

SELF-MANAGEMENT ASSESSMENT

Name: Justin Brown

Date of *Self-Management Assessment* development: 4.17.2021 For the annual period from: 04.01.2021 to 03.31.2022

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): Environmental 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: Justin is able to communicate when his allergies are bothering him. Justin willingly takes his medications and is able to swallow his allergy pills. Behaviors or Symptoms: Justin is not able to communicate what kind of allergies he has. Justin is not able to differentiate between his allergies and other illnesses. Justin’s allergies cause him to sneeze, have itchy eyes, a stuffy nose and/or a sore throat.

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		<ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
Seizures (state specific seizure types): History of grand mal seizures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Justin willingly takes his medications to control his seizures. Justin willingly attends medical appointments to monitor his seizure disorder. • Behaviors or Symptoms: Justin has a history of seizures, the most recent being in 2011. Justin would not be able to inform others of an upcoming seizure. • Staff supports are required in this area according to the CSSP Addendum.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Justin can eat independently. • Behaviors or Symptoms: Justin may choke if he eats too quickly. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): History of dairy sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Justin can eat independently. Justin is accepting of staff supports to limit foods that contain dairy. • Behaviors or Symptoms: Justin is not aware of what foods contain dairy. If Justin eats too much dairy he could develop stomach or bowel issues. Justin is not able to eat foods containing dairy in moderation on his own. • Staff supports are required in this area according to the CSSP Addendum.
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 type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Justin is able take (chew or swallow) tablets independently. Justin willingly takes his medications. • Behaviors or Symptoms: Justin does not have the time or self-management skills to take medication consistently or independently. Justin does not have a concept of time and would be unable to know the time of day to take his medications. Justin is not aware that different medications treat different illnesses. • 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: Justin willingly attends medical appointments. Justin is sometimes able to communicate how he is feeling to his doctor. • Behaviors or Symptoms: Justin does not have the time or self-management skills to schedule and attend appointments independently. Justin would not be able to recall facts about his health history or answer complex questions • Staff supports are required in this area according to the CSSP Addendum.

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Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Justin willingly attends medical appointments. Justin is sometimes able to communicate how he is feeling to his doctor. Behaviors or Symptoms: Justin does not have the time or self-management skills to schedule and attend appointments independently. Justin would not be able to recall facts about his health history or answer complex questions. 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
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: Justin can turn the faucet on and off. Justin is accepting of staff assistance to adjust the water temperature. Behaviors or Symptoms: Justin does not consistently regulate water temperature. Justin 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: Justin enjoys going into the community. Justin is generally accepting of staff assistance while in the community. Justin is understanding of the importance of safety skills. Behaviors or Symptoms: Justin does not consistently practice safe pedestrian skills.

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		<p>He may walk near cars or wander off the sidewalk. Justin has a history of approaching strangers when in the community.</p> <ul style="list-style-type: none"> • 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: Justin is able to swim with assistance. • Behaviors or Symptoms: Justin has limited swimming abilities and is at risk of drowning if he were to enter a body of water independently. • 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: Justin is generally accepting of staff assistance to self-regulate. Justin is able to recognize when he needs a break and will take one on his own. • Behaviors or Symptoms: Justin may become upset (yell or swear) if an area/peer is too loud. • 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
<p>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.</p>		
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	N/A
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): yelling/swearing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Justin is generally accepting of staff assistance to self-regulate. Justin can recognize when he needs a break and can take them independently. • Behaviors or Symptoms: Justin may, at unpredictable times, react to an unclear

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		<p>trigger. Justin may internalize negative feelings when triggered or yell/swear at whomever he is feeling threatened by. Due to the “unknowns” in Justin’s past, it is also probable that he may not be able to identify potentially dangerous environments, people, or situations and he may interact with other’s that he perceives to be a threat. Justin may also yell/swear if an area/peer is too loud.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum.
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): Unknown history	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A