

**SELF-MANAGEMENT ASSESSMENT**

Name: Larry Deckard

Date of *Self-Management Assessment* development: 9/14/21 For the annual period from: September 2021 to October 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): Perphenazine, Trilafon, anti-psychotics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry will not seek out medications that are not given to him.</li> <li>• <b>Behavior and Symptoms:</b> Larry is diagnosed with developmental disabilities. These limit his understanding of his allergies.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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Seizures (state specific seizure types): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>Larry is not diagnosed with a seizure disorder.</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li><b>Strengths, Skills, and Abilities:</b> Larry enjoys eating. Larry is able to eat independently.</li> <li><b>Behavior and Symptoms:</b> Larry has no teeth. Larry may eat too quickly or put too much food in his mouth at one time. Larry is diagnosed with PICA and may put not edible items in his mouth.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): Regular bite-size to chopped if food is difficult to chew. Whole milk.	<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"> <li><b>Strengths, Skills, and Abilities:</b> Larry enjoys eating. Larry is able to eat and drink independently.</li> <li><b>Behavior and Symptoms:</b> Larry has no teeth and is unable to chew food thoroughly if it is tough. Larry may choose not to eat. This may be due to his diagnosis of Barrett’s esophagus or that he may simply not like what he is eating.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Hepatitis B Carrier, Cerebral Palsy, Barrett's esophagus, Congenital Quad. Sliding Hernia with Reflux, Circumferential Hemorrhoids, GERD	<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"> <li><b>Strengths, Skills, and Abilities:</b> Larry is aware of some of his chronic medical conditions. Larry may be able to communicate discomfort from his chronic medical conditions with facial expressions, vocalizations, and body language.</li> <li><b>Behavior and Symptoms:</b> Larry is diagnosed with Hepatitis B Carrier, a viral infection that attacks the liver and can cause both acute and chronic disease. Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Barrett's esophagus, a condition in which tissue that is similar to the lining of your intestine replaces the tissue lining your esophagus. People with Barrett's esophagus may develop a rare cancer called esophageal adenocarcinoma. Congenital Quad. Sliding Hernia with Reflux, the esophagus and stomach, referred to as the gastro- esophageal junction, and part of the stomach protrude into the chest. The junction may reside permanently in the chest, but often it juts into the chest only during a swallow. GERD, heartburn or acid reflux. Circumferential Hemorrhoids, swollen veins in the lower part of the anus and rectum. When the walls of these vessels are stretched, they become irritated.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Self-administration of medication or treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li><b>Strengths, Skills, and Abilities:</b> It is unknown if Larry has knowledge of the medications he takes and their purpose. Larry is cooperative during his</li> </ul>

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orders		<p>medication administration.</p> <ul style="list-style-type: none"> <li>• <b>Behavior and Symptoms:</b> Due to Larry's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Larry is unable to request medications or inform someone if there are issues associated with his medications.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not set up or attend medical appointments with Larry. Larry's residence will assist him with this.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not set up or attend medical appointments with Larry. Larry's residence will assist him with this.</li> </ul>
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"> <li>• <b>Strengths, Skills, and Abilities:</b> It is unknown if Larry is aware of his DNR/DNI orders.</li> <li>• <b>Behavior and Symptoms:</b> Due to Larry's disability he is not able to advocate for himself in regards to his orders.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): Geographic Tongue	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware of when his tongue is inflamed or causing pain. Larry may communicate this by choosing not to eat.</li> <li>• <b>Behavior and Symptoms:</b> Larry is at risk of having a geographic tongue (an inflamed tongue) if he eats acidic or spicy foods or drinks. Larry is at risk of malnutrition if he is not eating due to having an inflamed tongue. Larry has sensitivity to chocolate and eggs due to having acid reflux. Larry should avoid caffeine.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): Self-Induced Vomiting or Regurgitating	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware of when he is feeling overwhelmed. Larry may join a different activity as a distraction.</li> <li>• <b>Behavior and Symptoms:</b> Larry has a history of inducing vomiting which has been noted to be from possible over stimulation (too much noise), new staff, allergies, and/or not feeling well.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

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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, Edema	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware when his has swelling in his feet and is not comfortable transferring. Larry is able to transfer himself with minimal assistance.</li> <li>• <b>Behavior and Symptoms:</b> Larry has a history of edema in his feet. Certain days his edema is worse and he may not transfer himself independently, or he may have more difficulty doing so. He is also at risk of falling if he loses his balance. Larry is diagnosed with Cerebral Palsy and is not able to stand.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware of his environment. Larry is able to propel his own wheelchair.</li> <li>• <b>Behavior and Symptoms:</b> Larry is diagnosed with cerebral palsy and has limited gross motor skills. He does have exceptional strength of his upper body, but is unable to bear weight on his feet/legs.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware of water temperature. Larry is able to turn on the faucet independently.</li> <li>• <b>Behavior and Symptoms:</b> Larry is unlikely to adjust the temperature of the water independently.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry enjoys spending time in the community.</li> <li>• <b>Behaviors and Symptoms:</b> Larry is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Larry may become tired propelling his wheelchair long distances.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> It is unknown if Larry possesses water safety skills.</li> <li>• <b>Behaviors and Symptoms:</b> 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.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, and Abilities:</b> Larry is aware of when an environment becomes too stimulating. Larry is able to communicate this by his actions.</li> <li>• <b>Behavior and Symptoms:</b> Larry is sensitive to loud noise in his environment and will have increased self-induced emesis when stressed.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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

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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