

SELF-MANAGEMENT ASSESSMENT

Name: Julie Tint

Date of *Self-Management Assessment* development: August 14, 2020

For the annual period from: August 2020 to August 2021

Name and title of person completing the review: Cortney Kelly, DC

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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - there are no allergies	<ul style="list-style-type: none"> N/A
Seizures (state specific seizure types): Seizure disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA - no seizures	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Julie is receptive of help with managing her seizure disorder. Behaviors or Symptoms: Julie has a seizure disorder and use to have seizures overnight or in the early mornings, but has not had one in years. Julie needs support in monitoring and caring for her seizure disorder.

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		<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Julie can chew thoroughly and swallow safely on her own. • No staff supports are required in this area.
Special dietary needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - there are no special dietary needs	<ul style="list-style-type: none"> • N/A
Chronic medical conditions (state condition): Hepatitis B Carrier	<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: Julie is accepting of assistance with caring for and managing her medical needs. • Behaviors or Symptoms: Julie is a Hepatitis B carrier. Julie does not understand this diagnosis or the associated risk factors. • 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: Julie can take medication that is handed to her. Julie is accepting of help with medication. • Behaviors or Symptoms: Julie does not have the time management skills to consistently take medication on her own. • 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: Julie can answer simple questions by nodding her head. Julie willingly participates in appointments and understands they are important. • Behaviors or Symptoms: Julie is non-verbal and cannot explain how she is feeling or her health history to others. • 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: Julie can answer simple questions by nodding her head. Julie willingly participates in appointments and understands they are important. • Behaviors or Symptoms: Julie is non-verbal and cannot explain how she is feeling or her health history to others. • 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	<ul style="list-style-type: none"> • N/A

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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): unsteady gait	<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: Julie can walk on her own. Julie may reach out for a hand when she feels the situation is unsafe. Behaviors or Symptoms: Julie cannot distinguish differences in surface heights such as a curb. Julie may not recognize a surface may be slippery. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> N/A
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Julie can operate and turn on a faucet. Behaviors or Symptoms: Julie may not adjust the water temperature when washing her hands, putting her at risk of scalding herself. Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Julie knows some pedestrian safety skills and stranger safety. Julie is receptive to following directions and staying with the group when in the community. Behaviors or Symptoms: Julie does not communicate verbally and would not be able to ask for help or communicate her ID information in the event of an emergency. 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: Julie knows that deep water can be dangerous and can express some caution. Behaviors or Symptoms: Julie may become distracted around deep water or not

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		<p>recognize how deep it is. Julie would not independently wear a life jacket.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<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
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
<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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A

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program to call 911, law enforcement or fire department		
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