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SELF-MANAGEMENT ASSESSMENT

Name: Sara Felling

Date of *Self-Management Assessment* development: 11.2.2021   For the annual period from: November 2021 to November 2022

Name and title of person completing the review: Emily Elsenpeter, Designated Coordinator

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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:	☐ Yes ☐ No ☒ NA – there are no allergies	• NA
Seizures: Partially controlled Generalized Tonic-Clonic and Tonic Seizures	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Sara may be aware of when she is going to experience seizure activity, noted by breathing heavily and may clench or jerk her arms. She is generally accepting of her seizure medications, and her helmet. Sara is accepting of wearing her VNS magnet on her left ankle.

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		• Behaviors or Symptoms: Sara may have drop seizures displayed as sudden stiffening movements resulting in a fall if standing and typically last less than 20 seconds. She may also experience seizures with a loss of consciousness and muscle contractures. Due to seizures and/or seizure medications, Sara may be tired during her day and spend time resting. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sara is accepting of support in eating to ensure she takes safely sized bites. Sara can independently eat finger foods that are prepared for her. Sara independently drinks her beverages once prepared. • Behaviors or Symptoms: Sara may gag or choke on foods items that are hard, tough, or hard to chew. Sara does not take appropriately sized bites without support. She has a history of holding bites of her food in her cheek (pocketing), which may cause her to over fill her mouth. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs: Bite sized diet	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Sara is accepting of support in eating to ensure she takes safely sized bites. Sara can independently eat finger foods that are prepared for her. Sara independently drinks her beverages once prepared. • Behaviors or Symptoms: Sara has a history of pocketing food in her cheeks. She has a Physician Ordered diet for bite sized food. Sara uses a sports bottle to drink her beverages from. Sara may gag or choke on foods items that are hard, tough, or hard to chew. • Staff supports are required in this area according to the CSSP Addendum.

Chronic medical conditions: Congenital Lack of Myelin in her brain and Microcephaly	☐ Yes ☒ No
	☐ NA – there are no chronic medical conditions
		• Strengths, Skills, & Abilities: Sara is accepting of support in these areas. She is tolerant of a gait belt while walking, and her seizure supports.
		• Behaviors or Symptoms:
		   o **Congenital Lack of Myelin in the brain**: Myelin is made of protein and fatty substances and is the insulating layer that forms around nerves in the brain and spinal cord. Lack of myelin causes cognitive deficits, visual impairments, and balance concerns.
		   o **Microcephaly:** a condition where the head (circumference) is smaller than normal. Symptoms vary and include intellectual disability, speech delay, seizures and/or abnormal muscle functionality.
		• Staff supports are required in this area according to the CSSP Addendum.

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Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sara is generally accepting of her medications. • Behaviors or Symptoms: When Sara's medication(s) are set up for her, she generally takes her medications with a food item (ex. Applesauce or pudding) and a beverage to follow. Due to her cognitive limitations, she is not able to self-administer her medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☐ No ☒ NA	PAI does not manage preventative screening for Sara.
Medical and dental appointments	☐ Yes ☐ No ☒ NA	PAI does not manage medical or dental appointments for Sara.
Other health and medical needs: Personal Cares	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Sara may be aware of when she requires the use of the restroom. She may show this by walking into the restroom independently. • Behaviors or Symptoms: Sara utilizes a brief. Due to her cognitive limitations, she is not able independently complete her personal or menstrual cares. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Dental Hygiene	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Sara may be accepting of supports in this area. • Behaviors or Symptoms: Sara may pocket food and has a history of dental issues. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Nausea and Vomiting	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Sara is accepting of supports when experiencing symptoms. • Behaviors or Symptoms: Sara may experience nausea and vomiting around her menstrual cycle, as a side effect to medication, if ill, or for unknown reasons. • Staff supports are required in this area according to the CSSP Addendum.
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: Poor depth perception, seizure disorder and unsteady gait on uneven terrain	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: While wearing her helmet, Sara can safely walk independently in familiar areas with even terrain, and she is accepting of support while walking in other areas. • Behaviors or Symptoms: Sara has poor depth perception and needs assistance with steps and surfaces of varied height, gradient/texture, and color. Sara may become very unsteady when walking on grassy surfaces and when stepping up a curb. She may also attempt to walk through obstacles in her path. Sara utilizes a transfer belt

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		• when walking outside of the program. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Long distances, poor depth perception, seizure disorder and unsteady gait on uneven terrain	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: While wearing her helmet, Sara can walk independently in familiar areas with even terrain, and she is accepting of support while walking in other areas. • Behaviors or Symptoms: Sara has poor depth perception and needs assistance with steps and surfaces of varied height, gradient/texture, and color. Sara may become unsteady when walking on grassy surfaces and when stepping up a curb. She may also attempt to walk through obstacles in her path. Sara utilizes a transfer belt when walking outside of the program. Sara may use a wheelchair for long distances or if she is experiencing seizure activity or is ill. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sara is accepting of assistance in this area. • Behaviors or Symptoms: Sara is unable to adjust the water temperature or determine a safe water temperature due to her intellectual disabilities. Sara 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	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sara enjoys spending time in the community. Sara is accepting of assistance in the community. • Behaviors or Symptoms: Sara has been diagnosed with intellectual disabilities, is at risk of falling, and lacks a formal communication system. She is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She requires support to walk safely and limit risk of falls. She does not have the ability to drive. She would require support if an emergency were to occur or to ask for assistance. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sara is accepting of assistance around bodies of water. • Behaviors or Symptoms: Sara has been diagnosed with intellectual disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in the water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Vision impairment	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Sara can functionally navigate familiar environments. She is accepting of assistance in this area including physical assistance in finding

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		things with her hands and placing things closer to her to see them more easily. • Behaviors or Symptoms: ○ **Nearsightedness**: faraway objects appear blurry. ○ **Astigmatism:** vision condition that causes blurred vision. It occurs when the cornea (the clear front cover of the eye) is irregularly shaped or sometimes because of the curvature of the lens inside the eye. ○ **Poor depth perception:** Depth perception is seeing in three dimensions and the ability to judge how far away people or objects are from you. Poor depth perception impairs this ability. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	
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Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ 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 (state behavior): NA	☐ Yes ☐ No ☒ NA	
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	
Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	
Mental or emotional health symptoms and crises (state diagnosis):	☐ Yes ☐ No ☒ NA	

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NA		
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	