

SELF-MANAGEMENT ASSESSMENT

Name: Terri Leonard

Date of *Self-Management Assessment* development: 5/10/21 For the annual period from: May 2021 to May 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): Aspirin, Ibuprofen, Nsaids, A&D ointment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Terri may be aware of her allergies. Terri is accepting of assistance. • Behavior and Symptoms: Terri is diagnosed with developmental disability and is not able to independently manage her allergies. Terri is not able to inform others of her allergies. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types):	<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: Terri may be aware of her seizure disorder. Terri is accepting of assistance and her seizure PRN. • Behavior and Symptoms: Terri’s skin will turn blotchy with redness and she often extends her arms in front of her body when she is having a seizure. Terri’s seizure disorder is partially controlled. Terri has a history of increased seizure activity when she has a UTI. • Staff supports are required in this area according to the CSSP Addendum.
Choking: NPO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Terri may be aware of her NPO order. Terri does not attempt to eat orally. • Behavior and Symptoms: Due to Terri’s history of difficulty swallowing she is not able to safely eat or drink orally. • Staff supports are needed in this area according to the CSSP Addendum.
Special dietary needs (state specific need): NPO	<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, and Abilities: Terri may be aware of her NPO order. Terri does not attempt to eat orally. • Behavior and Symptoms: Due to Terri’s history of difficulty swallowing she is not able to safely eat or drink orally. • Staff supports are needed in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): PMR, CP (Hypotonic), Scoliosis, Harrington Rod in back, Spinal Fusion, Nissen, GERD, Severe Osteoporosis, Post right femur repair, Hyperopia, history of ear infections and UTI’s	<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, and Abilities: Terri may be aware of her chronic medical conditions. Terri occasionally shows signs and symptoms of her chronic medical conditions • Behavior and Symptoms: Terri is diagnosed with Polymyalgia rheumatic (PMR), an inflammatory disorder typically seen in older adults that causes widespread aching, stiffness and flu-like symptoms. Cerebral palsy, a group of disorders that affect movement and muscle tone or posture. Scoliosis, a curvature of the spine with Harrington Rod in back and a Spinal Fusion. GERD, acid reflux with Nissen, a surgery to strengthen the esophagus. Severe Osteoporosis, porous bone with right femur repair. Terri is also diagnosed with Hyperopia, farsightedness, and a history of ear infections and UTI’s. • Staff supports are needed in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Terri may be aware of her medications. Terri is cooperative during her medication administration. • Behavior and Symptoms: Due to Terri’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Terri is unable to request medications or

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		<p>inform someone if there are issues associated with her medications.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Terri. Terri's residence will assist her with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Terri. Terri's residence will assist her with this.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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 (include the specific risk): Cerebral Palsy, Scoliosis, Harrington Rod, Spinal Fusion	<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: Terri may be aware of her risk of falling. Terri appears comfortable using the track system. Behavior and Symptoms: Due to Terri's medical conditions she has limited limb and trunk control. Terri does not do any standing or weight bearing at PAI. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy, Scoliosis, Harrington Rod, Spinal Fusion	<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, and Abilities: Terry may be aware of her mobility issues. Terri is patient when waiting for someone to push her chair. Behavior and Symptoms: Due to Terri's medical conditions she has limited limb and trunk control. Terri is not able to propel her own wheelchair. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Terry may be aware of the water temperature. Terri is accepting of assistance. Behavior and Symptoms: Terri does not have the fine motor skills needed to adjust the water temperature.

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		<ul style="list-style-type: none"> 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, and Abilities: Terri enjoys spending time in the community. Terri is accepting of assistance navigating the community. Behaviors and Symptoms: Terri is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently propel her wheelchair. 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, and Abilities: It is unknown if Terri possesses water safety skills. 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 supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Terry may be aware of her sensory disabilities. Terri is able to see and observe her environment. Behaviors and Symptoms: Terri has hyperopia, she is able to view objects from a distance however lacks the ability to focus her eyes on objects close up. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

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Physical aggression/conduct (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Property destruction (state behavior): 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):	<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 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	NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA