

SELF-MANAGEMENT ASSESSMENT

Name: Hope Gustafson

Date of *Self-Management Assessment* development: 1.21.2021

For the annual period from: 01.01.2021 to 12.31.2021

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

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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	N/A
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	N/A

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Choking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hope can eat independently. Hope can use a fork and spoon independently. Behaviors or Symptoms: Hope may eat too quickly which puts her at risk of choking. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	N/A
Chronic medical conditions (state condition): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	N/A
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: Hope is accepting of supports in this area. Behaviors or Symptoms: Hope does not have the time or self-management skills to take medication consistently or independently. Hope does not have a concept of time and would be unable to know the time of day to take her 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: Hope is accepting of supports in this area. Behaviors or Symptoms: Hope does not have the time or self-management skills to schedule and attend appointments independently. Hope would not be able to recall facts about her 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: Hope is accepting of supports in this area. Behaviors or Symptoms: Hope does not have the time or self-management skills to schedule and attend appointments independently. Hope would not be able to recall facts about her health 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	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

PAI

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): May trip/fall due to obstacles, fall on ice	<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: Hope is able to walk independently. Hope is able to see where she is going. Behaviors or Symptoms: Hope may get distracted/not pay attention to where she is walking and may trip/fall which puts her at risk of injury. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hope is able to turn the water on herself. Behaviors or Symptoms: Hope is unable to determine a safe water temperature. Hope 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: Hope enjoys going into the community. Hope usually accepts redirection while in the community. Behaviors or Symptoms: Hope is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She 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.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hope is accepting of assistance around bodies of water. Behaviors or Symptoms: Hope has been diagnosed with autism and intellectual disabilities that put her at high risk of drowning. She does not have the cognitive or physical ability to keep herself safe in the water. 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: Hope is generally accepting of staff re-direction when she is feeling over-stimulated (taking a walk). Behaviors or Symptoms: Hope may run away or “collapse” when she is overstimulated. Staff supports are required in this area according to the CSSP Addendum.

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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): Hitting self in the head	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hope is generally accepting of staff re-direction to stop hitting herself. • Behaviors or Symptoms: When upset, Hope may hit herself in the head, putting her at risk of injuring herself. • Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): pull hair, grab, hit, throw objects	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hope is usually accepting of staff re-direction when upset (taking a walk). • Behaviors or Symptoms: Hope may pull hair, grab, hit or throw objects which puts others at risk of injury. It also puts Hope at risk of retaliation and receiving injuries herself. • Staff supports are required in this area according to the CSSP Addendum.
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

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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