

SELF-MANAGEMENT ASSESSMENT

Name: Trudy Fast

Date of *Self-Management Assessment* development: September 27, 2021

For the annual period from: September 2021 to September 2022

Name and title of person completing the review: Cortney Kelly, Program Supervisor

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): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies | <ul style="list-style-type: none"> N/A |
| Seizures (state specific seizure types): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures | <ul style="list-style-type: none"> N/A |

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| Choking | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Trudy can chew thoroughly and swallow safely and independently. Trudy can use utensils and cut up her food as needed. • No staff supports are required in this area. |
| Special dietary needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs | <ul style="list-style-type: none"> • N/A |
| Chronic medical conditions (state condition): Microvalve Prolapse | <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: Trudy understands the importance of taking prescribed medication. Trudy can take medication that is handed to her. • Behaviors or Symptoms: Trudy is diagnosed with Microvalve Prolapse, which causes her to be at risk of infections prior to surgery. Trudy needs to take antibiotics prior to surgery. • 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: Trudy understands the importance of taking prescribed medication to alleviate symptoms and maintain good health. Trudy can take medication that is handed to her. • Behaviors or Symptoms: Trudy does not have the time or self-management skills to take medication correctly consistently. Trudy cannot read most medication labels and does not know or understand each medication’s specific purpose. • 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"> • Strengths, Skills, & Abilities: Trudy understands the importance of attending medical appointments and willingly participates. Trudy can answer questions about how she’s feeling. • Behaviors or Symptoms: Trudy does not have the time or self-management skills to schedule and attend appointments independently. Trudy would not be able to recall her health history. • Staff supports are required in this area according to the CSSP Addendum. |
| Medical and dental appointments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Trudy understands the importance of attending medical appointments and willingly participates. Trudy can answer questions about how she’s feeling. • Behaviors or Symptoms: Trudy does not have the time or self-management skills to |

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| | | <p>schedule and attend appointments independently. Trudy would not be able to recall her health history.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum. |
| Other health and medical needs: DNR | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Trudy is aware she had a DNR in place, though may not understand fully what this means. Trudy is receptive to the care of others when there is an emergency situation. • Behaviors or Symptoms: Trudy has a DNR in place and CPR will not be performed in the event that Trudy has stopped breathing on her own. Staff will provide basic first aid and call 911. • Staff supports are required in this area according to the CSSP Addendum. |
| 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): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling | <ul style="list-style-type: none"> • N/A |
| Mobility issues (include the specific issue): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues | <ul style="list-style-type: none"> • N/A |
| Regulating water temperature | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Trudy can operate a faucet and adjust the water temperature to a safe degree. Trudy can wash her hands independently. • No staff supports are required in this area. |
| Community survival skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Trudy knows some pedestrian safety rules. Trudy can relay her first and last name to others. Trudy is a friendly person and likes meeting new people. • Behaviors or Symptoms: Trudy would not consistently follow pedestrian safety rules and stranger safety rules independently. Trudy does not know all of her personal ID information. Trudy may become upset or mad when she thinks about the past and may yell and argue with herself. • Staff supports are required in this area according to the CSSP Addendum. |

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| Water safety skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Trudy knows that deep water required extra caution. Trudy exhibits this caution when undistracted. Behaviors or Symptoms: Trudy can become distracted. Trudy would not independently put on a life jacket. 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, & Abilities: Trudy knows that she needs to wear her glasses daily. Trudy can independently put her glasses on. Behaviors or Symptoms: Trudy wears glasses to correct her vision. Trudy may need assistance cleaning her classes. Staff supports are required in this area according to the CSSP Addendum. |
| Other personal safety needs (state specific need): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |

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 |
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| Self-injurious behaviors (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Physical aggression/conduct (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Verbal/emotional aggression (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Property destruction (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Suicidal ideations, thoughts, or attempts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Criminal or unlawful behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Mental or emotional health symptoms and crises: N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| Unauthorized or unexplained absence from a program | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |

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| An act or situation involving a person that requires the program to call 911, law enforcement or fire dept. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| Other symptom or behavior (be specific): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |