SELF-MANAGEMENT ASSESSMENT

Name: Deb Haworth

Date of *Self-Management Assessment* development: March 12, 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): Mold	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Deb knows when she is not feeling well and can tell others. • Behaviors or Symptoms: Deb may need medication, at home or potentially at PAI in the future, for allergies and does not have the skills to independently administer this medication correctly. • Staff supports are required in this area according to the CSSP Addendum.

Seizures (state specific seizure types): Petit mal seizures	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Deb knows when she is not feeling well and can tell others. • Behaviors or Symptoms: Deb takes medication at home for her seizures and does not have the skills to independently administer this medication correctly. If Deb were to have a seizure, she would need someone to call 911. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Deb can thoroughly chew and safety swallow. • No staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): N/A	☒ Yes ☐ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Deb is on a regular diet. • No staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Sunlight sensitivity, legally blind, cerebral palsy.	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Deb knows the importance of sunscreen and wearing a hat on sunny days. Deb is aware of her vision deficits and can ask for help when she needs it and wears her glasses independently. Deb can identity when she is feeling tired and ask for a break. • Behaviors or Symptoms: Deb needs assistance applying sunscreen and may need a reminder to dress appropriately in the sun and to wear a hat. Deb cannot identify all obstacles when walking. Deb cannot use her walker for long distances or propel a manual wheelchair on her own. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb knows that medication is important to maintaining her health. Deb can take medication that is handed to her. • Behaviors or Symptoms: Deb does not have the self-management skills to independently take medication correctly. Deb would not be able to read medication label or identify the correct medication. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb knows that medical appointments are important to maintaining her health. Deb can answer questions about how she has been feeling lately. • Behaviors or Symptoms: Deb is unable to schedule her own appointments or her

		Metro rides to those appointments if she is attending independently. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb knows that medical appointments are important to maintaining her health. Deb can answer questions about how she has been feeling lately. • Behaviors or Symptoms: Deb is unable to schedule her own appointments or her Metro rides to those appointments if she is attending independently. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ 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): Legally blind, cerebral palsy, wears AFO's	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Deb can navigate her surroundings pretty independently, especially in environments/places that she knows well. Deb knows that importance of using her walker and wearing her AFO's daily. • Behaviors or Symptoms: Deb's vision impairment makes it difficult for Deb to see all obstacles (curbs, uneven terrain, etc.) especially in new places. Deb needs her walker for balance. Deb cannot walk for long distances. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): cerebral palsy, wears AFO's	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Deb can navigate her surroundings pretty independently, especially in environments/places that she knows well. Deb knows that importance of using her walker and wearing her AFO's daily. • Behaviors or Symptoms: Deb needs assistance putting on her AFO's at home. Deb needs her walker for balance. Deb cannot walk for long distances. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb can turn on the faucet to wash her hands. Deb can/will remove her hands if the water is too hot.

		• Behaviors or Symptoms: Deb is unable to identify a safe temperature for hand washing and adjust the temperature before putting her hands under the water. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb knows some pedestrian rules. Deb is receptive to feedback and relies on direction from others when navigating new surroundings. • Behaviors or Symptoms: Deb's vision impairment interferes with her ability to follow pedestrian safety rules consistently and navigate her surrounding safety. Deb does not know all of her ID information. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Deb knows that deep water can be dangerous and avoids it to the best of her ability. • Behaviors or Symptoms: Deb cannot swim. Deb may not be able to identify water or how deep water is with her vision impairment. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Deb wears her glasses, which provide her with some vision despite being legally blind. • Behaviors or Symptoms: Deb is legally blind and cannot navigate new places independently. Deb needs assistance becoming familiar with new jobs and tasks. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ 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): N/A	☐ Yes ☐ No ☒ NA	• N/A
Physical aggression/conduct (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A

Verbal/emotional aggression (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Property destruction (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	☐ Yes ☐ No ☒ NA	• N/A
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A