ul style="list-style-type: none"> <li>• PAI does not manage Medical or Dental appointments for Kim.</li> </ul>
<p><b>Other health and medical needs:</b> Personal Care Toileting</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim may be aware of when she requires personal care supports, during walks Kim may bring staff to the rest room to indicate she needs assistance. Kim is generally accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kim utilizes the support of disposable briefs and requires additional support during her menses should she experience spotting. Kim is not able to complete her own personal cares or ensure her own privacy and at times, can be resistant to having her personal cares completed. She may clench her legs together making it challenging to clean her properly. Kim has a history of experiencing redness/skin irritation in her peri-area.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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<b>Other health and medical needs:</b> Prone to bruising	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim is accepting of assistance while walking using a gait belt and responds to verbal cues from staff to obstacles in her path. She is accepting of supports in this area</li> <li>• Behaviors or Symptoms: Kim is prone to bruising. Kim has an unsteady gait and may bump into furniture and/or tables while walking causing clusters of bruises to appear.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</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> Chronic medical conditions increasing risk of falls, visual impairment	<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: Kim is able to walk and will wear a gait belt. Kim may grab for staff, sit on the floor or seek out her wheelchair when she is feeling unsteady Kim is accepting of supports in this area, her functional awareness in this area is unknown.</li> <li>• Behaviors or Symptoms: Kim’s chronic medical conditions increase her risk of falling. These conditions often worsened over time and can cause increase in balance related issues due to pain, tingling, numbness, and muscle weakness. Kim is unsteady when walking/standing and has a history of falling. Kim has fallen while walking with assistance. Kim may attempt to walk without assistance further increasing her risk of falling. Additionally, Kim is able to unfasten her seatbelt and may do so at unsafe times.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Mobility issues:</b> Chronic medical conditions impacting mobility, visual impairment	<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: Kim is able to stand independently and walk with staff assistance. Kim is able to propel her wheelchair short distances using her feet. Kim is accepting of all mobility supports.</li> <li>• Behaviors or Symptoms: Due to her Cerebral Palsy, Scoliosis, and Spinal Cord Stenosis, Kim has ongoing changes in her ability to walk or stand. Kim uses a wheelchair for mobility in the community, for transportation and as need. Kim is not able to propel her wheelchair.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<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: Kim is able to use a sink to wash her hands and is can lift the handle to turn the faucet on. She may pull her hands away of vocalize if the water is not a comfortable temperature. Kim is accepting of supports to regulate water temperature and wash her hands.</li> <li>• Behaviors or Symptoms: Kim is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Kim 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>

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<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: Kim enjoys spending time in the community. She communicates what activities she would like to participate in when presented with 2 options. Kim is accepting of assistance in the community.</li> <li>• Behaviors or Symptoms: Kim has been diagnosed with developmental disabilities, and lacks a formal communication system. Kim 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: Kim loves water and swimming. She will wear a life jacket when prompted and is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kim 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> Visual Impairments (Astigmatism. Nearsighted); Over-stimulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim’s functional awareness in this area is unknown. She is generally accepting in these areas.</li> <li>• Behaviors or Symptoms: Kim has an <b>Astigmatism</b>, which causes her to see things blurry or wavy and is <b>Near Sighted</b>, which causes her to have difficulty seeing items that are further than 2 feet away. Kim does not tolerate wearing glasses. <b>Overstimulation:</b> Kim may become over stimulated in loud or busy environments as indicated by yelling, spiting, pinching, hitting, or reaching out for others</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</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> Trichotillomania	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim enjoys sensory experiences and will seek out sensory throughout her day. Kim responds to verbal and physical redirection when experiencing symptoms. It is unknown what Kim understands about her trichotillomania, she is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: <b>Trichotillomania:</b> also called hair-pulling disorder, is a mental disorder that involves recurrent, irresistible urges to pull out hair from your scalp, eyebrows or other areas of your body, despite trying to stop. Many people who have trichotillomania</li> </ul>

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		<p>also pick their skin, bite their nails or chew their lips. Sometimes pulling hairs from pets or dolls or from materials, such as clothes or blankets. Kim may also engage in self-injurious behavior in the form of rubbing her face against zippers, clasps, snaps, or buttons on her clothing to the point of breaking the skin.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Physical aggression/conduct:</b> hit, pinch, spit or bit others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim is able to communicate choices and responds best when allowed ample time to process tasks or requests. Kim is accepting of supports to communicate her wants/needs in a safe manner.</li> <li>• Behaviors or Symptoms: When overstimulated, agitated or if she is being asked to do something she does not want to do, Kim may hit, pinch, spit or bit others. Should the other person react – Kim may be more likely to target them in the future.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Verbal/emotional aggression:</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>Property destruction:</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>Suicidal ideations, thoughts, attempts</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>Criminal or unlawful behavior</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>Mental or emotional health symptoms and crises:</b> Mood Disorder – Anxiety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kim takes medication daily at home for her anxiety. Kim helps to plan her day and is supported in following her personal routine. Kim is accepting of supports to decrease her symptoms of anxiety, her functional awareness in this area is unknown.</li> <li>• Behaviors or Symptoms: Kim receives treatment for a mood disorder; she takes medication daily at her residence. When overstimulated, agitated or if she is being rushed or asked to do something she does not want to do, Kim may hit, pinch, spit, yell or bit others. Kim may also engage in self-injurious behavior in the form of rubbing her face against her zipper to the point of breaking the skin and pulling her own hair. Kim has a history of prolonged screaming. <b>Anxiety:</b> Intense, excessive, and persistent worry and fear about everyday situations. Fast heart rate, rapid breathing, sweating, and feeling tired may occur. Kim has anxiety, which may become evident during transitions or changes to her routine, specifically if she has to wait for something to occur such as lunch or a preferred activity or is feeling rushed.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<b>Unauthorized or unexplained absence from a program</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>An act or situation involving a person that requires the program</b>	<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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to call 911, law enforcement or fire department		
Other symptom or behavior: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• NA