

SELF-MANAGEMENT ASSESSMENT

Name: Jeannie Parks

Date of *Self-Management Assessment* development: 2/28/2020 For the annual period from: Feb 2020 to Feb 2021

Name and title of person completing the review: Kevin Kmetz, Designated Manager

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): Penicillin	<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: Jeannie wears an ID bracelet that details her Penicillin allergy. Behaviors or Symptoms: Jeannie is not fully aware of her allergies and would not be able to inform a healthcare professional of her Penicillin allergy. Staff supports are required in this area according to the CSSP Addendum.
Seizures (state specific seizure types):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - no seizures	N/A

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jeannie is generally independent while eating. • Behaviors or Symptoms: Jeannie may occasionally eat too fast or put too much food in her mouth putting her at risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Caffeine sensitivity	<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: Jeannie knows that she is sensitive to the effects of caffeine and will have an adverse reaction upon consumption. • Behaviors or Symptoms: Jeannie does not always know which beverages have or do not have caffeine and will need support identifying those choices. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Chronic ear wax build-up, Cataracts	<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: Jeannie understands that she does not always hear well and will often lean in close to staff to hear that person more clearly. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Wax build-up: Jeannie is prone to chronic ear wax build-up and may not recognize when it impacts her hearing. ○ Cataracts: Jeannie is developing cataracts and may not understand or be aware that her vision is changing. • 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: Jeannie recognizes the need to take her medications and will do so willingly when handed them. • Behaviors or Symptoms: Jeannie is not aware of the names of nor the reasons for which she takes her medication. • 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: Jeannie recognizes the need to attend appointments and will do so willingly with support. Jeannie can answer how she is feeling when asked directly. • Behaviors or Symptoms: Jeannie is unable to schedule or attend appointments independently. Jeannie may not communicate accurate information and may communicate about events which happened in the past as if they happened recently. In addition, Jeannie may have a hard time communicating with those that are less familiar with her. • 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: Jeannie recognizes the need to attend appointments and will do so willingly with support. Jeannie can answer how she is feeling when asked directly. • Behaviors or Symptoms: Jeannie is unable to schedule or attend appointments

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		<p>independently. Jeannie may not communicate accurate information and may communicate about events which happened in the past as if they happened recently. In addition, Jeannie may have a hard time communicating with those that are less familiar with her.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other health and medical needs (state specific need):	<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		
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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	N/A
Mobility issues (include the specific issue):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	N/A
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jeannie is able to regulate water temperature independently. • Staff supports are not required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jeannie is a friendly and trusting person who enjoys spending time in the community. Jeannie independently wears an ID bracelet with her identifying information. • Behaviors or Symptoms: Jeannie can be overly friendly and trusting with strangers. She does not know how to identify a safe contact person independently and would be unable to relay her personal information, if needed. Jeannie may not look both ways when crossing the street. • 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: Jeannie understands that it is important to be safe

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		<p>around water and is willing to accept assistance with water safety skills.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Jeannie would not independently wear a life jacket nor recognize a situation in which one is required. 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: Jeannie has hearing loss and has hearing aids. Jeannie understands that she can't hear as well and will often lean in close to staff to be able to hear them. Behaviors or Symptoms: Jeannie may not recognize her hearing aid is not working or when she has excess wax build-up. As noted above, Jeannie is developing cataracts and may be unaware that her vision is changing. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need):	<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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): Yell, name-call, and gesture at others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jeannie will usually allow others to discuss difficult situations with her. Jeannie is aware that she can seek out staff for discussions when she wants to convey her feelings. Behaviors or Symptoms: Jeannie can get upset about perceived social conflicts with others. Jeannie may also relay information about situations which occurred in the past as if they occurred recently. She may also report how she felt from an event

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		<p>versus what actually occurred.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Property destruction (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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):	<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):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A