

**SELF-MANAGEMENT ASSESSMENT**

Name: Mark Johnson

Date of *Self-Management Assessment* development: April 28, 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): Insect Bites | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA – there are no allergies | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark recognizes when he has a rash or welt that is causing him pain or itching. Mark can sometimes verbally tell others this or would indicate it to others by itching or picking at the affected area.</li> <li>Behaviors or Symptoms: Mark is allergic to insect bites, which may cause a rash welt to develop causing Mark discomfort.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |

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| <p>Seizures (state specific seizure types): Recent history of seizures. Mark has a seizure protocol.</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> NA – no seizures</p>                             | <ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mark stays pretty calm during and after a seizure.</li> <li>• Behaviors or Symptoms: Mark began having seizures in late 2020, with 2 instances being recorded. Mark does not recognize when he is going to have a seizure and needs help getting into a safe position to avoid injury.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| <p>Choking</p>   | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>  | <ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mark can recognize when he is choking or vomiting. Mark stays calm in these situations and can usually independently work through the situation and clear this throat.</li> <li>• Behaviors or Symptoms: Mark sometimes eats too fast which can cause him to choke and vomit. Mark may vomit and expel excessive spit for several minutes.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>                                       |
| <p>Special dietary needs (state specific need): No citrus foods and drinks</p>                           | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> NA – there are no special dietary needs</p>      | <ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Mark is accepting of help from others with food preparations and following his diet.</li> <li>• Behaviors or Symptoms: Mark experiences diarrhea when he eats and drinks items containing citrus.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| <p>Chronic medical conditions (state condition): N/A</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <input checked="" type="checkbox"/> NA – there are no chronic medical conditions</p> | <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |
| <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"> <li>• Strengths, Skills, &amp; Abilities: Mark understands that medication is important for treating illness/injuries and to maintain good health. Mark can take medication that is handed him. Mark can read and write.</li> <li>• Behaviors or Symptoms: Mark does not have the time or self-management skills to independently take medication. Mark does not understand the specific purpose of a specific medication.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |

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| Preventative screening  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark understands the importance of attending medical appointments. Mark can answer simple questions about how he's feeling.</li> <li>Behaviors or Symptoms: Mark does not have the time or self-management skills to schedule and attend appointments independently. Mark would not be able to recall his health history or answer complex questions.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Medical and dental appointments   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark understands the importance of attending medical appointments. Mark can answer simple questions about how he's feeling.</li> <li>Behaviors or Symptoms: Mark does not have the time or self-management skills to schedule and attend appointments independently. Mark would not be able to recall his health history or answer complex questions.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Other health and medical needs: N/A                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| <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<br><input checked="" type="checkbox"/> NA – not at risk for falling      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Mobility issues (include the specific issue): N/A                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA – there are no mobility issues | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Regulating water temperature  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark can operate a faucet. Mark can identify a safe temperature of water to use for hand washing and adjust the water to that temperature.</li> <li>No staff supports are required in this area.</li> </ul>  |

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| Community survival skills   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark knows some pedestrian safety rules and is good at following directions when crossing streets. Mark likes going out into the community and meeting new people.</li> <li>Behaviors or Symptoms: Mark does not independently and consistently follow safe pedestrian or stranger safety rules. Mark lacks judgement when it comes to strangers and meeting new people. Mark may not respond appropriately in an emergency or to weather related conditions.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Water safety skills   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Mark knows that deep water requires extra caution. Mark is good at following directions around water.</li> <li>Behaviors or Symptoms: Mark does not know how to swim and would not independently wear a life jacket.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| Sensory disabilities  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| 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"> <li>N/A</li> </ul>   |
| 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"> <li>N/A</li> </ul>   |
| <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 | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Physical aggression/conduct (state behavior): N/A   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Verbal/emotional aggression (state behavior): N/A   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Property destruction (state behavior): N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |

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| 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 |