

SELF-MANAGEMENT ASSESSMENT

Name: Annie Hillestad

Date of *Self-Management Assessment* development: 10.23.2020

For the annual period from: 10.01.2020 to 09.30.2021

Name and title of person completing the review: Kennedy Norwick, Designated Coordinator

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 and Cleocin	<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: Annie would not independently take medications that she is allergic to. Annie's functional awareness in this area is unknown. Behaviors or Symptoms: Annie is not able to communicate her allergies to staff. 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 – Annie has no documented seizures	

PAI

Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Annie is able to eat independently Behaviors or Symptoms: Annie may eat too quickly. She also may not swallow in between bites. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Regular, Mechanical Soft, bite size pieces	<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: Annie is able to feed herself independently. Behaviors or Symptoms: Annie may eat too quickly. She also may not swallow in between bites. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Hearing loss in right ear, OCD, Anxiety, Trisomy 13, MR (severe)	<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: Annie is able to hear out of her left here. Annie can understand receptive language. Behaviors or Symptoms: <ul style="list-style-type: none"> Hearing loss: Annie may not respond if staff speak to her in her right ear OCD/Anxiety: Annie may pick at sores/create sores, specifically on her arms. Annie may perseverate on beverages that are not hers, regardless of temperature. Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Annie does not take medications at PAI	N/A
Preventative screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA PAI does not manage preventative screenings	N/A
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA PAI does not manage medical or dental appointments	N/A
Other health and medical needs (state specific need): Sun Sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Annie is accepting of staff applying sunscreen when needed Behaviors or Symptoms: Due to a medication, Annie is extra sensitive to the sun 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

PAI

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): Unsteady, wide 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: Annie is ambulatory and is accepting of staff assistance when needed. Behaviors or Symptoms: Annie has a slow, unsteady, wide based gait. She needs staff support to navigate safely. Annie does not look where she is walking and she may trip over obstacles. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Walks slowly, cannot run, not always are of obstacles	<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: Annie is ambulatory and is accepting of staff assistance when needed. Behaviors or Symptoms: Annie frequently receives bumps and bruises on her ankles, shins and knees as a result of bumping into items/tripping 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: Annie is able to turn the water on herself. She is accepting of staff assistance to change the water temperature. Behaviors or Symptoms: Annie is unable to adjust the water temperature or determine a safe water temperature. Annie is at risk of being exposed to extreme water temperatures if not regulated and supported. 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: Annie accepts redirection while in the community. Behaviors or Symptoms: Annie may go for beverages that are not hers, putting her at risk of being burned. Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA PAI does not assist with activities involving bodies of water or bathing	N/A
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Annie can hear out of her left ear and can understand receptive language.

		<ul style="list-style-type: none"> Behaviors or Symptoms: Annie may not acknowledge staff when being talked to in her right ear. 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
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): Creating sores/picking at sores	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Annie is accepting of staff putting on long sleeve shirts and/or band aids to cover her sores. Behaviors or Symptoms: Annie may create sores/pick at sores, especially on her arms. She may also pinch herself. Annie may try to remove long sleeve shirts/band aids. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Behaviors or Symptoms: Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Behaviors or Symptoms: Staff supports are required in this area according to the CSSP Addendum.
Property destruction (state behavior): Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Behaviors or Symptoms: Staff supports are required in this area according to the CSSP Addendum.
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Behaviors or Symptoms: Staff supports are required in this area according to the CSSP Addendum.

PAI

Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: • Behaviors or Symptoms: • Staff supports are required in this area according to the CSSP Addendum.
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

