

SELF-MANAGEMENT ASSESSMENT

Name: Dan Ryan

Date of *Self-Management Assessment* development: 04/20/2021

For the annual period from: 04/01/2021 to 04/30/2022

Name and title of person completing the review: Dayna Gordon, Designated Coordinator/Program Supervisor

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): Aspirin	<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, & Abilities: Dan is aware that he is allergic to aspirin. • Behaviors or Symptoms: Dan is allergic to aspirin. • Staff supports are required in this area according to the CSSP Addendum.
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • N/A

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Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dan is independent while eating. • No staff supports are needed in this area.
Special dietary needs (state specific need): Dan is on a regular high calcium (1500 mg) daily diet.	<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, & Abilities: Dan is aware that his osteoporosis diagnosis requires special dietary needs of a high calcium diet, avoiding dark sodas, choosing diet and caffeine free beverages, and avoiding carbonated beverages. • Behaviors or Symptoms: Dan has a diagnosis of osteoporosis which affects his bones and requires him to eat a high calcium diet. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Osteoporosis, high blood pressure, arthritis, cerebral palsy	<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, & Abilities: Dan recognizes the need to take medications for his osteoporosis and high blood pressure. He does not take any routine medication at PAI but will comply with doctors' orders for medication. Dan understands that his cerebral palsy can make his muscles stiff and spastic in which case Dan will slow down and ask for help. Dan understands that he has arthritis which affects his mobility. • Behaviors or Symptoms: Dan has high blood pressure and manages it with medication. Dan has osteoporosis and manages it with a special diet and medical care. Dan has cerebral palsy and arthritis which affect his mobility. His right knee may buckle or he may have severe pain in his knee. • 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, & Abilities: Dan recognizes the need to take medications and will do so willingly when handed them. • Behaviors or Symptoms: Dan does not take any medications at PAI. He needs help complying with medication orders. • 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"> • Strengths, Skills, & Abilities: Dan recognizes the need to attend appointments and will do so willingly with support. Dan can answer how he is feeling when asked directly. • Behaviors or Symptoms: Dan was diagnosed with prostate cancer in the past. He had surgery prior to receiving residential services from Riesco, Inc. in 2013 and has been cleared since. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dan recognizes the need to attend appointments and will do so willingly with support. Dan can answer questions about how he is feeling. Dan is friendly and generally receptive to care and support.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Dan is unable to make appointments or attend appointments without assistance due to his physical needs and difficulty with speech. He is soft-spoken and may be difficult to understand. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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): Arthritis in right knee, osteoporosis	<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, & Abilities: Dan is generally independent in his mobility. Behaviors or Symptoms: Dan has an unsteady gait due to arthritis in the right knee. His knee may buckle, or he may have sharp pain in his knee, which puts him at risk of falling. He also has severe osteoporosis in his hip and lumbar spine. He does not have full use of his right arm and hand, which makes it difficult for him to grasp and use handrails. Dan has repeatedly injured his right knee (by dislocating it) specifically in the proximal tibia. Dan’s repeated knee injuries appear to be primarily attributed to severe osteoporosis and he will continue to be at high risk of falling due to the sharp pain and/or buckling sensation, potentially causing more damage or injury to the right knee. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Arthritis in right knee, osteoporosis	<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, & Abilities: Dan is generally independent in his mobility. Behaviors or Symptoms: Dan is ambulatory, although he has an unsteady gait due to arthritis in his right knee. His knee may buckle, or he may have sharp pain in his knee, which puts him at risk of falling. He also has severe osteoporosis in his hip and lumbar spine. He does not have full use of his right arm and hand, which it makes it difficult for him to grasp and use handrails.

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		<ul style="list-style-type: none"> 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"> N/A
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dan is friendly and generally able to seek assistance when he needs it. He enjoys spending time in the community. Behaviors or Symptoms: Dan is soft-spoken and his speech is difficult to understand. Due to his mobility needs and risk of falls, he is unable to be in the community by himself. 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, & Abilities: Dan understands that it is important to be safe around water and is willing to accept assistance with water safety skills. Behaviors or Symptoms: Dan cannot swim and possess no water safety skills. Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dan is friendly and receptive to care and support. He communicates verbally and will accept assistance from staff when needed. Behaviors or Symptoms: Dan is developing small cataracts in both eyes. This may affect his vision. In October 2006, it was determined that Dan could not feel any sensation in his right lower leg, from his shin to his foot. It is not clear at this time if Dan has regained any sensation. Dan may have an increased risk of injury or pain in this leg. He may injure it without knowing he has done so. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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.		

PAI

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): Self-abusive behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dan is able to be redirected when he is angry or upset. • Behaviors or Symptoms: When Dan is upset, he may hit or throw things. As a result, he may injure himself in the process. • Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • N/A
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A