

SELF-MANAGEMENT ASSESSMENT

Name: Kelly Swenberger

Date of *Self-Management Assessment* development: August 27, 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): Abilify, Seasonal Allergies	<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: Kelly is trusting of others and accepting of help with medication administration. Behaviors or Symptoms: Kelly does not recognize that she is allergic to Abilify and would not know if she was prescribed or administered Abilify. Kelly cannot read. Kelly may not be able to identify the source of her allergy symptoms. Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> N/A
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kelly can use a fork and spoon to eat and can feed herself. Behaviors or Symptoms: Kelly needs her food cut into bite size pieces and cannot cut up her food on her own. Kelly is at risk of aspiration and cannot have thin liquids. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): 1800 calorie diet	<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: Kelly is accepting of help with food prep and enjoys a wide variety of foods. Kelly can point to food options or may verbally say what she wants to eat. Behaviors or Symptoms: Kelly does not recognize or understand food nutrition or calories, so she needs help managing her food and calorie intake. Kelly is on an 1800 calorie diet. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Dysphagia, GERD, Hypothyroidism and constipation	<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: Kelly can use short phrases to say she doesn't feel well and can point to body parts that hurt. Behaviors or Symptoms: Kelly needs help thickening her drinks/liquids to nectar consistency. Kelly may forget to drink which could increase her chances of experiencing constipation. When Kelly is not feeling well she may not be able to explain this to others. 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: Kelly understands that medication is important and is accepting of help with medication. Kelly can take medication that is handed to her. Behaviors or Symptoms: Kelly does not have the time management skills to take medication consistently on her own. Kelly cannot read. Kelly does not know which medications she takes or their purpose. 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: Kelly understands appointments are important. Kelly attends medical appointments willingly and is accepting of assistance with

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		<p>appointments.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Kelly cannot always answer questions accurately and may not tell others how she's feeling. Kelly cannot read or write. Kelly does not have the self-management skills to schedule and attend appointments independently. 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: Kelly understands appointments are important. Kelly attends medical appointments willingly and is accepting of assistance with appointments. Behaviors or Symptoms: Kelly cannot always answer questions accurately and may not tell others how she's feeling. Kelly cannot read or write. Kelly does not have the self-management skills to schedule and attend appointments independently. Staff supports are required in this area according to the CSSP Addendum.
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
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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 and rigid gait, poor balance	<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: Kelly is cautious of falling. Kelly can walk with assistance. Behaviors or Symptoms: Kelly's gait is unsteady and rigid and she has poor balance. Kelly also experiences anxiety about falling, especially around obstacles or when the ground is shiny and slippery in appearance. Kelly needs a hand when walking. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kelly is cautious of falling. Kelly can walk with

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specific issue): 1:1 hand when walking	<input type="checkbox"/> NA - there are no mobility issues	<p>assistance.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Kelly cannot safety walk on her own and needs an arm or arm for balance 1:1 from staff when walking. Kelly also experiences anxiety about falling, especially around obstacles or when the ground is shiny and slippery in appearance. Kelly walks very slowly. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kelly can turn on the faucet. Kelly can recognize and remove her hands from water that is too hot if she is undistracted. Behaviors or Symptoms: Kelly cannot adjust the water temperature to a safe degree. If Kelly is distracted and experiencing high anxiety, she may not pay attention to the temperature of the water. 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: Kelly is friendly and trusting. When Kelly isn't experiencing high anxiety, Kelly can use short verbal phrases to express herself. Behaviors or Symptoms: Kelly experiences high anxiety during transportation, and has scratched others before when on the bus and may have a high-pitched voice, shriek, have wide eyes, and/or a nervous laugh. Kelly does not follow safe pedestrian rules or stranger safety. Kelly cannot walk and navigate obstacles without assistance. Kelly has limited speech and may be hard to understand to unfamiliar listeners. Kelly cannot relay her ID information to others. If Kelly was lost, she would likely be experiencing high anxiety and would not be able to participate in reciprocal conversation. 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: Kelly recognizes that deep water is dangerous. Behaviors or Symptoms: Kelly does not knows how to swim. Kelly does not recognize that she needs a life jacket around deep water. Deep water makes Kelly anxious. 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

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Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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): picking hair	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: • Behaviors or Symptoms: Kelly may pick at her hair, eyebrows, eyelashes, or pubic hair. This appears to be a compulsive tendency and tends to occur if she is left alone in the restroom. • Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): grabbing, scratching, and pinching	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: • Behaviors or Symptoms: Kelly has a history of grabbing, scratching, and pinching others when anxious. When staff is walking with Kelly and assisting by hand, Kelly may grab and pinch staff's arm when Kelly gets anxious about obstacles or a potentially slippery surface. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): inappropriate/threatening comments to others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: • Behaviors or Symptoms: When anxious, Kelly may have a high-pitched voice, shrieks, wide eyes, and/or nervous laugh. Kelly may ask, "can I scratch your eyes out?" or say other inappropriate things to others. • Staff supports are required in this area according to the CSSP Addendum.
Property destruction (state behavior): N/A	<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

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Mental or emotional health symptoms and crises (state diagnosis): N/A	<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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A