

**SELF-MANAGEMENT ASSESSMENT**

Name: Hanan Mekraz

Date of *Self-Management Assessment* development: 2.8.2021

For the annual period from: 02.01.2021 to 01.31.2022

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

# PAI

Choking	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Special dietary needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	N/A – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Preventative screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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 – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.

# PAI

Regulating water temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Community survival skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Water safety skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A – Hanan is currently receiving services remotely.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Hanan is generally accepting of supports in this area. Hanan will take breaks on her own and will ask for head squeezes. She can recognize when she is overstimulated. Hanan will sometime tell you “all done please” when she doesn’t like something/is over-stimulated.</li> <li>• Behaviors or Symptoms: Hanan may leave the room/turn off the lights if she is over-stimulated. Hanan may tighten her jaw, rub hands together, tell you “all done please”, or rock back and forth.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Self-injurious behaviors (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.

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Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
Mental or emotional health symptoms and crises (state diagnosis): General Anxiety Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Hanan is generally accepting of supports in this area. Hanan will take breaks on her own and will ask for head squeezes. Hanan will sometimes tell you “all done please” when she doesn’t like something/is feeling anxious. Hanan is able to follow a schedule to help her know what to expect.</li> <li>• Behaviors or Symptoms: Hanan may tighten her jaw, rub hands together, tell you “all done please”, or rock back and forth.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.
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 – Hanan is currently receiving services remotely.
Other symptom or behavior (be specific):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A – Hanan is currently receiving services remotely.