

SELF-MANAGEMENT ASSESSMENT

Name: Andrew Flynn

Date of *Self-Management Assessment* development: 12/20/2020

For the annual period from: 12.01.2020 – 11.30.2021

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): Seasonal Allergies	<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: Andrew is accepting of taking medication for his seasonal allergies. Behaviors or Symptoms: Andrew is not able to tell staff if he is experiencing seasonal allergies. Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	N/A
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew is able to eat independently. • Behaviors or Symptoms: Andrew may choke on food that is not cut into bite-sized pieces. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Gluten-free	<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: Andrew is able to eat independently and accepts eating a variety of foods that do not contain Gluten. • Behaviors or Symptoms: Andrew does not know what foods do and do not contain Gluten and may become ill if he eats food that contains Gluten. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Celiac Disease	<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: Andrew is able to eat independently and accepts eating a variety of foods that do not contain Gluten. • Behaviors or Symptoms: Andrew does not know what foods do and do not contain Gluten and may become ill if he eats food that contains Gluten. • 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: Andrew is accepting of supports in this area. • Behaviors or Symptoms: Andrew does not have the time or self-management skills to take medication consistently or independently. Andrew does not have a concept of time and would be unable to know the time of day to take his medications. • 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: Andrew willingly attends preventative screening appointments. • Behaviors or Symptoms: Andrew does not have the time or self-management skills to schedule and attend appointments independently. Andrew lacks a formal communication system and would not be able to recall facts about his health history. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Andrew willingly attends medical and dental appointments. • Behaviors or Symptoms: Andrew does not have the time or self-management skills to schedule and attend appointments independently. Andrew lacks a formal communication system and would not be able to recall facts about his health

PAI

		<p>history.</p> <ul style="list-style-type: none"> 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	N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other health and medical needs (state specific need): N/A	<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): Falling going up/down hills or up/down stairs without a handrail	<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: Andrew is able to ambulate independently. Behaviors or Symptoms: Andrew may fall going up/down hills and up/down stairs that do not have a handrail. Staff supports are required in this area according to the CSSP Addendum.
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	N/A
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Andrew enjoys spending time in the community and accepts redirection while in the community. Behaviors or Symptoms: Andrew has been diagnosed with Autism Spectrum Disorder and Down syndrome and lacks a formal communication system. He is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. He would require support if an emergency situation were to occur or to ask for assistance. Staff supports are required in this area according to the CSSP Addendum.

PAI

Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Andrew is accepting of assistance around bodies of water. Andrew is able to swim in shallow water. Behaviors or Symptoms: Andrew is at risk of drowning, especially if unsupervised or in deep water. Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

PAI

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