

SELF-MANAGEMENT ASSESSMENT		
<p>Name: Jack Kestner</p> <p>Date of <i>Self-Management Assessment</i> development: 3.16.2021 For the annual period from: 03.01.2021 to 02.28.2022</p> <p>Name and title of person completing the review: Kennedy Norwick, Designated Coordinator</p>		
<p>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 <i>Self-Management Assessment</i> 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.</p> <p>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 <i>Self-Management Assessment</i>. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This <i>Self-Management Assessment</i> will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.</p> <p>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.</p> <p>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 <i>CSSP Addendum</i>.</p>		
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: Jack’s functional awareness in this area is unknown. Behaviors or Symptoms: Jack is not able to communicate if his allergies are bothering him. Josh usually will hold his head (headache) if his allergies are bothering him. 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	N/A
Choking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack can eat independently. Behaviors or Symptoms: Jack may eat too fast/take large bites which puts him 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): GERD, constipation, acne, symptoms of ADHD	<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: For GERD/constipation, Jack will tell you if his “tummy hurts”. Jack willingly takes medications for his chronic medical conditions. Behaviors or Symptoms: Jack is not able to independently manage his GERD/constipation. Jack may experience high levels of anxiety (rocking, crying, shaking, biting fingers, squeezing). Jack is not always able to self-soothe independently and needs assistance taking his PRN medication. Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack is able to swallow pills independently. Behaviors or Symptoms: Jack does not have the time or self-management skills to take medication consistently or independently. Jack 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 type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack willingly attends preventative screening appointments. Behaviors or Symptoms: Jack does not have the time or self-management skills to schedule and attend appointments independently. Jack 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 type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack willingly attends medical and dental appointments. Behaviors or Symptoms: Jack does not have the time or self-management skills to schedule and attend appointments independently. Jack would not be able to recall facts about his health history. Staff supports are required in this area according to the CSSP Addendum.

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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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	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	N/A
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack is accepting of staff assistance to regulate water temperature. Behaviors or Symptoms: Jack is not able to regulate water temperature independently. Jack 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 type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack enjoys going into the community. Jack is accepting of staff assistance while in the community. Jack is able to follow safety rules with assistance from staff. Behaviors or Symptoms: Jack is not able to independently practice community/pedestrian safety skills while in the community. 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: Jack enjoys swimming and is able to be in the water with supervision. Jack would put on a life jacket if needed. Behaviors or Symptoms: Jack is at risk of drowning if he were to swim unsupervised.

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		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack is accepting of staff assistance in this area. Behaviors or Symptoms: Jack may become over-stimulated if his environment is too loud. Sometimes triggers are unknown. 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	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): Biting fingers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack is accepting of assistance in this area. Behaviors or Symptoms: Jack may bite his fingers to the point of breaking skin. Jack is not always able to independently self-sooth. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): hitting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jack is accepting of assistance in this area. Behaviors or Symptoms: Jack may hit others when he is upset. Jack is not always able to independently self-sooth. 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

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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 diagnosis): Anxiety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jack is able to engage in self-calming activities with staff and is generally accepting of assistance with his anxiety. Jack willingly takes his PRN medication. • Behaviors or Symptoms: Jack may experience high levels of anxiety (rocking, crying, shaking, biting fingers, squeezing). Jack is not always able to self-soothe independently and needs assistance taking his PRN medication. • Staff supports are required in this area according to the CSSP Addendum.
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