

SELF-MANAGEMENT ASSESSMENT

Name: Tracy Thomas

Date of *Self-Management Assessment* development: 7/15/2021

For the annual period from: July 2021 to July 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): Penicillin, seasonal allergies, pollen	<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: Tracy may be aware of some of his allergies. Tracy will show signs and symptoms of his seasonal allergies. • Behavior and Symptoms: Tracy is diagnosed with a Cerebral Palsy and is not able to check medications for penicillin. Tracy may not realize his symptoms are from his allergies. • Staff supports are required in this area according to the CSSP Addendum.

PAI

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"> Tracy does not have seizures.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Tracy is able to eat orally. Tracy does not attempt to put inedible items in his mouth. Behavior and Symptoms: Tracy has a spastic throat. His food may come up as his muscles are not relaxed. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Pureed, thin liquids	<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: Tracy is able to eat independently and enjoys doing so. Behavior and Symptoms: Tracy has a spastic throat. He is unable to chew or spit. Tracy may eat his food too quickly or leave the table before he has finished his meal. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral palsy with Spastic Para palsy, Constipation, Dementia	<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: Tracy may be aware of some of his chronic medical conditions. Tracy may inform staff he is in discomfort due to his chronic medical conditions. Behavior and Symptoms: Tracy is diagnosed with Cerebral palsy with Spastic Para palsy, very low muscle tone (hypotonia) that develops into spasticity (tight, stiff muscles that make movement difficult), together with cognitive deficits and Constipation. Dementia, which is a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life. 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, and Abilities: Tracy is aware he takes medications. Tracy is accepting of medications. Behavior and Symptoms: Due to Tracy's diagnoses, he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Tracy may not request medications or inform someone if there are issues associated with his 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 Tracy. Tracy's residence will assist him 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 Tracy. Tracy's residence will assist him with this.

PAI

Other health and medical needs (state specific need): Sun sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Tracy is aware of when he is sunburnt. Tracy is willing to wear a hat and other sun protective gear. • Behavior and Symptoms: Tracy has a sensitivity to the sun, his eyes may become sore, red, and watery. Tracy also sunburns easily. • Staff supports are required in this area according to the CSSP Addendum.
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, and Abilities: It is unknown if Tracy is aware of his DNR/DNI orders. • Behavior and Symptoms: Due to Tracy's disability he is not able to advocate for himself in regards to his orders. • 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): Tight heel cords, difference in leg lengths	<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: Tracy is aware of his mobility issues. Tracy is able to wheel himself in his wheelchair for short distances. Tracy is able to move around independently in his wheelchair. • Behavior and Symptoms: Due to Tracy's tight heel cords and a difference in his leg length he is likely to fall when walking unassisted. Tracy wears a gait belt to assist with transfers. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Tight heel cords, difference in leg lengths.	<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: Tracy is aware of his mobility issues. Tracy is able to wheel himself in his wheelchair for short distances. • Behavior and Symptoms: Tracy uses a wheelchair during transportation and in the community. Tracy is not able to propel his wheelchair long distances. • 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: Tracy knows to wash his hands. Tracy is able to turn on the water and wash his hands independently.

PAI

		<ul style="list-style-type: none"> • Behavior and Symptoms: Tracy may not check the water prior to putting his hands in putting him at risk of being burned. • 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: Tracy enjoys spending time in the community. Tracy sometimes greets others in the community. • Behaviors and Symptoms: Tracy is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able propel his wheelchair long distances. • 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 Tracy 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: Tracy may be aware of his sensory disability. Tracy has functional vision without glasses and is able to see. • Behavior and Symptoms: Tracy has a prescription for glasses but refuses to use them and may not be able to see things clearly putting him at risk of potential injury. • 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

PAI

Self-injurious behaviors (state behavior): Hits knuckles, pretends to choke self	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Tracy knows what he likes and what he doesn't like. Tracy is able to communicate these through body language. • Behavior and Symptoms: Tracy will hit his knuckles on the toilet when being changed or assisted putting him at risk for injury. Tracy will pretend to choke himself when being assisted with changing or putting on a jacket or coat. • Staff supports are required in this area according to the CSSP Addendum
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): Yelling, shaking fist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Tracy is aware of what may upset him. Tracy is able to communicate that he is upset. • Behavior and Symptoms: If Tracy is upset by a peer's behavior or actions he may yell out or shake his fist towards the peer that is upsetting him. • Staff supports are required in this area according to the CSSP Addendum.
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): Obsessive Compulsive Disorder, Depression	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Tracy may be aware of his mental health symptoms. Tracy is willing to take medications that help alleviate his symptoms. • Behavior and Symptoms: Tracy is diagnosed with Obsessive Compulsive Disorder, which is a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions) that he or she feels the urge to repeat over and over. and depression, which is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. Tracy may not be aware when these symptoms are affecting him and may not be able to inform someone. • 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

PAI

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