

SELF-MANAGEMENT ASSESSMENT

Name: Larry Therrien

Date of *Self-Management Assessment* development: 6/4/21

For the annual period from: June 2021- June 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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> Larry has no known allergies.
Seizures (state specific seizure types): Epilepsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Larry is aware when he has a seizure. Larry will sometimes inform someone after he has a seizure. Behavior and Symptoms: While in a seizure Larry is unable to follow his seizure protocol.

PAI

		<ul style="list-style-type: none"> Staff supports are needed in this area according to the CSSP Addendum.
Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Larry does not have a history of choking
Special dietary needs (state specific need): Food in bite sized pieces	<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: Larry knows what he prefers to eat. Larry is able to eat finger foods and drink independently. Behavior and Symptoms: Larry is diagnosed with Ataxia which causes hand tremors. Larry is not able to independently eat foods that require a spoon. Staff supports are needed in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Ataxia, Failure to thrive, Cerebral Palsy, osteoporosis, Rosacea	<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: Larry is knowledgeable on his chronic medical conditions. Larry informs staff if he is having symptoms and asks for help as needed. Behavior and Symptoms: Larry is diagnosed with Ataxia, which is a lack of muscle control or coordination of voluntary movements such as walking or picking up objects. This has caused Larry to have a hand tremors. Cerebral Palsy, a disorder that affects movement and muscle tone or posture. Osteoporosis, a disease in which the density and quality of bone are reduced. Rosacea, a common skin condition that causes redness and visible blood vessels in your face. Staff supports are needed in this area according to the CSSP
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: Larry understands his medication. Behavior and Symptoms: Due to Larry's hand tremors, he is not able to prepare his medications. Staff supports are needed 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 Larry. Larry'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 Larry. Larry's residence will assist him with this.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

PAI

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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): Ataxia, Cerebral Palsy	<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: Larry knows when he needs assistance. Larry is able to bear weight and request help. • Behavior and Symptoms: Due to Larry’s Ataxia and Cerebral Palsy he needs support when standing and transferring. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Ataxia and Cerebral Palsy	<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: Larry knows his abilities with mobility. Larry is able to independently propel his wheelchair. • Behavior and Symptoms: Due to Larry’s Ataxia and Cerebral Palsy he may become tired when propelling himself for long periods of time. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Larry is able adjust to water temperature independently.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Larry is able to independently propel his wheelchair to where he would like to go. • Behavior and Symptoms: Larry may become tired when propelling his wheelchair for long periods of time. Larry may forget to follow all community safety skills. • Staff supports are required in this area according to his CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Larry is aware of his limited skills in water safety. • Behavior and Symptoms: Larry 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.

PAI

Sensory disabilities: Alternating esotropia, Hypermetropia, Viterous floater, Sensorineural	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Larry is aware of his impaired vision and hearing loss. Larry wears glasses and is able to self-manage wearing them. • Behavior and Symptoms: Larry is diagnosed with alternating esotropia, a form of strabismus in which one or both eyes turns inward. Hypermetropia, Far-sightedness. Viterous floater, eye floaters that cause spots in your vision. Due to Larry's tremors he is not always able to independently clean and maintain his glasses. Sensorineural, hearing loss that is permanent and can make even loud noises sound muffled. Larry may not hear instructions. • 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
Self-injurious behaviors (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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

PAI

Mental or emotional health symptoms and crises (state diagnosis): Depressive disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Larry is aware of his diagnosis and what he needs when he's having symptoms. • Behavior and Symptoms: Larry will often dissociate when he is suffering from depression and will seclude himself. • Staff supports are needed 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
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