

**SELF-MANAGEMENT ASSESSMENT**

Name: Greg Johnson

Date of *Self-Management Assessment* development: 4/2/2020

For the annual period from: October 2020 to October 2021

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): <b>Greg is allergic to ragweed, grass, pollen, and mold. He is at risk of discomfort from allergy symptoms including runny nose and respiratory irritation</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may be aware of his allergies. He is accepting of caregivers and staff assisting him in managing his allergies and lactose intolerance.</li> <li>• <b>Behavior and Symptoms:</b> As a result of his allergies, Greg is at risk of allergic reaction including coughing and runny nose, breathing complications due to his asthma, and stomach ailments as a result of his lactose intolerance.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>

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<p>ranging from coughing to asthmatic reaction. Greg is also lactose intolerant.</p>		
<p>Seizures (state specific seizure types): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> NA – no seizures</p>	<p>NA</p>
<p>Choking:  <b>Physician orders - pureed diet.</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg enjoys eating. Greg is accepting of staff assistance in assisting him at mealtime should he need it. He accepts staff and caregiver assistance in supporting him by preparing food according to his dietary guidelines.</li> <li>• <b>Behavior and Symptoms:</b> Greg is at risk of choking if he is given food that is not pureed, or if he eats too fast or tries to eat other's food. He may take other people's food that isn't prepared correctly, putting him at risk of aspirating, swallowing difficulty and choking.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p>Special dietary needs (state specific need): <b>Physician orders - pureed diet.</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg enjoys eating. Greg is accepting of staff assistance in assisting him at mealtime should he need it. He accepts staff and caregiver assistance in supporting him by preparing food according to his dietary guidelines.</li> <li>• <b>Behavior and Symptoms:</b> Greg has a physician's ordered diet, but is unable to prepare his food without assistance. He may ingest products with lactose that may cause stomach discomfort.</li> <li>• Staff supports are needed in this area according to the CSSP addendum.</li> </ul>
<p>Chronic medical conditions (state condition): Greg has been diagnosed with <b>PKU</b> (Phenylketonuria is a birth defect that causes an amino acid called phenylalanine to build up in the body.)  <b>Asthma, GERD, Gastric Ulcer, Eczema</b> (also known as dermatitis, causes skin swelling), <b>Pruritus</b> (unpleasant</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may have awareness of his chronic medical conditions. Greg expresses himself if he is feeling discomfort that could be stemming from his chronic medical conditions.</li> <li>• <b>Behavior and Symptoms:</b> Greg has been diagnosed with; <b>PKU</b> (Phenylketonuria is a birth defect that causes an amino acid called phenylalanine to build up in the body.), <b>Asthma, GERD, Gastric Ulcer, Eczema</b> (also known as dermatitis, causes skin swelling), <b>Pruritus</b> (unpleasant sensation of the skin that causes the urge to scratch), and <b>Hyperlipidemia</b> (an abnormally high concentration of fats or lipids in the blood.). Greg needs assistance from staff in managing his chronic medical conditions.</li> <li>• Staff supports are needed in this area according to the CSSP Addendum.</li> </ul>

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sensation of the skin that causes the urge to scratch)		
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may be aware of his medications. Greg is accepting of staff assistance during his medication administration.</li> <li>• <b>Behavior and Symptoms:</b> Due to Greg's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Greg is unable to request medications or inform someone if there are issues associated with his medications.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not assist Greg with setting up or attending appointments. Greg's residence will assist him with this.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not assist Greg with setting up or attending appointments. Greg's residence will assist him with this.</li> </ul>
Other health and medical needs (state specific need): <b>Greg has sensitive skin</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg is accepting of staff assistance with managing his sensitive skin. He will at times allow staff to assistance him with lotion massages and other skin treatments as needed.</li> <li>• <b>Behavior and Symptoms:</b> Greg needs assistance and support from staff in managing his sensitive skin. Greg is at risk of skin breakdown and infection due to his sensitive skin.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): <b>Greg has a Neurogenic bladder. He uses a supra-pubic catheter and is unable to maintain it and monitor it himself. He is at risk of bladder infections or urinary tract infections or an infection to the catheter site.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg is accepting of staff assistance with emptying his catheter, and cleaning and/or adjusting it as needed.</li> <li>• <b>Behavior and Symptoms:</b> Greg has a neurogenic bladder. He uses a supra-pubic catheter and is unable to maintain it and monitor it himself. He is at risk of bladder infections or urinary tract infections or an infection to the catheter site if he is not assisted by staff with emptying and maintaining his catheter.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	

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N/A		
<b>Personal safety to avoid injury or accident in the service setting</b>		
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): <b>Greg can walk independently, but his ability level for walking independently can vary, resulting in him being unsteady at times. Greg may occasionally choose to shift his weight onto assisting staff, resulting in potential fall or injury. Greg utilizes a manual wheelchair coming to and from the bus, and while out in the community, while at PAI.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may be aware of his risk of falling. Greg walks independently the majority of the time he walks. He is accepting of staff assistance while navigating environments and terrains where he may need help.</li> <li>• <b>Behavior and Symptoms:</b> Greg may need assistance from staff while navigating certain environments and terrain. He needs assistance from staff in propelling his wheelchair when he is utilizing a chair for mobility.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): <b>Greg can walk independently, but his ability level for walking independently can vary, resulting in him being unsteady at times. Greg utilizes a manual wheelchair coming to and from the bus, and while out in the community, while at PAI.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may be aware of his risk of falling and his mobility needs. Greg walks independently the majority of the time he walks. He is accepting of staff assistance while navigating environments and terrains where he may need help, and is accepting of staff assistance in propelling his wheelchair while he is utilizing one.</li> <li>• <b>Behavior and Symptoms:</b> Greg may need assistance from staff while navigating certain environments and terrain. He needs assistance from staff in propelling his wheelchair when he is utilizing a chair for mobility.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg may be aware of the water temperature. Greg is accepting of staff assistance should he need to regulate water temperature.</li> </ul>

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		<ul style="list-style-type: none"> <li>• <b>Behavior and Symptoms:</b> It is unclear if Greg is aware of safe water temperature. He needs assistance from staff in ensuring that the water temperature is at a safe level.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg enjoys spending time out in the community. He's accepting of staff assistance with his mobility while out in the community.</li> <li>• <b>Behaviors and Symptoms:</b> Greg may not be able to comprehend the potential dangers related to the community, such as displaying traffic skills, or pedestrian safety skills. He requires staff assistance in navigating some environments and terrain while walking.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> It is unknown how much water safety skills Greg could independently display. He does not independently seek out bodies of water that could pose a danger to him.</li> <li>• <b>Behaviors and Symptoms:</b> 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 are 1:1 with Greg in the community and will ensure that he stays at a safe distance from bodies of water.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): <b>Greg will at times take jackets, hats, gloves etc off during the winter months due to tactile defensiveness.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg does respond to staff re-direction and assistance in making sure he is wearing appropriate clothing while outside during the winter months. He is accepting of staff assistance in putting his jacket, hat, or gloves back on when he takes them off.</li> <li>• <b>Behaviors and Symptoms:</b> Greg is at risk of suffering cold weather-related injuries when he takes off his warm winter gear during the winter months.</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	
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	

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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): <b>When Greg is experiencing anxiety symptoms (may be due to changes in his environment, disruptions in his routine, change in staffing/peers, not having his own space, etc.)</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Greg is accepting of staff assistance in re-direction when he is biting or scratching his arm/wrist. Greg is accepting of staff assistance in re-direction when he is experiencing severe anxiety symptoms that could lead to his SIB.</li> <li>• <b>Behavior and Symptoms:</b> Greg is at risk of injury or infection should he be feeling anxious and his anxiety results in him biting his arm/wrist. He, many times, has open sores on his arm due to this, and wears gauze wrap as a result. He will sometimes attempt to rip this wrap off of his arm. This SIB puts him at risk of injury and/or infection to his arm/wrist area.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Mental or emotional health symptoms and crises (state diagnosis): <b>Greg has been diagnosed with an anxiety disorder.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> It is not known if Greg is aware of his anxiety disorder. He expresses discomfort stemming from his anxiety disorder via facial expressions, body language, and vocalizations, so he is able to self-advocate in this area.</li> <li>• <b>Behaviors and Symptoms:</b> Greg has an anxiety disorder. When he is experiencing severe anxiety symptoms, he may bite his arm and wrist area, putting him at risk of injury or infection.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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Unauthorized or unexplained absence from a program	<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	<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