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SELF-MANAGEMENT ASSESSMENT

Name: Paul Dwyer

Date of *Self-Management Assessment* development: November 2, 2021   For the annual period from: October 2021 to October 2022

Name and title of person completing the review: Cortney Kelly, 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): seasonal allergies	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Paul can recognize when he is not feeling well. Paul may display this to others by being quieter than normal and not as upbeat. • Behaviors or Symptoms: Paul experiences seasonal allergies. Paul would need help identifying the need and administering PRN medication to help with allergies. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): N/A	☐ Yes ☐ No ☒ NA – no seizures	• N/A
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul can use a spoon and feed himself when using a plate with a lip and a straw. Paul accepts help with food prep. • Behaviors or Symptoms: Paul may take too large of bites putting him at risk of choking. Paul needs assistance with a knife to put his food into smaller pieces. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): 1250 calorie bite sized diet, spastic quadriplegia and may need adaptations	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Paul can use eating utensils and feed himself, so long as his food is in a dish or a plate with a lip and Paul has a spoon. Paul can use a straw to drink. Paul accepts help with food prep and sticking to his 1250 calorie diet. • Behaviors or Symptoms: Paul does not understand the concept of calories or following a diet. Due to Paul's spastic quadriplegia, Paul needs help accessing and setting up adaptive equipment to use for eating, which includes using a plate with a lip and a straw for drinks. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): reoccurring eye infections, Vasovagal	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Paul can identify when his eye is bothering him and can point or rub his eye to display his discomfort. Paul is accepting of assistance when his eye is bothering him. • Behaviors or Symptoms: Paul may need help getting a warm cloth to soothe his eye and help communicating his discomfort to his residence and doctor. Paul has experienced vasovagal on three known occurrences, in which Paul faints after exerting too much pressure when passing a BM. Paul would need someone to call 911 for him in the event that this were to happen again. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul understands that taking medication is important to treat symptoms and to maintain good health. Paul can take some larger medications that are handed to him or accepts help getting them to his mouth. • Behaviors or Symptoms: Paul does not have the time or self-management skills to take medications correctly and consistently on his own. Paul does not have the fine motor skills to open medication bottles. Paul does not know how to read or identify

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		• mediation he is taking. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul understands that medical appointments are important to maintain good health. Paul can answer some yes and no questions accurately about how he is feeling. • Behaviors or Symptoms: Paul does not have the time or self-management skills to schedule and attend appointments independently. Paul may inaccurately answer questions and also give positive answers that he thinks others are looking for. Paul would not be able to answer questions about this health history. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul understands that medical appointments are important to maintain good health. Paul can answer some yes and no questions accurately about how he's feeling. • Behaviors or Symptoms: Paul does not have the time or self-management skills to schedule and attend appointments independently. Paul may inaccurately answer questions and also give positive answers that he thinks others are looking for. Paul would not be able to answer questions about this health history. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): DNR, No CPR	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Paul accepts the assistance of others to care for and make health decisions for him. Paul is very close to his sisters/guardians and trusts their judgment. • Behaviors or Symptoms: Paul has advanced directives in place, which state "no CPR, no intubation, tube feeding to be discussed, avoid hospitalization; try to treat reversible illness, okay to treat with antibiotics." These directives are in place as of 11/14/96. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Personal Cares	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Paul uses a urinal at PAI to limit transfers out of his wheelchair. Paul exhibits caution during transfers. Paul knows and understands that he needs assistance with transfers and does not try to unsafety transfer on his own. • Behaviors or Symptoms: Paul is unable to stand or transfer on his own and requires

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		the use of a transfer belt and a 2 person assist to use the toilet. Paul may exert too much pressure when passing a bowel movement and is at risk of fainting.
		• Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Non-Verbal Communication	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Paul can answer some yes and no questions and choose between two options offered. Paul can point and gesture to communicate. • Behaviors and Symptoms: Paul is mostly non-verbal. • Staff supports are required in this area according to the CSSP Addendum.

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): Transfer belt, 2 person assist	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Paul uses a urinal at PAI to limit transfers out of his wheelchair. Paul exhibits caution during transfers. Paul knows and understands that he needs assistance with transfers and does not try to unsafely transfer on his own. • Behaviors or Symptoms: Paul is unable to stand or transfer on his own and requires the use of a transfer belt and a 2 person assist. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Manual wheelchair	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Paul uses a manual wheelchair for mobility, but can no longer propel himself for the most part. Paul can answer yes and no questions about where he would like to go and point. • Behaviors or Symptoms: Paul needs helps propelling his wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul can detect when water is too hot or too cold. Paul would remove his hands in discomfort. • Behaviors or Symptoms: Paul has a limited range of motion and cannot operate a faucet to adjust the temperature himself. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul prefers that staff help propel his wheelchair in the community, so is accepting of their help. Paul can answer yes and no questions about where he would like to go and point. Paul likes going out into the community

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		and meeting new people.
		• Behaviors or Symptoms: Paul is limited verbally and would not be able to ask for help or get back home is left alone in the community. Paul does not recognize potential dangers from strangers or obstacles in the community. Paul cannot safety propel is wheelchair in unfamiliar places.
		• Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul knows that deep water requires extra caution and does not seek out or move towards water without assistance.
		• Behaviors or Symptoms: Paul cannot swim and would need help putting on a life jacket.
		• Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Paul knows he needs his glasses to see. Paul can motion towards/point at his glasses if he forgot them or there is an issue.
		• Behaviors or Symptoms: Paul uses glasses to correct his vision. Paul cannot identify when his glasses are dirty or when his prescription needs to be updated.
		• Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
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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.		
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

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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	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior	☐ 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	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A