SELF-MANAGEMENT ASSESSMENT

Name: Ted Farrar

Date of *Self-Management Assessment* development: 8/3/21 For the annual period from: August 2021 to August 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): NA	☐ Yes ☐ No ☒ NA – there are no allergies	• Ted has no known allergies.
Seizures (state specific seizure types): NA	☐ Yes ☐ No ☒ NA – no seizures	• Ted is not diagnosed with a seizure disorder.

© 2016-2017 STAR Services. All rights reserved. Duplicate with permission only.

Choking	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Ted is aware of his choking risks and is able to inform staff if bites are too big. Ted is able to eat orally. • **Behavior and Symptoms:** Due to Ted's diagnoses he is not able to cut up his food into the correct sized pieces. Ted is at risk for choking if he does not eat prepared according to his dietary orders. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): a regular diet of ½ bite sized pieces	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• **Strengths, Skills, and Abilities:** Ted enjoys hot sauce and spicy food. Ted is aware of his dietary needs and can also inform staff of them. • **Behavior and Symptoms:** Due to Ted's limited fine motor skills he is not able to prepare his food independently. Ted may not be able to successfully chew bites larger than ½ bite pieces. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Osteoporosis, Cerebral Palsy with Spastic Quadriparesis, Hydrocephalus, post VP shunt, Dysphagia, GERD, Vitamin D deficiency, Chronic Back & Knee pain, Status post Anterior & Posterior fusion 06, Constipation, Protein calorie malnutrition	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• **Strengths, Skills, and Abilities:** Ted is aware and knowledgeable of his diagnoses. Ted is willing to ask for assistance when he needs it. • **Behavior and Symptoms:** Ted is diagnosed with Osteoporosis, a disease in which the density and quality of bone are reduced. Cerebral Palsy with Spastic Quadriparesis with Anterior & Posterior fusion 06, difficulty in controlling movements in the arms and the legs. Hydrocephalus, post VP shunt, is the buildup of fluid in the cavities (ventricles) deep within the brain. The excess fluid increases the size of the ventricles and puts pressure on the brain. Dysphagia, which is difficulty swallowing including coughing or choking when eating or drinking or bringing food back up, sometimes through the nose. GERD, characterized by hoarseness, shortness of breath, and/or coughing due to stomach acid that reaches the esophagus. Vitamin D deficiency characterized by fatigue and tiredness. Ted is also diagnosed with Chronic Back & Knee pain. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Ted is able and willing to take medications. Ted may request medications if he is in pain. • **Behavior and Symptoms:** Ted has limited fine motor skills and is not able to set up or take his medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Ted. Ted's residence will assist him with this.

© 2016-2017 STAR Services. All rights reserved. Duplicate with permission only.

Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Ted. Ted's residence will assist him with this.
Other health and medical needs (state specific need): Skin integrity	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Ted is aware of his hand contractures. Ted is able to alert staff is his hands are in pain or if a wound is forming. • **Behavior and Symptoms:** Ted has hand contractures and is at risk of skin breakdown in his palms and between his fingers if they are not dry and clean. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Positioning in wheelchair	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Ted is able to inform staff if he is uncomfortable or is feeling pain from sitting in his wheelchair. • **Behavior and Symptoms:** Ted is at risk of being uncomfortable in his wheelchair and having pressure sores if his chair is tilted all the way forwards. When in his wheelchair, Ted may complain of having a sore back or neck. Ted is not able to transfer himself. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ 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 with spastic quadriparesis	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, and Abilities:** Ted is aware he needs help transferring. Ted is comfortable using the lift system. • **Behavior and Symptoms:** Ted has limited limb and trunk control due to his diagnosis and is at risk of falling from a mat table or recliner. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy with spastic quadriparesis	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, and Abilities:** Ted is aware of his need for a wheelchair. Ted will ask staff when he wants to move or go somewhere. • **Behavior and Symptoms:** Ted has limited limb and trunk control due to his diagnosis and is not able to propel his own wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Ted is aware of the temperature he prefers water to be. Tell can tell staff if it's too hot or cold.

© 2016-2017 STAR Services. All rights reserved. Duplicate with permission only.

		• **Behavior and Symptoms:** Ted has limited fine motor skills and is not able to adjust the water temperature independently. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Ted enjoys going into the community and is very social. Ted is able to communicate where he would like to go and when. • **Behavior and Symptoms:** Ted is not able to propel his wheelchair independently. Ted may not be able to accurately identify risks in the community. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Ted is aware of his limited skills in water safety. • **Behavior and Symptoms:** Ted is not able to swim. 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	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Ted is able to make decisions with verbal cues. • **Behavior and Symptoms:** Ted is diagnosed with Optic atrophy B (glasses are unable to correct) and Glaucoma. Ted's vision is limited. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): Reports injury or illness	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Ted is aware of how he feels. Ted is able to accurately report when he is not feeling well. • **Behavior and Symptoms:** Ted may not report if he is not feeling well because he may not want to 'bother' staff or make them feel worried about him. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ 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**

© 2016-2017 STAR Services. All rights reserved. Duplicate with permission only.

PAI

Self-injurious behaviors (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	☐ Yes ☐ No ☒ NA	NA
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA

© 2016-2017 STAR Services. All rights reserved. Duplicate with permission only.