

SELF-MANAGEMENT ASSESSMENT

Name: Karen Loven

Date of *Self-Management Assessment* development: March 10, 2021 For the annual period from: March 2021 to March 2022

Name and title of person completing the review: Cortney Kelly, Program Supervisor/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): Penicillin, Sulfa, lactose intolerant, cats, seasonal	<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: Karen is aware of her allergies and food sensitivities. Karen can vocalize her allergies to others, as well as any potential signs or symptoms she is experiencing. • Behaviors or Symptoms: Karen may not realize a new medication contains something she is allergic to. • 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Karen can eat, chew thoroughly, and swallow safety independently. No staff supports are required in this area.
Special dietary needs (state specific need): Lactose intolerant, avoid spicy foods	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Karen is aware of her food sensitivities and makes her own lunch in accordance to her diet. Karen independently makes decisions in the community when purchasing food and drinks and follows her diet. No staff supports are required in this area according.
Chronic medical conditions (state condition): Williams Syndrome, heart murmur	<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: Karen knows about her condition and can recognize the signs/symptoms. Karen can verbally communicate to others when her heart is racing and that she needs help. Behaviors or Symptoms: Karen’s heart murmur can cause her to become easily tired and Karen may need to sit down. 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: Karen understands the importance of taking medication to stay healthy. Karen can take medication that is handed to her and recognize her medications. Behaviors or Symptoms: Karen does not have the time or self-management skills to accurately take medication consistently on her own. Karen has a PRN inhaler she relies on staff to offer her and help administer when she’s having trouble breathing. 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: Karen understands the importance of attending medical appointments. Karen cares about her health. Karen can answer questions about her past and how she’s feeling currently. Behaviors or Symptoms: Karen does not have the management skills to schedule and attend appointments on her own. Karen may not be able to answer questions about her medical 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: Karen understands the importance of attending medical appointments. Karen cares about her health. Karen can answer questions about her past and how she's feeling currently. Behaviors or Symptoms: Karen does not have the management skills to schedule and attend appointments on her own. Karen may not be able to answer questions about her medical 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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> N/A
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Karen can operate a faucet and make adjustments as needed to use a safe temperature of water. No staff supports are required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Karen knows safe pedestrian rules and can follow them. Karen knows her ID information and can share this information with others. Karen likes accessing the community. Karen is a trusting person. Behaviors or Symptoms: Karen may not know who in the community can be trusted. Karen would likely not be able to find her way home is left alone. Karen may need her inhaler in the community and would need someone with to help her use it. Staff supports are required in this area according to the CSSP Addendum.

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Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Karen understands the need to take extra caution around water and does so. Behaviors or Symptoms: Karen cannot swim. Karen may not remember to put a life jacket on. 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: Karen knows she needs hearing aids and glasses to help navigate her surroundings. Karen can put her hearing aids and glasses on herself. Karen knows when the battery in her hearing aid is dying and will ask for a new battery. Behaviors or Symptoms: Karen may need assistance with putting new hearing aid batteries in and cleaning her glasses. 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
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): 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	<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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diagnosis): 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