

SELF-MANAGEMENT ASSESSMENT

Name: Dorothy Carter

Date of *Self-Management Assessment* development: 5/17/2021

For the annual period from: May 2021 to May 2022

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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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	NA
Seizures (state specific seizure types): Partially controlled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy may be aware she has seizures. Dorothy is accepting of assistance when she has a seizure. • Behaviors or Symptoms: Due to Dorothy’s diagnoses she is unable to follow her seizure protocol independently.

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		<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy knows what she likes to eat. Dorothy is able to eat orally • Behaviors or Symptoms: Dorothy has a doctor prescribed diet of ground to bite sized foods. Dorothy may pocket foods in her mouth due to difficulty swallowing putting her at risk of choking. Dorothy should only eat raw vegetables if they're shredded. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Regular, ground to bite sized, no raw vegetables unless shredded	<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: Dorothy knows what she likes to eat. Dorothy is able to eat orally. • Behaviors or Symptoms: Dorothy has a doctor prescribed diet of ground to bite sized and no raw vegetable unless shredded. Due to Dorothy's diagnoses she is not able to prepare her food properly independently. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Spastic Quadriplegia Cerebral Palsy, Equinus Deformity of feet, Mild Scoliosis, Cellulitis, Hypothyroidism, Constipation, Chronic Lymphocytic Leukemia (CCL)	<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: Dorothy is aware of some of her chronic medical conditions. Dorothy may communicate when she is in discomfort or pain due to her chronic medical conditions through vocalizations, facial expressions, and body language. • Behaviors or Symptoms: Dorothy is diagnosed with Spastic Quadriplegia Cerebral Palsy, difficulty in controlling movements in the arms and the legs. Those who experience this form of Cerebral Palsy will not have paralysis of the muscles, but rather jerking motions that come from stiffness within all four limbs. Equinus Deformity of feet, a condition in which the upward bending motion of the ankle joint is limited. Someone with equinus lacks the flexibility to bring the top of the foot toward the front of the leg. Mild Scoliosis, a curvature of the spine. Cellulitis, a common and sometimes painful bacterial skin infection. Hypothyroidism, an underactive thyroid gland. Constipation, a common condition that is characterized by difficult, infrequent, or perceived incomplete evacuation of bowel movements. Chronic Lymphocytic Leukemia (CCL), a low-grade leukemia, CCL is a type of cancer of the blood and bone marrow. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy is aware she takes medications. Dorothy is willing to take her medications when requested.

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orders		<ul style="list-style-type: none"> • Behaviors or Symptoms: Due to Dorothy's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Dorothy is unable to request medications or inform someone if there are issues associated with her medications. • 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 Dorothy. Dorothy'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 Dorothy. Dorothy's residence will assist her with this.
Other health and medical needs (state specific need): Dry skin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy is aware when he skin is irritating her. Dorothy will indicate this by scratching. • Behaviors or Symptoms: Dorothy has dry, sensitive skin, as a result she will scratch at the irritated areas. When Dorothy engages in scratching her dry, sensitive skin repeatedly, it puts her at risk of further skin irritation or breaking the skin causing injury. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): History of blood clots	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy may be aware she has a blood clot. Dorothy may communicate this with her actions. • Behaviors or Symptoms: Dorothy has a history of a blood clot in her leg. • Staff supports are required in this area according to the CSSP Addendum.
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): unsteady, drop seizures, unaware of surroundings	<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: Dorothy is aware of her abilities. Dorothy and able to walk with assistance and move her wheelchair independently for short distances. • Behaviors or Symptoms: Dorothy is ambulatory but is unsteady while walking, especially if she is walking long distances and becomes tired. Due to her unsteady gait she may trip and bump into obstacles such as chairs and peers putting her at

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		<p>risk of injury. Dorothy has drop seizures that may occur when she is walking, putting her at risk of injury as a result of potentially falling to the ground. Dorothy may also have a drop seizure while seated in a chair causing her to fall out of the chair putting her at risk of injury resulting from the fall. Dorothy can independently move her manual wheelchair putting her at risk of falling if not properly supervised near curbs, steep drops, or stairs.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
<p>Mobility issues (include the specific issue): unsteady, drop seizures, unaware of surroundings</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy is aware of her abilities. Dorothy and able to walk with staff assistance and move her wheelchair independently for short distances. • Behaviors or Symptoms: Dorothy is able to walk, but is unsteady while walking, especially if she is walking long distances and becomes tired. Due to her unsteady gait she may trip and bump into obstacles such as chairs and peers putting her at risk of injury. Dorothy has drop seizures that may occur when she is walking, putting her at risk of injury as a result of potentially falling to the ground. Dorothy is only able to propel her wheelchair independently for short distances. • 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, & Abilities: Dorothy is aware of the water temperature. Dorothy is able to remove her hand if the temperature is not comfortable • Behaviors or Symptoms: Dorothy likely would not adjust the water temperature independently. • 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, & Abilities: Dorothy enjoys being in the community. Dorothy is able to walk and propel her wheelchair for short distances. • Behaviors or Symptoms: Dorothy is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Dorothy may need assistance propelling her wheelchair if she becomes tired. • 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, & Abilities: It is unknown if Dorothy has water safety skills. • Behaviors or 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.

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Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dorothy is aware of her sensory needs. Dorothy will independently remove her sock and shoes. Dorothy may adjust something she is looking at to see it better. • Behaviors or Symptoms: Dorothy is diagnosed with Myopic Astigmatism (mild) and S/P Cataract. Dorothy is at risk of not seeing visuals being offered to her. Dorothy also experiences tactile defensiveness and often chooses to remove her shoes during the day. • 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
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.		
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
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

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Mental or emotional health symptoms and crises (state diagnosis): NA	<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