

SELF-MANAGEMENT ASSESSMENT

Name: Hannah Brough

Date of *Self-Management Assessment* development: April 6, 2021 For the annual period from: April 2021 to April 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): horses, cows, and hay	<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: Hannah knows she is allergic to horses, cows, and hay and should try to avoid these. Hannah can tell others when she is not feeling well or developing noticeable hives. • Behaviors or Symptoms: Hannah may need reminders to avoid horses, cows, and hay. If an allergic reaction were to be serious, Hannah would need someone to help her contact her parents and seek a doctor’s care or medication at home. • Staff supports are required in this area according to the CSSP Addendum.

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<p>Seizures (state specific seizure types): seizure disorder and epilepsy</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah knows and understand that she has a seizure disorder and what seizures are. • Behaviors or Symptoms: Hannah needs staff assistance to stay safe during a seizure and avoid injury. Hannah may bite her lips or pull her air during a seizure. Hannah’s seizures are characterized by mild jerking or twitching in her left extremities, left-sided facial twitching, darting eyes which tend to deviate up and to the left, and the pulling of both lips in and over her teeth. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah can chew thoroughly and swallow safely on her own. • No staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): Too large of portions</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah knows what an appropriate amount of food is to stay healthy and get full. Hannah is receptive to support with portions. • Behaviors or Symptoms: Hannah sometimes will pack large portions of food for lunch and need a reminder to not overeat. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Tinnitus</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah can verbalize to staff when her ears are ringing or she feels unsteady. Hannah knows this can cause balance concerns when walking. • Behaviors or Symptoms: Hannah is diagnosed with Tinnitus, a physical condition that causes noises or ringing in one or both ears. Hannah may need to hold on to someone’s hand or arm when walking when this occurs. • Staff supports are required in this area according to the CSSP Addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah knows medication is important to maintaining her health. • Behaviors or Symptoms: Hannah does not have the self-management skills to manage and administer her medication independently. • Staff supports are required in this area according to the CSSP Addendum.

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Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah knows that medical appointments are important. Hannah can answer questions about how she is feeling and her health. • Behaviors or Symptoms: Hannah does not have the self-management skills to schedule and attend appointments independently. • 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: Hannah knows that medical appointments are important. Hannah can answer questions about how she is feeling and her health. • Behaviors or Symptoms: Hannah does not have the self-management skills to schedule and attend appointments independently. • 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah can walk independently without assistance and is not at risk of falling. • No staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah can walk independently without assistance and is not at risk of falling. • No staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah can operate a sink and adjust the temperature of the water independently. • Behaviors or Symptoms: Hannah sometimes does not make sure the water is a safe temperature before putting her hands in. • Staff supports are required in this area according to the CSSP Addendum.

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Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hannah is knowledgeable about pedestrian safety and stranger safety. Hannah knows her identification information. Hannah knows how to ask for help when lost or in an emergency situation. Hannah carries and can use a cellphone. • Behaviors or Symptoms: Hannah has walked away from the group when on outings in the community and does not always notify staff of her whereabouts. Hannah cannot use public transportation. Hannah does not always have appropriate boundaries around strangers and is at risk of sharing her personal information with unsafe individuals. Hannah knows her personal identification information but may be unable to share this information accurately in the event of an emergency. • 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: Hannah knows that deep water can be dangerous and knows to exhibit caution around large bodies of water. • Behaviors or Symptoms: Hannah cannot swim well and is at risk of having a seizure when swimming. • 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: Hannah can verbalize to staff when he hers are ringing or she feels unsteady. Hannah knows this can cause balance concerns when walking. • Behaviors or Symptoms: Hannah is diagnosed with Tinnitus, a physical condition that causes noises or ringing in one or both ears. Hannah may need to hold on to someone's hand or arm when walking when this occurs. • 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

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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 diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• 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