

SELF-MANAGEMENT ASSESSMENT

Name: Kathryn (Katie) Sauter

For the annual period from: October 2021 through October 2022

Date of *Self-Management Assessment* development: 10.25.2021

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>Allergies: Dust, Mold, Morphine, Seasonal</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie takes allergy medication daily at home, when experiencing symptoms of seasonal allergies Katie will wipe her nose with tissue when offered. She is accepting of supports in this area. • Behaviors or Symptoms: Katie is allergic to dust and mold and has seasonal allergies; she may sneeze, cough, and have congestion when exposed to these potential allergens. Katie has a sensitivity to morphine which causes an increase in seizure activity • Staff supports are required in this area according to the CSSP Addendum.

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<p>Seizures: Tonic Clonic partially controlled</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie may call out at the onset of seizure activity, but this is not consistent. It is not known what Katie understands about her seizure diagnosis, but she is accepting of supports in this area. • Behaviors or Symptoms: Katie is diagnosed with a seizure disorder; her seizures are considered partially controlled and presents as Tonic Clonic Seizures in which she loses consciousness with shiver like jolts and a rigid upper body. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie is accepting of support in this area. Her awareness that she may choke is unknown. • Behaviors or Symptoms: Katie is unable to determine the appropriate size of bites, she has a physician’s ordered quarter sized. Katie also likes to dance while eating putting her at an increased risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs: Physician’s order diet</p>	<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, & Abilities: Katie enjoys helping to cook or bake and likes to help stir. Katie feeds herself finger foods independently when interested and activates a pre-recorded “I’m done” mac switch to indicate when she has finished eating. • Behaviors or Symptoms: Katie is able to eat finger foods and drink using a spouted or sippy cup independently; however, she may receive nutrition and fluids via her g-tube as prescribed by her physician to aid in maintaining a healthy weight. Kathryn is not able to prepare or set up her food. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions: Autistic Characteristics, Cerebral Palsy, Constipation, Dysmenorrhea, Hyponatremia, Hip Dysplasia, Polymyalgia Rheumatica, Scoliosis, Thrombocytopenia</p>	<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, & Abilities: It is unknown what Kathryn understands regarding her chronic medical conditions. Kathryn is accepting of support in these areas. • Behaviors or Symptoms: Autistic Characteristics: Katie demonstrates Autistic like characteristics but does not have a formal Autism diagnosis. She may engage in repetitive body movements with her hands and arms. Cerebral Palsy (CP): 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. Katie’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. Katie may also experience problems with vision, hearing, swallowing, and speaking as a result of weakened muscles. Constipation: infrequent bowel movements, and small, hard-to-pass, stool. Katie is at risk of abdominal discomfort, weight loss and rectal pain due to constipation

		<p>Dysmenorrhea: 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.</p> <p>Hyponatremia: occurs when the concentration of sodium in the blood is abnormally low. Sodium is an electrolyte, and helps maintain normal blood pressure, nerves, and muscles functions, and regulates the body's fluid balance.</p> <p>Hip Dysplasia (right): is the medical term for a hip socket that doesn't fully cover the ball portion of the upper thighbone. This allows the hip joint to become partially or completely dislocated. Most people with hip dysplasia are born with the condition. Later in life, hip dysplasia can damage the soft cartilage that rims the socket portion of the hip joint making the joint more likely to develop osteoarthritis.</p> <p>Polymyalgia Rheumatica (PMR): is an inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips. Symptoms of PMR usually are worse in the morning and usually occur on both sides of the body. Symptoms include limited range of motion and aches, pain or stiffness in the shoulders, neck, upper arms, wrists, elbows, buttocks, hips, thighs, or knees. Symptoms may also include fatigue, loss of appetite and depression.</p> <p>Scoliosis: A sideways curvature of the spine curves to the left or right, creating a C- or S-shaped curve.</p> <p>Severe Intellectual Disability (ID): is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ anywhere between 20 and 30 and is often accompanied by a neurological disorder.</p> <p>Thrombocytopenia: is a condition in which you have a low blood platelet count. Platelets help blood clot and stop bleeding. Signs and symptoms include easy or excessive bruising, superficial bleeding into the skin that appears as a rash of pinpoint-sized reddish-purple spots (usually on the lower legs, bleeding from gums or nose easily, blood in urine or stools, unusually heavy menstrual flows, and fatigue. Certain medications can reduce the number of platelets further including anticonvulsants and sulfa-containing antibiotics.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown what Kathryn knows/understands related to her medications/treatments, she will assist with some treatments when prompted and is accepting of offered supports.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Katie is accepting of medications administered in soft foods and may receive medication crushed via g-tube. Due to her cognitive and physical limitations, Kathryn is not able to self-administer her medications. 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 manage Preventative Screening for Kathryn.
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 manage Medical or Dental appointments for Kathryn.
Other health and medical needs: Personal Care / Hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Katie may understand when she needs to be assisted with her personal cares and may use her communication board when offered to let staff know. Katie is able to lift her hips to aid in brief placement and is accepting of supports in this area. Behaviors or Symptoms: Katie utilizes the support of a disposable brief and due to her physical limitations, is not able to complete her personal cares. Katie needs total assistance in providing for her personal cares and menstrual hygiene. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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: Chronic medical conditions increasing risk of falls, Seizure Disorder	<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, & Abilities: It is not known what Katie knows or understands at it relates to her increased risk of falling. She is accepting of supports in this area. Behaviors or Symptoms: Katie’s chronic medical conditions and seizure disorder put her at a high risk of falling and impact her ability to be safely mobile on her own. Katie has torso control however she tends to lean due to her scoliosis and is not able to walk without assistance. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Chronic medical conditions impacting mobility	<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, & Abilities: Katie is able to bear weight with supports. Katie will communicate repositioning preferences when offered choices. Katie is accepting of supports in this area. Behaviors or Symptoms: Katie’s chronic medical conditions impact her ability to be safely mobile on her own. Katie uses a wheelchair for mobility and is unable to propel her wheelchair, apply brakes, or safety restraints. Staff supports are required in this area according to the CSSP Addendum.

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Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie enjoys warm water and taking baths at home. She is accepting of supports to wash her hands and would pull her hands away if the water was too cool for her. • Behaviors or Symptoms: Kathryn is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Kathryn is at risk of being exposed to extreme water temperatures if not regulated and supported. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie enjoys spending time in the community. She communicates by eye pointing what activities she would like to participate in and where she would like to go when presented with options. Kathryn is accepting of assistance in the community. • Behaviors or Symptoms: Kathryn has been diagnosed with developmental disabilities and lacks a formal communication system. Kathryn 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. • 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, & Abilities: Katie enjoys warm water and going on the boat at camp. She is accepting of supports in this area. • Behaviors or Symptoms: Katie's chronic medical conditions and a seizure disorder that put her at an increased risk of drowning. She is unable to swim and does not have the cognitive or physical ability to keep herself safe in water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • 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
Self-injurious behaviors: Bites own hand, Hits self with hand in head/cheek/chin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Katie indicates when she is unhappy, she responds to verbal and physical cues when engaging in self-injurious behavior and can be redirected

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		<p>with preferred activities such as music or her beads. Katie will communicate choices and is accepting of supports in this area.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Katie has been diagnosed with a developmental disability and communicates nonverbally. When excited Kathryn may bite her hand. Kathryn may communicate that she is overwhelmed, frustrated or board by hitting herself in the face with her hand. When agitated, upset or uncomfortable, Katie may cry, hit her cheek/chin, and bite her hand. Illness, seizure activity, menstrual discomfort and unfamiliar staff may affect Katie's ability to self-manage her symptoms of behavior. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Mental or emotional health symptoms and crises: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> NA
Other symptom or behavior: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> NA