

SELF-MANAGEMENT ASSESSMENT

Name: Daniel Sederstrom

Date of *Self-Management Assessment* development: 9/3/2021

For the annual period from: September 2021 to September 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): <ul style="list-style-type: none"> • Medications: codeine and morphine. • Insect bite/sting • 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: Dan may be aware of his medication allergies, or his allergy to insect bite/stings. Dan would not put himself at risk by independently taking codeine or morphine. Dan is accepting of staff assistance in managing his seasonal allergies and keeping him free of insects whenever possible. • Behavior and Symptoms: Dan is at risk of allergic reaction such as breathing complications or rash if she were to take codeine or morphine. Dan is does not

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		<p>use words to communicate and is not able to inform others of his allergies.</p> <ul style="list-style-type: none"> PAI staff supports are needed in this area according to the CSSP addendum.
<p>Seizures (state specific seizure types):</p> <ul style="list-style-type: none"> Controlled Seizure Disorder: Generalized Tonic Clonic Seizures. 	<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: Dan may be aware of his seizure disorder. Dan is accepting of staff assistance in passing his seizure medications, and in following his seizure protocol. Behavior and Symptoms: Dan has a seizure disorder that is controlled by medications. He has not has a seizure in many years, and one has never been observed at PAI. According to his guardian his seizures are GTC seizures that involve his whole-body jerking with a clenched fist. Dan would not be able to self-manage and remain safe in the event of a seizure. Dan would not be able to inform others of his seizure disorder. PAI staff supports are needed in this area according to his CSSP addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Dan may be aware of his choking risk. Dan is very cooperative when receiving his g-tube feedings. Behavior and Symptoms: Dan is not currently eating food orally and receives all nutrition via g-tube. Dan needs assistance in following his dietary protocol to reduce his risk of choking. Staff will follow Dan’s most current dietary protocol. PAI staff supports are needed in accordance with his CSSP addendum.
<p>Special dietary needs (state specific need):</p> <ul style="list-style-type: none"> G-tube Pleasure Tasting 	<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: Dan accepts his g-tube feedings and does not attempt to eat orally without staff assistance. Behavior and Symptoms: Due to risk of aspiration Dan is not eating food orally at this time. Staff will follow Dan’s most current dietary protocol. Staff supports are needed in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition):</p> <ul style="list-style-type: none"> Osteoporosis Cerebral Palsy Psychomotor Delay 	<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: Dan may be aware of his Osteoporosis. Dan expresses discomfort that may stem from his Osteoporosis, so he is able to self-advocate in this area. Behavior and Symptoms: <ul style="list-style-type: none"> Osteoporosis: Dan Dan’s bones are brittle and may break more easily. Dan may experience pain and discomfort due to his bone density. Cerebral Palsy: is a group of disorders that affect Dan’s ability to move and maintain balance and posture. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. Cerebral Palsy is caused by abnormal brain development and affects Dan’s ability to control his muscles. Dan is supported in all activities that involve

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		<p>coordination and is monitored for stiff or weak muscles, and tremors in addition to problems with vision, hearing, and swallowing.</p> <ul style="list-style-type: none"> - Psychomotor Delay: occurs when there is a disruption between the mental and muscle function connection. This may cause Dan to experience a decrease in ability which he previously had such as grasping a spoon. • Staff supports are needed 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: Dan may be aware that he takes medications. Dan is cooperative during his medication administration. • Behavior and Symptoms: Due to Dan's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Dan 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 appointments with Dan. Dan'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 appointments with Dan. Dan's residence will assist him with this.
Other health and medical needs (state specific need): <ul style="list-style-type: none"> • Personal Cares 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dan may be aware of when he requires the use of the restroom and is accepting of supports in this area. Dan is able to stand to assist with his personal cares. • Behaviors or Symptoms: Dan is brief dependent due to his cognitive and physical limitations; he is not able to independently complete his cares. Dan requires support to access the restroom and to maintain his skin integrity. • 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	N/A
Other health and medical needs (state specific need): NA	<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		

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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
Risk of falling (include the specific risk): Dan cannot independently bear weight.	<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: Dan may be aware of his risk of falling. Dan is accepting of using an Arjo to assist with his transfers and helps staff and caregivers by bearing weight while being assisted with his transfers via the Arjo. • Behavior and Symptoms: Due to Dan’s medical conditions he has limited limb and trunk control. He needs assistance while bearing weight and transferring. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Dan cannot independently bear weight	<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: Dan may be aware of his risk of falling. Dan is accepting of using an Arjo to assist with his transfers and helps staff and caregivers by bearing weight while being assisted with his transfers via the Arjo. • Behavior and Symptoms: Due to Dan’s medical conditions he has limited limb and trunk control. He needs assistance while bearing weight and transferring. • 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: Dan may be aware of the water temperature. Dan responds to staff re-direction if he is seeking out water that may be too hot for touch. • Behavior and Symptoms: Dan does not have the fine motor skills needed to adjust the water temperature to a safe and appropriate level and may not understand what a safe and appropriate water temperature feels like. • 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: Dan enjoys spending time out in the community. He is comfortable with staff assisting him in navigating his environment while out in the community. • Behaviors and Symptoms: Dan is not able to comprehend the potential dangers related to the community, such as understanding the dangers of traffic and independently demonstrating pedestrian safety skills. Due to his disabilities he would be at risk of someone in the community attempting to take advantage of him. • 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 Dan possesses water safety skills. Dan has not before sought out bodies of water without staff or caregivers in close proximity. • Behaviors and Symptoms: PAI does not offer community outings that are

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		<p>focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
<p>Sensory disabilities:</p> <ul style="list-style-type: none"> Right Optic Atrophy. 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Dan is able to see fairly well despite his Right Eye Atrophy diagnosis. He reaches out for people and items that he would like to interact with. Behaviors and Symptoms: Although Dan does see to a certain extent, it is unknown just how much he is able to see. This 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 certain stimuli could be dangerous. 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
Self-injurious behaviors (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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