

SELF-MANAGEMENT ASSESSMENT

Name: Kathy Leuthner

Date of *Self-Management Assessment* development: 6/8/21 For the annual period from: June 2021 to June 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): Cerumenex (ear solution) and contrast dye omnipaque (dye used for x-rays)	<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: Kathy may be aware of when she is having an allergic reaction. Kathy would not seek out these medications. • Behaviors or Symptoms: Kathy is not able to inform someone of her allergies. • Staff supports are required in this area according to the <i>CSSP Addendum</i>.

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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, & Abilities: Kathy is aware of when she has a seizure. Kathy is accepting of assistance from staff. • Behaviors or Symptoms: Due to Kathy’s diagnoses she is not able to follow her seizure protocol. • 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: Kathy may be aware of her dietary orders. Kathy does not seek out food or attempt to put anything in her mouth. • Behaviors or Symptoms: Kathy has a doctor ordered NPO (nothing by mouth) due to her risk of aspiration. • Staff supports are required 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, & Abilities: Kathy may be aware of her dietary orders. Kathy does not seek out food or attempt to put anything in her mouth. • Behaviors or Symptoms: Kathy has a doctor ordered NPO (nothing by mouth) due to her risk of aspiration. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy Spastic Quadraparesis, Kyphoscoliosis (Deformity of spine), Dependent Edema (gravity related swelling in the lower body), Osteoporosis, and Osteopenia. Kathy has a history of UTI’s and urinary retention.	<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: Kathy may be aware of some of her chronic medical conditions. Kathy may indicate she is in discomfort due to her conditions. • Behaviors or Symptoms: Kathy is diagnosed with Cerebral Palsy Spastic Quadraparesis, difficulty in controlling movements in the arms and the legs. Kyphoscoliosis, a deformity of spine, Dependent Edema, gravity related swelling in the lower body, Osteoporosis, and Osteopenia, a disease in which the density and quality of bone are reduced. Kathy has a history of UTI’s and urinary retention. • 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: Kathy may be aware she takes medications. Kathy is willing to take her medications. • Behaviors or Symptoms: Due to Kathy’s diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Kathy 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 Kathy. Kathy’s residence will assist her with this.

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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 Kathy. Kathy's residence will assist her with this.
Other health and medical needs (state specific need): DNR/DNI	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: It is unknown if Kathy is aware of her DNR/DNI protocol. Behaviors or Symptoms: Kathy is not able to inform medical professionals of her DNR/DNI documents. Kathy is not able to maintain these documents independently. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Oxygen protocol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kathy may be aware when her oxygen is low. Kathy is willing to allow someone to take her oxygen stats. Behaviors or Symptoms: Kathy is not able to monitor her oxygen levels. Kathy is not able to inform someone if she is having side effects of having low oxygen levels. 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): Cerebral Palsy Spastic Quadraparesis, Kyphoscoliosis (Deformity of spine), Osteoporosis, and Osteopenia.	<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: Kathy may be aware of her abilities. Kathy appears comfortable during transfers. Behaviors or Symptoms: Kathy has limited trunk and limb control. Kathy would not be able to keep herself from falling. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Quadraparesis, Kyphoscoliosis (Deformity of spine), Osteoporosis, and Osteopenia.	<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: Kathy may be aware of her abilities. Kathy is patient when waiting for a staff to move her wheelchair. Behaviors or Symptoms: Kathy has limited trunk and limb control. Kathy is not able to propel her wheelchair independently. 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: It is unknown if Kathy is aware of the water temperature.

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		<ul style="list-style-type: none"> • Behavior and Symptoms: Kathy does not have the fine motor skills needed to adjust the water temperature. • 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: Kathy enjoys spending time in the community. • Behaviors and Symptoms: Kathy 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 Kathy 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 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
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

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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): 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