

SELF-MANAGEMENT ASSESSMENT

Name: Matthew Morelan

Date of *Self-Management Assessment* development: 7/09/2021

For the annual period from: July 2021 to July 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): seasonal allergies	<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: Matt may be aware of the affects of his seasonal allergies. He is accepting of caregivers and staff assisting him in managing his seasonal allergies. • Behavior and Symptoms: Matt is at risk of allergic reaction as a result of his seasonal allergies. Matt is not able to inform others if he is in discomfort due to his seasonal allergies. • PAI staff supports are needed in this area according to the CSSP addendum.

PAI

<p>Seizures (state specific seizure types): Matt has a seizure disorder that is partially controlled by medication. Matt has GTC type seizures.</p>	<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: Matt may be aware of his seizure disorder. Matt would be accepting of staff assistance in supporting him in the event of a seizure. He is accepting of staff assistance with his seizure PRN, should he need it. • Behavior and Symptoms: Matt would not be able to self-manage and remain safe in the event of a seizure. Matt needs full assistance from staff in the administration of his seizure PRN. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Choking: Matt has a physician ordered diet consisting of regular food cut into bite size pieces with regular thin liquids.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is aware of his favorite foods and enjoys mealtime. Matt is accepting of staff assistance in helping him at mealtime. He accepts staff and caregiver assistance in supporting him by preparing food according to his dietary guidelines. • Behavior and Symptoms: Matt is at risk of choking if he is given food that is not cut into bite size pieces. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Special dietary needs (state specific need): Matt has a physician ordered diet consisting of regular food cut into bite size pieces with regular thin liquids.</p>	<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: Matt is aware of his favorite foods and enjoys mealtime. Matt is accepting of staff assistance in helping him at mealtime. He accepts staff and caregiver assistance in supporting him by preparing food according to his dietary guidelines. • Behavior and Symptoms: Matt is at risk of choking if he is given food that is not cut into bite size pieces. • PAI staff supports are needed in this area according to the CSSP addendum.
<p>Chronic medical conditions (state condition): Cerebral Palsy, Right sided hemiparesis, S/P Intracerebral hemorrhage infantile Chronic Constipation, and Folliculitis</p>	<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: Matt may be aware of some of his chronic medical conditions. Matt expresses himself if he is feeling discomfort that could be stemming from his chronic medical conditions. • Behavior and Symptoms: Matt has diagnosed with Cerebral Palsy, Right sided hemiparesis (hemiparesis is a weakness on one entire side of the body), S/P Intracerebral hemorrhage infantile (Matt had brain hemorrhage as a child), Chronic Constipation, and Folliculitis (infection of hair follicle), Matt needs assistance from staff in managing his chronic medical conditions. • Staff supports are needed in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Matt has knowledge of the medications he takes or their purposes. Matt is accepting of staff assistance during his medication administration.

PAI

		<ul style="list-style-type: none"> • Behavior and Symptoms: Due to Matt's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Matt 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 is not responsible for setting up or attending preventative screening. Matt'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 is not responsible for setting up or attending medical and dental appointments. Matt's residence 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): Matt is paralyzed on the right side of his body.	<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: Matt is likely aware of his risk of falling. Matt can walk with assistance from staff. • Behavior and Symptoms: Matt requires support from staff when walking. Matt may also be unable to navigate different terrains. Matt's ability level for walking independently can vary, resulting in him being unsteady at times. Matt is legally blind in his right eye. Matt has a visual lower center field cut which creates difficulty for Matt to see going downstairs. He is at risk of not seeing obstacles, tripping, and falling. Matt may occasionally choose to shift his weight onto assisting staff, resulting in potential fall or injury. Matt uses a wheelchair for transportation, long distance walking, and outings.

PAI

		<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Right sided hemiparesis, Cerebral Palsy, and vision impairment.	<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: Matt is likely aware of his mobility issues. Matt is able to walk with staff assistance. He is accepting of staff assistance while navigating environments and terrains where he may need help. • Behavior and Symptoms: Due to his diagnoses Matt requires support when walking. Matt is paralyzed on the right side of his body. His ability level for independent ambulation can vary, resulting in him being unsteady at times. Matt is legally blind in his right eye. Matt has a visual lower center field cut which creates difficulty for Matt to see going down stairs. He is at risk of not seeing obstacles, tripping and falling. Matt may occasionally choose to shift his weight onto assisting staff, resulting in potential fall or injury. Matt uses a wheelchair during transportation, long distance walking, and on outings. • 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: It is unknown if Matt is aware of the water temperature. Matt is accepting of staff assistance should he need to regulate water temperature. • Behavior and Symptoms: It is unclear if Matt is aware of safe water temperature. He needs assistance from staff in ensuring that the water temperature is at a safe level. • 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: Matt enjoys spending time out in the community. Matt is friendly and may greet community members with a smile or vocalization. • Behaviors and Symptoms: Matt 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. • 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 how much water safety skills Matt could independently display. He does not independently seek out bodies of water that could pose a danger to him. • Behaviors and Symptoms: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer

PAI

		<p>outings to local parks with water. Staff are 1:1 with Matt in the community and will ensure that he stays at a safe distance from bodies of water. Staff supports are required in this area according to the CSSP Addendum.</p>
<p>Sensory disabilities: Matt is legally blind in his right eye.</p> <p>Overstimulation</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is able to see quite well despite his vision impairment. He can navigate many environments with minimal to no staff assistance. Matt has a positive response to routine within his day responds to redirection or change of environment when becoming overstimulated. • Behaviors and Symptoms: Matt is legally blind in his right eye. His vision impairment could put him at risk in certain environments where his vision impairment could put him in harm's way, such as out in the community around traffic or other aspects where not seeing visual stimuli could be dangerous. Matt may become overstimulated in loud or busy environments this may cause him to reach out for other and vocalized. • Staff supports are required in this area according to the CSSP Addendum.
<p>Other personal safety needs (state specific need): N/A</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
<p>Other personal safety needs (state specific need): N/A</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
<p>Other personal safety needs (state specific need): N/A</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
<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>		
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
<p>Self-injurious behaviors (state behavior): N/A</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
<p>Physical aggression/conduct (state behavior): Matt has a history of reaching out and slapping staff and peers when he is agitated.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Matt is aware of when he is agitated or upset. Matt is accepting of staff redirection when he is displaying signs of agitation. • Behaviors and Symptoms: Matt has a history of reaching out and slapping staff and peers when he is agitated. • Staff supports are required in this area according to the CSSP Addendum.

PAI

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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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