

**SELF-MANAGEMENT ASSESSMENT**

Name: **Dan Petersdorf**

Date of *Self-Management Assessment* development: **05/11/2020**

For the annual period from: **May 2020 to May 2021**

Name and title of person completing the review: **Dayna Gordon, Designated Coordinator/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): Tomatoes (whole)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA - there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan is aware of his sensitivity to the skin on tomatoes.</li> <li>Behaviors or Symptoms: Dan has an allergy to whole tomatoes. He is sensitive to the skin on tomatoes, so processed tomato products like ketchup or sauces are okay.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>

# PAI

Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan is independent while eating.</li> <li>Staff supports are not required in this area.</li> </ul>
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"> <li>N/A</li> </ul>
Chronic medical conditions (state condition): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - there are no chronic medical conditions	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Self-administration of medication or treatment orders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan does not take any routine medications at PAI. If he needs to take medication, staff trained in medication administration will assist him to make sure that he receives the correct medication and dose via the correct route at the correct time. In order for PAI staff to administer any medication, a current physician's order is required. PAI staff will report any potential medication side effects to Dan's mother, Carol Petersdorf.</li> <li>Staff supports are not required in this area.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan recognizes the need to attend appointments and will do so willingly with support. Dan is verbal and can answer how he is feeling when asked directly. Dan can attempt to report what he believes is most accurate.</li> <li>Behaviors or Symptoms: Dan is unable to seek assistance in some situations. Though Dan is able to report illness and injury, he is prone to exaggeration. Dan is unable to schedule or attend appointments independently.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan recognizes the need to attend appointments and will do so willingly with support. Dan is verbal and can answer how he is feeling when asked directly. Dan can attempt to report what he believes is most accurate.</li> <li>Behaviors or Symptoms: Dan is unable to seek assistance in some situations. Though Dan is able to report illness and injury, he is prone to exaggeration. Dan is unable to schedule or attend appointments independently.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical 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"> <li>N/A</li> </ul>
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>

# PAI

N/A		
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment - include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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	• 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	• N/A
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan is able to regulate water temperature independently.</li> <li>Staff supports are not required in this area.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan is a friendly person who likes to talk to people. Dan is also a very trusting person.</li> <li>Behaviors or Symptoms: Dan can be overly friendly and he may not be able to determine if a person is trustworthy.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan understands that it is important to be safe around water.</li> <li>Staff supports are not required in this area.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Dan understands the importance of wearing his glasses.</li> <li>Behaviors or Symptoms: Dan has some vision loss; Dan wears glasses.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A

# PAI

(state specific need): N/A		
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment - include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Self-injurious behaviors (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Suicidal ideations, thoughts, or attempts: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Unauthorized or unexplained absence from a program: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department: N/A	<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