PAI

SELF-MANAGEMENT ASSESSMENT

Name: Andy Berkowitz

Date of *Self-Management Assessment* development: February 16th, 2021   For the annual period from: February 2021 to February 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): Gluten	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Andy is aware of his allergies and is receptive to support. • Behaviors or Symptoms: Andy is allergic to gluten, a protein found in wheat durum, semolina, kamut, spelt, rye, barley, malt, oats, and all their by-products. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types): N/A	☐ Yes ☐ No ☒ NA – no seizures	• N/A
Choking	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Andy eats independently and is not at an increased risk of choking. • Staff supports are not required in this area.
Special dietary needs (state specific need): Gluten-free diet	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Andy is aware of his allergies and need for a special diet. • Behaviors or Symptoms: Andy eats a gluten-free diet due to his Celiac disease. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Celiac Disease	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Andy is aware of his Celiac disease diagnosis and is receptive to help. • Behaviors or Symptoms: Andy eats a gluten-free diet. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Andy is cooperative and receptive to support. • Behaviors or Symptoms: Andy relies on support to follow through with medication administration and treatment orders. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Andy is cooperative and receptive to support. • Behaviors or Symptoms: Andy attends his medical appointments with support. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Andy is cooperative and receptive to support. • Behaviors or Symptoms: Andy attends his medical appointments with support. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A

PAI

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): N/A	☐ Yes ☐ No ☒ NA – not at risk for falling	• N/A
Mobility issues (include the specific issue): N/A	☐ Yes ☐ No ☒ NA – there are no mobility issues	• N/A
Regulating water temperature	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Andy is able to safely regulate water temperature. • Staff supports are not required in this area.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Andy is generally cooperative and receptive to support. Andy is ambulatory and verbal. • Behaviors or Symptoms: Andy is very soft spoken, and may not seek assistance when in the community. He relies on staff support in accessing the community safely. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Andy understands that it is important to be safe around water. • Behaviors or Symptoms: Andy has limited water safety skills. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: N/A	☐ Yes ☐ No ☒ NA	• N/A
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• 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): N/A	☐ Yes ☐ No ☒ NA	• N/A
Physical aggression/conduct (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Verbal/emotional aggression (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Property destruction (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Suicidal ideations, thoughts, or attempts: N/A	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior: N/A	☐ Yes ☐ No ☒ NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	☐ Yes ☐ No ☒ NA	• N/A
Unauthorized or unexplained absence from a program: N/A	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department: N/A	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A