

SELF-MANAGEMENT ASSESSMENT

Name: John Doyle

Date of *Self-Management Assessment* development: 7/7/21

For the annual period from: June 2021 to June 2022

Name and title of person completing the review: Briana Hinzman, 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): Tegretol (carbamazepine), Felbamate, Pertussis Vaccine Immune Globulin, Depakote, mold, dust, and pollen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: John shows signs and symptoms of his environmental allergies. It is unknown if John is aware of his drug allergies. • Behavior and Symptoms: John is diagnosed with a developmental disability. He is unable to manage his allergies independently. John is not able to inform others of his allergies. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types):	<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: John may be aware of when he has a seizure. John may inform others of his seizure with his body language and vocalizations. • Behavior and Symptoms: Due to John’s disability he would not be able to follow his seizure protocol. John is not able to inform others of when he has/had a seizure. • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: John may be aware of his choking risk. John accepts his G-tube feedings and does not attempt to eat orally. • Behavior and Symptoms: Due to John’s diagnoses he is not able to eat or drink orally. John is at risk of choking if he were to attempt to put anything in his mouth. • Staff supports are needed in this area according to the CSSP Addendum.
Special dietary needs (state specific need): NPO	<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: John may be aware of his dietary needs. John accepts his G-tube feedings and does not attempt to eat orally. • Behavior and Symptoms: Due to John’s diagnoses he is not able to eat or drink orally. • Staff supports are needed in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Lenox-Gastout Syndrome, Static Encephalopathy, Chronic Pancreatitis, hypertonia, Klein-Levin Syndrome (excessive drowsiness)	<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: John may be aware of some of his chronic medical conditions. John may express discomfort that could stem from his medical conditions. • Behavior and Symptoms: John is diagnosed with Lenox-Gastout Syndrome, a complex, rare, and severe childhood-onset epilepsy. It is characterized by multiple and concurrent seizure types, cognitive dysfunction, and slow spike waves on electroencephalogram (EEG). Static Encephalopathy, permanent or unchanging brain damage. Chronic Pancreatitis, inflammation of the pancreas that does not heal or improve, it gets worse over time and leads to permanent damage. Hypertonia, a condition in which there is too much muscle tone so that arms or legs, for example, are stiff and difficult to move. Klein-Levin Syndrome, a rare disorder characterized by recurrent episodes of excessive sleep along with cognitive and behavioral changes. • 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, and Abilities: It is unknown if John has knowledge of the medications he takes and their purpose. John is cooperative during his medication administration.

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		<ul style="list-style-type: none"> • Behavior and Symptoms: Due to John's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. John is unable to request medications or inform someone if there are issues associated with his medications. • 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 John. John'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 John. John's residence will assist him with this.
Other health and medical needs (state specific need): DNR/DNI	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if John is aware of his DNR/DNI orders. • Behavior and Symptoms: Due to John's disability he is not able to advocate for himself in regards to his orders. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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): unsteady gait	<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: John knows how to walk. John is able to bear weight. • Behavior and Symptoms: John has an unsteady gait putting him at risk for falling. John is at risk for falling out a chair or recliner if he stands independently or begins to have a seizure. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): unsteady gait	<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: John knows how to walk. John is able to bear weight. • Behavior and Symptoms: Due to John's unsteady gait he is unable to walk

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		<p>unassisted. John utilizes a wheelchair and needs assistance propelling his 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 Abilities: John may be aware of the water temperature. John may indicate water is too hot/cold with vocalizations or facial expressions. • Behavior and Symptoms: John does not have the fine motor skills needed to adjust the water temperature. John is not able to verbally inform someone if the water is too hot or cold. • 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: John enjoys spending time in the community. John is accepting of assistance. • Behaviors and Symptoms: John is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able to independently propel his wheelchair. • 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 unknown if John possesses water safety skills. • 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 required in this area according to the CSSP Addendum.
Sensory disabilities	<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
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<p>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.</p>		

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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
Mental or emotional health symptoms and crises (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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