

SELF-MANAGEMENT ASSESSMENT

Name: Kelly Pederson

Date of *Self-Management Assessment* development: 5/26/2021

For the annual period from: May 2021 to May 2022

Name and title of person completing the review: Beth Blackorbay, 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): Seasonal allergies | <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, & Abilities: Kelly is aware of her seasonal allergies. Kelly may request medication to alleviate her symptoms. • Behaviors or Symptoms: Kelly may need assistance getting or taking medications to relieve her seasonal allergy symptoms. • Staff supports are required in this area according to the CSSP Addendum. |

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| Seizures (state specific seizure types): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures | <ul style="list-style-type: none"> Kelly is not diagnosed with a seizure disorder. |
| Choking | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kelly knows the foods she prefers and the foods she does not like to eat. Kelly is able to prepare some foods independently. Behaviors or Symptoms: Kelly may eat too quickly putting her at risk of choking. Kelly occasionally uses her fingers to move food around in her mouth. Staff supports are required in this area according to the CSSP Addendum. |
| Special dietary needs (state specific need): History of weight problems, high cholesterol, and high blood pressure | <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: Kelly knows the foods she prefers and the foods she does not like to eat. Kelly is able to prepare some foods independently. Behaviors or Symptoms: Kelly has a history of weight problems, high cholesterol, and high blood pressure. Kelly may need encouragement and assistance making healthy food choices. Kelly should be encouraged to eat food that is low in sodium and saturated fats. Kelly may also need encouragement to eat slowly and recognize when she is full. Staff supports are required in this area according to the CSSP Addendum. |
| Chronic medical conditions (state condition): Cerebral Palsy with right hemiparesis, neurogenic bladder, scoliosis, and right hip dysplasia | <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: Kelly is aware of her conditions and is a great personal advocate. Kelly has strong gross and fine motor skills. Behaviors or Symptoms: Kelly is diagnosed with Cerebral Palsy with right hemiparesis, a group of disorders that affect a person's ability to move and maintain balance and posture. Neurogenic bladder, a bladder dysfunction caused by neurologic damage. Scoliosis, curvature of the spine. Kelly is also diagnosed with right hip dysplasia, 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. Staff supports are required 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, & Abilities: Kelly knows the medications she takes. Kelly is able to take her medications independently. Behaviors or Symptoms: Kelly may need assistance when preparing or taking her medications. Kelly's group home staff assist her with her medications. Kelly may refuse or choose not to follow all doctor's orders. Staff supports are required in this area according to the CSSP Addendum. |
| Preventative screening | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Kelly. Kelly's residence will assist her with this. |
| Medical and dental appointments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Kelly. Kelly's residence will assist her with this. |

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| Other health and medical needs (state specific need): Inconsistent injury reporter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is aware of how she is feeling. Kelly is a strong self-advocate. • Behaviors or Symptoms: Due to Kelly's disability she may not report injuries as they occur. Kelly may hide cuts and dry skin on her hands. • Staff supports are required in this area according to the CSSP Addendum. |
| Other health and medical needs (state specific need): 15 minutes of alone time | <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 | <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: Kelly is aware of her abilities and limitations. Kelly is able to advocate for her needs. • Behaviors or Symptoms: Due to an increase in falls Kelly no longer can transfer herself independently. Kelly may need reminders to wear her seatbelt in her wheelchair. Kelly has previously gone down ramps too quickly and has fallen out of her wheelchair. • Staff supports are required in this area according to the CSSP Addendum. |
| Mobility issues (include the specific issue): Cerebral Palsy, Scoliosis | <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: Kelly is aware of her abilities and limitations. Kelly is able to advocate for her needs. • Behaviors or Symptoms: Kelly may need assistance propelling her wheelchair long distances, uphill, or on rough terrain. Kelly may have different bruises or scratches on her legs from independently maneuvering her wheelchair. Kelly may choose not to utilize her leg rests which may cause her feet to drag on the ground and cause injury. • Staff supports are required in this area according to the CSSP Addendum. |
| Regulating water temperature | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Kelly is able to independently regulate water temperature. |

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| Community survival skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is very friendly and often gets along with people. Kelly has skills in pedestrian safety. • Behaviors or Symptoms: Kelly may need assistance propelling her wheelchair on hills, ramps, and uneven terrain. Kelly may need a reminder to wear her seatbelt in the vehicle and in her wheelchair. Kelly is friendly however may not recognize if a situation is unsafe in the community. Kelly may need assistance navigating connections in the community. • 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: Kelly is aware of safety skills around water. Kelly is able to swim. • Behaviors or Symptoms: Kelly continues to need supervision around water due to her disability. 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- myopia | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is aware of her sensory disability. Kelly is able to perform daily functions without her glasses. • Behaviors or Symptoms: Kelly is diagnosed with myopia (also known as near-sightedness) which is a condition in which one can see near objects but cannot see far objects clearly and chooses not to wear her prescription glasses. • Staff supports are required in this area according to the CSSP Addendum. |
| Other personal safety needs (state specific need): 15 minutes of alone time | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly enjoys navigating her wheelchair independently. She is very social and likes to visit others. • Behaviors or Symptoms: Kelly is permitted 15 minutes of alone time while on the premises to navigate the hallway or visit others. • 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 | NA |
| Other personal safety needs (state specific need): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | 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. | | |

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| 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 |
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| Self-injurious behaviors (state behavior): NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | NA |
| Physical aggression/conduct (state behavior): Throws items | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is aware of how she is feeling. Kelly often is able to discuss her feelings before they overwhelm her. • Behaviors or Symptoms: Kelly may become overwhelmed by negative emotions. Kelly may express this by throwing items. • Staff supports are required in this area according to the CSSP Addendum. |
| 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): Depression | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is aware of her feelings. Kelly is able to discuss emotions. • Behaviors or Symptoms: Kelly may withdraw or ignore people. Kelly has a difficult time pulling herself out of this cycle. • Staff supports are required in this area according to the CSSP Addendum. |
| 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): False reporter | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kelly is aware of her feelings. Kelly is able to discuss emotions. • Behaviors or Symptoms: Kelly has a tendency to become very emotional or alarmed about small injuries or issues involving others. Knowing whether Kelly is really hurt or alarmed can be difficult. Kelly has occasionally stated nonfactual |

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| | | <p>information to staff. One report was of a sexual nature.</p> <ul style="list-style-type: none">• Staff supports are required in this area according to the CSSP Addendum. |
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