

SELF-MANAGEMENT ASSESSMENT

Name: Andrew (Andy) Servian

Date of *Self-Management Assessment* development: 6/02/2021 – Revised 6/7/2021

For the annual period from: June 2021 to 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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	N/A
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	N/A

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<p>Choking: Bite-sized pieces</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Andrew does not seek out and attempt to eat food that is not prepared for him by a caregiver, therefore he would not eat food that could present a risk for him if it was not cut up into bite size pieces. • Behavior and Symptoms: Andrew may need staff assistance when eating food that requires the use of a spoon or fork. He may need reminders from staff to slow down if he is eating too quickly. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Special dietary needs (state specific need): Food must be cut into bite size pieces</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Andrew does not seek out and attempt to eat food that is not prepared for him by a caregiver, therefore he would not eat food that could present a risk for him if it was not cut up into bite size pieces. • Behavior and Symptoms: Andrew may need staff assistance when eating food that requires the use of a spoon or fork. He may need reminders from staff to slow down if he is eating too quickly. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Chronic medical conditions (state condition): Cerebral Palsy (unspecified), Developmental Delay (Unspecified lack of expected normal physiological development in childhood), Gastroesophageal reflux disease (GERD),</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Andrew is aware of the discomfort he feels when he is experiencing symptoms of GERD. He would communicate that he is feeling discomfort by not continuing to eat food that may be triggering or worsening the symptoms. Andrew is accepting of assistance from staff and other caregivers while walking or participating in other activities that could be affected by his Cerebral Palsy. • Behavior and Symptoms: Andy is diagnosed with Cerebral Palsy (unspecified) which affects muscle tone, body movements, and posture. Andy is diagnosed with a Developmental Delay (Unspecified lack of expected normal physiological development in childhood) and Gastroesophageal reflux disease (GERD), which occurs when stomach acid frequently flows back into the tube connecting your mouth and stomach (esophagus). This backwash (acid reflux) can irritate the lining of your esophagus. This may cause Andy discomfort. • Staff supports are needed in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Andrew has knowledge of the medications he takes and their purpose. Andrew is cooperative during his medication administration. He would not seek out medications to take that are not prescribed or could present a danger to him. • Behavior and Symptoms: Due to Andrew's diagnoses he may not understand

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		<p>the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Andrew is unable to request medications or inform someone if there are issues associated with his medications.</p> <ul style="list-style-type: none"> • 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"> • PAI does not set up or attend medical appointments with Andrew. Andrew's guardians 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 Andrew. Andrew's guardians will assist him with this.
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
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
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
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 can affect Andy's movements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Symptoms: Andrew is aware of his balance and body. Andrew can stand and bear weight independently. Andy is able to walk for up to 10 minutes with staff close by should he need assistance. • Behavior and Symptoms: Due to Andrew's Cerebral Palsy diagnosis he needs staff monitoring when he is walking independently. If Andrew is to be walking for longer than 10 minutes, he will utilize a wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy can affect Andy's movements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Symptoms: Andrew is able to go where he wants to go (and knows how to get there) with staff monitoring and/or assistance. He can bear weight independently during transfers. • Behavior and Symptoms: Due to Andrew's Cerebral Palsy diagnosis he needs

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		<p>staff monitoring when he is walking independently. If Andrew is to be walking for longer than 10 minutes he will utilize a wheelchair.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Symptoms: It is unknown if Andrew has an understanding of water temperature and the risk of burning himself if the water is too hot. Andrew does not independently seek out sinks and faucets that may have hot running water, and Andrew will not independently turn on faucets without staff assistance. • Behavior and Symptoms: Andrew does not have the awareness needed to adjust the water temperature. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Andrew enjoys spending time in the community, he is able to walk for distances 10 minutes or under. Andrew stays with staff and/or caregivers while in the community. • Behavior and Symptoms: Andy may not be able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Andrew may become distracted by people or items in the community and lose track of obstacles in his path while he is walking. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Andrew possesses water safety skills. Andrew does not independently seek out bodies of water without staff and/or caregivers' monitoring him. • Behaviors and Symptoms: 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 needed in this area in accordance with his CSSPA addendum.
Sensory disabilities: 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 (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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
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

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