

SELF-MANAGEMENT ASSESSMENT

Name: Mac Meron

Date of *Self-Management Assessment* development: August 25, 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): Hay, mold, grasses and some farm animals	<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: Mac knows his allergies. Mac knows he needs to carry an epi-pen with him and is pretty good about carrying it himself. Behaviors or Symptoms: Mac may have extreme allergic reactions to hay, mold, grasses and some farm animals and may need someone to administer a rescue epi-pen and call 911. 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: Mac can use a fork, spoon, and butter knife to eat independently. Behaviors or Symptoms: Mac may not always recognize that some foods need to be cut up and may need assistance cutting up tougher foods. Staff supports are required in this area according to the CSSP Addendum.
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): asthma, hydrocephalus, hypotonia, Klinefelter Syndrome, osteopenia, history of pica	<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: Mac can identify when he needs a break. Mac is accepting of help with managing his medical conditions. Mac participates in medical appointments. Behaviors or Symptoms: Mac may need extra breaks on long walks due to low muscle tone and asthma. Mac needs help managing his medical conditions. 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: Mac recognizes the importance of taking medication to maintain good health and to treat illness/injury. Mac is accepting of assistance with medication administration. Behaviors or Symptoms: Mac does not have the time management skills to take medication on his own consistently. Mac would not be able to administer his own epi-pen in the event of an emergency allergic reaction. 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: Mac understands the importance of attending medical appointments and willingly participates. Mac can answer questions about how he's feeling. Behaviors or Symptoms: Mac does not have the self-management skills to schedule and attend appointments independently. Mac may not be able to answer questions about his health history. Staff supports are required in this area according to the CSSP Addendum.

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Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mac understands the importance of attending medical appointments and willingly participates. Mac can answer questions about how he's feeling. • Behaviors or Symptoms: Mac does not have the self-management skills to schedule and attend appointments independently. Mac may not be able to answer questions about his health history. • 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
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): impaired 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: Mac can walk independently and can identify most unsafe obstacles. • Behaviors or Symptoms: Mac may not recognize all potential obstacles. Mac may need physical assistance entering and exiting escalators. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): low endurance and muscle tone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mac can walk independently and can identify most unsafe obstacles. Mac can sometimes ask for a break when he needs one. • Behaviors or Symptoms: Mac may tire on long walks and need a break. Mac wears food orthotics for ankle support. • 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: Mac can turn on a faucet and knows hand washing is important. • Behaviors or Symptoms: Mac sometimes does not adjust the water temperature and may use water that is scalding. • 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: Mac knows and can tell others some of his ID information. Mac knows some safe pedestrians skills. Mac can read some signs.

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		<p>Mac can ask others for help.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Mac does not consistently follow all safe pedestrian rules and stranger safety. Mac may not know who to ask for help from in an emergency situation. Under pressure, Mac may not know all of his personal ID information. 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: Mac understands that deep water can be dangerous and can exhibit appropriate caution when undistracted. Behaviors or Symptoms: Mac cannot swim. Mac may become distracted around water. Mac would not independently remember to wear a life jacket. 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: Mac knows he needs to wear his glasses daily and can put them on himself. Behaviors or Symptoms: Mac may not realize his vision has declined or recognize that his glasses need to be cleaned. Staff supports are required in this area according to the CSSP Addendum.
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

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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): 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