

**SELF-MANAGEMENT ASSESSMENT**

Name: **Natasha Pohl**

Date of *Self-Management Assessment* development: 10/25/21 For the annual period from: October 2021 to October 20212

Name and title of person completing the review: Megan Duffy, 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: <b>NKA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no allergies	N/A - Tasha does not have any known allergies.
Seizures: <b>Grand &amp; Petit Mal – Controlled</b> Tasha has been seizure free since 2015.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<b>Strengths, Skills, &amp; Abilities:</b> Tasha is aware after she has a seizure and historically has been able to pull herself out of petit mal activity and is accepting of supports in this area. <b>Behaviors or Symptoms:</b> During petit mal seizures, Tasha would remain conscious, the right side of her body would convulse and she would laugh. During a grand mal seizure, Tasha’s whole body will convulse and she will be non-responsive. Due to Tasha’s diagnoses she is not able to follow her seizure protocol.

# PAI

Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><b>Strengths, Skills, &amp; Abilities:</b> It is unknown what Tasha understand about her increased choking risk. Tasha is able to bring a loaded fork to her mouth and is accepting of staff support in this area.</p> <p><b>Behaviors or Symptoms:</b> Tasha requires her food to be cut into nickel sized pieces. Tasha has limited fine motor skills and needs assistance preparing her food.</p>
Special dietary needs: <b>Nickel sized pieces, Adaptive fork, Staff assistance, Acid Reflux</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<p><b>Strengths, Skills, &amp; Abilities:</b> Tasha enjoys eating and knows her favorite foods, she is able to bring a loaded fork to her mouth independently and drink from a straw with assistance. Tasha is accepting of support in this area.</p> <p><b>Behaviors or Symptoms:</b> Tasha physician has recommended a nickel sized diet for her and she is not able to follow these recommendations without assistance. Tasha is not able to prepare or set up her food. Tasha uses a regular cup with a straw to drink &amp; fork with a built-up handle loaded by staff to eat.</p>
Chronic medical conditions: <b>Cerebral Palsy, Hydrocephalus, Profound Intellectual Disability, Spastic Quadriplegia, Scoliosis, Spinal Fusion</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<p><b>Strengths, Skills, &amp; Abilities:</b> Tasha is aware of her chronic medical conditions. Tasha can indicate she may be having pain from her medical conditions by saying “ow” and moving her hand to the affected area.</p> <p><b>Behaviors or Symptoms:</b> Tasha is diagnosed with Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Spastic quadraparesis, spasticity of the limbs. Scoliosis, curvature of the spine with a Spinal fusion. Hydrocephalus, a condition in which an accumulation of cerebrospinal fluid (CSF) occurs within the brain. This typically causes increased pressure inside the skull.</p>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><b>Strengths, Skills, &amp; Abilities:</b> Tasha is aware she takes medications. Tasha is accepting of her medications and staff support.</p> <p><b>Behaviors or Symptoms:</b> Tasha has a developmental disability that limits her ability to set up and understand medication orders. Tasha doesn’t take any scheduled or PRN medications at PAI. However should she have need, Tasha takes her medication orally with food or water and requires full assistance.</p>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAI does not manage Preventative Screening for Tasha.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAI does not manage Medical or Dental appointments for Tasha.
Other health and medical needs: <b>Personal Cares / Hygiene Supports, dislocated hips</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<p><b>Strengths, Skills, &amp; Abilities:</b> Tasha may communicate when she needs personal care assistance when asked, she is able to help roll herself while on the mat table and is accepting of supports in this area.</p> <p><b>Behaviors or Symptoms:</b> Tasha utilizes the support of a disposable brief and due to her physical limitations, is not able to complete her personal / menstrual cares and requires support to maintain her skin integrity. Tasha needs total assistance to transfer and complete all self-care.</p>

# PAI

Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<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>
Risk of falling: <b>Chronic medical conditions increasing risk of falls, seizure disorder, vision impairment</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<b>Strengths, Skills, &amp; Abilities:</b> Tasha’s functional awareness in this area is unknown, she is accepting of supports in this area and is comfortable using the lift system. <b>Behaviors or Symptoms:</b> Due to Tasha’s diagnoses she has limited trunk and limb control. Tasha is unable to secure her safety belts while in her wheelchair and may attempt to roll off the mat table during personal cares.
Mobility issues: <b>Chronic medical conditions impacting mobility, vision</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<b>Strengths, Skills, &amp; Abilities:</b> Tasha knows where she would like to go and will indicate she would like to move with yes/no questions. Tasha is accepting of mobility supports <b>Behaviors or Symptoms:</b> Due to Tasha’s diagnoses she is not able to independently propel her wheelchair or reposition herself.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Strengths, Skills, &amp; Abilities:</b> Tasha can indicate if it’s too hot or cold with yes/no questions. She is accepting of supports to regulate the temperature, wash and dry her hands. <b>Behaviors or Symptoms:</b> Due to Tasha’s diagnoses she does not have the fine motor skills to work a faucet.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Strengths, Skills, &amp; Abilities:</b> Tasha enjoys spending time in the community, she is friendly and enjoys interacting with people. She communicates what activities she would like to participate in when asked yes/no questions and is accepting of assistance in the community. <b>Behaviors or Symptoms:</b> Tasha has been diagnosed with developmental disabilities, and lacks a formal communication system. She is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. Tasha is not able to navigate her wheelchair 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.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Strengths, Skills, &amp; Abilities:</b> Tasha is accepting of supports when near water, her functional awareness in this area is unknown. <b>Behaviors or Symptoms:</b> 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.
Sensory disabilities: <b>Vison Impairment</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<b>Strengths, Skills, &amp; Abilities:</b> Tasha is able to indicate if she can see items by answering yes/no questions. Tasha is also able to move her head independently to adjust her visual area. She is accepting of supports in this area. <b>Behaviors or Symptoms:</b> Tasha has some vision in her left eye and no vision in her right eye.

# PAI

Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<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>
Self-injurious behaviors: <b>Hitting the table or her wheelchair with a closed fist</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<b>Strengths, Skills, &amp; Abilities:</b> Tasha is able to communicate using yes/no questions. When showing symptoms of behaviors Tasha responds to redirection and is accepting of supports to problem solve. <b>Behaviors or Symptoms:</b> Tasha lacks a formal communication system and may hit her closed hand on a table or wheelchair when feeling upset.
Physical aggression/conduct: <b>Hitting others with closed fist</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<b>Strengths, Skills, &amp; Abilities:</b> It is unknown if Tasha is aware of the repercussions of hitting others. Tasha is aware of her feelings, responds to redirection and is accepting of supports to problem solve when upset. <b>Behaviors or Symptoms:</b> Tasha lacks a formal communication system and when upset or frustrated, may hit a peer with a closed fist if they are within reach of her.
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Property destruction: 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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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 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
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA