

**SELF-MANAGEMENT ASSESSMENT**

Name: Jessica Kreiner

Date of *Self-Management Assessment* development: 10/14/2020

For the annual period from: October 2020 to October 2021

Name and title of person completing the review: Jessica Gunderson, 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): Seasonal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA -- there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica is able to answer yes/no questions about her symptoms. Jessica is accepting of staff assistance in this area.</li> <li>Behaviors or Symptoms: Jessica has seasonal allergies. She shows her need for allergy medication by displaying symptoms; runny/stuffed nose, red or watery eyes and sneezing.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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Seizures (state specific seizure types):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica understands crowded places can trigger seizures. Jessica can indicate the onset of a seizure by pointing to her head.</li> <li>Behaviors or Symptoms: In the past, seizures have been triggered by crowded or noisy events and costumes such as Halloween costumes.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica can independently feed herself.</li> <li>Behaviors or Symptoms: Jessica needs staff support to cut her food into nickel sized pieces.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	
Chronic medical conditions (state condition):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica can understand treatment orders if staff support her by explaining them to her.</li> <li>Behaviors or Symptoms: Jessica needs staff support to take medications. She would be unable to read and understand doctor's medication orders. Jessica can comply with doctor medication orders with staff support.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica can answer questions with her iPad.</li> <li>Behaviors or Symptoms: Jessica may not always be adequately understood by others and she may not be able to provide details about illness or injury. Jessica needs staff support to determine the need for and to schedule a preventative screening.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica can answer questions with her iPad.</li> <li>Behaviors or Symptoms: Jessica needs staff support to relay medical history and answer questions during medical appointments.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	

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<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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	
Mobility issues (include the specific issue):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica can independently turn on and off water faucets.</li> <li>Behaviors or Symptoms: Jessica needs staff support to ensure that the temperature is correct.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica enjoys interacting in a community setting.</li> <li>Behaviors or Symptoms: Jessica would need staff support for proper practice of community and pedestrian safety skills.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica is accepting of staff assistance in this area.</li> <li>Behaviors or Symptoms: Jessica does not know how to swim and she needs staff support to be safe around large bodies of water.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica readily wears her glasses and can ask for them to be cleaned when needed.</li> <li>Behaviors or Symptoms: Jessica wears glasses.</li> <li>No further staff supports are required in this area.</li> </ul>
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
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Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>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.</b>		
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): Tapping chest, hitting thighs.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica understands that her tapping may cause injury. Jessica is accepting of staff assistance in this area.</li> <li>Behaviors or Symptoms: When Jessica is excited or upset, she may tap her chest or hit her thighs, which could cause bruising.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Physical aggression/conduct (state behavior): Pinch or squeeze arms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Jessica understands the importance of keeping her hands to herself. Jessica is accepting of staff redirection in this area.</li> <li>Behaviors or Symptoms: At times, when frustrated, Jessica may pinch or squeeze someone’s arm-which could lead to harm from retaliation.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Verbal/emotional aggression (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Property destruction (state behavior):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Mental or emotional health symptoms and crises (state diagnosis):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
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	

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Other symptom or behavior (be specific):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
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