

SELF-MANAGEMENT ASSESSMENT

Name: Olivia Moore

Date of *Self-Management Assessment* development: 4/2/21 For the annual period from: April 2021 to April 2022

Name and title of person completing the review: Briana Hinzman, 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): NKDA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	N/A
Seizures (state specific seizure types): Olivia has a seizure disorder that is controlled by medication. She has not had a	<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: Olivia may be aware of her seizure disorder. Olivia is accepting of staff assistance in following her seizure protocol, and in the administration of her PRN medication, should her protocol call for it. • Behavior and Symptoms: Olivia would not be able to self-manage and remain

PAI

<p>seizure in years. A typical seizure for Olivia will involve her appearing still, with a low gaze, and her eyes will rapidly move and she will not react to staff.</p>		<p>safe in the event of a seizure.</p> <ul style="list-style-type: none"> Staff supports are needed in this area according to her CSSP addendum.
<p>Choking Olivia has a physician ordered NPO diet. Her nutrition is received via g-tube.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Olivia may be aware of her choking risk. Olivia has a physician ordered diet of NPO. She receives her nutrition via G-Tube. Olivia is accepting of staff assistance with her G-Tube feedings, and will help staff by holding her syringe as staff are assisting her with her feeding. She does not seek out food to eat that is not within the parameters of her physician ordered diet. Behavior and Symptoms: Olivia is at risk of choking if her dietary guidelines are not followed. Staff supports are needed in accordance with her CSSP addendum.
<p>Special dietary needs (state specific need): Olivia has a physician ordered NPO diet. Her nutrition is received via g-tube.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Olivia may be aware of her NPO order. Olivia is cooperative when staff are assisting her with her G-Tube feedings, and will help staff by holding her syringe as staff are assisting her with her feeding. She does not seek out food to eat that is not within the parameters of her physician ordered diet. Behavior and Symptoms: Olivia is at risk of choking if her dietary guidelines are not followed. Staff supports are needed in accordance with her CSSP addendum.
<p>Chronic medical conditions (state condition): Chronic Lung Disease</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Olivia may be aware of her medical conditions. Olivia is accepting of staff assistance in managing her diagnosis when warranted. Behavior and Symptoms: Olivia is unable to manage her chronic medical conditions independently. Staff supports are needed 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, and Abilities: Olivia may be away of her medications. Olivia is accepting of staff assistance in helping her with her meds and feedings. Behavior and Symptoms: Olivia needs assistance and support from staff in the administration of her medications, feedings, and following treatment orders. Staff supports are needed in this area according to the CSSP addendum.

PAI

Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI is not responsible for assisting Olivia with making or attending medical appointments. Olivia's residence assists her with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI is not responsible for assisting Olivia with making or attending medical appointments. Olivia's residence assists her with this.
Other health and medical needs (state specific need): Olivia has poor circulation and is sensitive to cold. Her hands are often a reddish color and this is normal for her. Olivia's hands may turn a dark grey or blue color if she is too cold.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Olivia may be aware of her poor circulation. She is accepting of staff support in ensuring that she is warm enough. She accepts blankets, sweaters, etc when needed. Behavior and Symptoms: Due to Olivia's diagnoses she may not understand the potential risk of her poor circulation. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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): Olivia may have difficulty maneuvering on uneven terrain or icy sidewalks. Olivia has a vision impairment which can make it difficult for her to navigate certain environments.	<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: Olivia is able to ambulate. Olivia will alert staff by vocalizing or becoming apprehensive when she is walking on or around terrain or obstacles that makes her feel uncomfortable. Behavior and Symptoms: Olivia is at risk of losing her footing and falling down without staff assistance when on or around certain terrain and obstacles. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Olivia may	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Olivia is able to ambulate. Olivia will alert staff by vocalizing or becoming apprehensive when she is walking on or around

PAI

<p>have difficulty walking on or around certain terrain and obstacles.</p>	<p>issues</p>	<p>terrain or obstacles that makes her feel uncomfortable.</p> <ul style="list-style-type: none"> • Behavior and Symptoms: Olivia is at risk of losing her footing and falling down without staff assistance when on or around certain terrain and obstacles. • Staff supports are required in this area according to the CSSP Addendum.
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Olivia may be aware of the water temperature. Olivia does not independently seek out or turn on water faucets. She is accepting of staff assistance in washing her hands and regulating water temperature. • Behaviors and Symptoms: Due to her disabilities, Olivia has not displayed the skills needed to independently adjust water to a safe temperature. • Staff supports are required in this area according to the CSSP Addendum.
<p>Community survival skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Olivia enjoys spending time out in the community. Olivia is accepting of assistance while in the community. • Behaviors and Symptoms: Due to her disabilities, Olivia is not able to comprehend the potential dangers related to the community, display proper traffic safety skills, or pedestrian safety skills. • Staff supports are required in this area according to the CSSP Addendum.
<p>Water safety skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Olivia possesses water safety skills. Olivia does not independently seek out bodies of water that may pose dangers to her. • Behaviors and Symptoms: 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 are 1:1 with Olivia in the community and will ensure that she stays at a safe distance from bodies of water. • Staff supports are required in this area according to the CSSP Addendum.
<p>Sensory disabilities: Olivia has a vision impairment and mild hearing loss.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Olivia wears corrective lenses to assist her with her vision impairment. She accepts staff assistance in cleaning and maintaining her glasses as needed. She is accepting of staff assistance with activities where her vision and hearing impairments could pose a problem. • Behaviors and Symptoms: Olivia’s vision impairment makes seeing objects difficult. She requires some staff assistance throughout the day in navigating her environment. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Suicidal ideations, thoughts, or attempts: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Unauthorized or unexplained absence from a program: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
An act or situation involving a person that requires the program to call 911, law	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

PAI

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