

**SELF-MANAGEMENT ASSESSMENT**

Name: Crystal Ronning

Date of *Self-Management Assessment* development: May 10, 2021

For the annual period from: May 2021 to May 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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>N/A</li> </ul>

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Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal can take appropriately sized bites, chew thoroughly, and swallow safely. Crystal wears dentures.</li> <li>No staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): Portion sizes	<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"> <li>Strengths, Skills, &amp; Abilities: Crystal understands the nutritional value of most foods (what is healthy and unhealthy) and knows appropriate portion sizes.</li> <li>Behaviors or Symptoms: Crystal sometimes struggles with appropriate portion sizes and making healthy food decisions.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Polycystic Ovarian Syndrome, insomnia, bunions, dentures	<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"> <li>Strengths, Skills, &amp; Abilities: Crystal is knowledgeable about her different medical diagnoses. Crystal can identify when she is in pain and ask for pain medication or a break. Crystal chooses when to wear her dentures.</li> <li>Behaviors or Symptoms: Crystal sometimes has cramps or foot pain that affect her ability to stand for long durations or work when she is in pain.</li> <li>Supports are required in this area according to the CSSP Addendum.</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal understands what many of her medications are for/what they treat. Crystal can identify when she is not feeling well and request an appropriate medication.</li> <li>Behaviors or Symptoms: Crystal does not have the time management skills or attention to detail to independently administer her medications.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal can identify and tell others how she is feeling and what is going on for her health wise. Crystal can pretty accurately answer questions and recall her health history.</li> <li>Behaviors or Symptoms: Crystal does not have the time management skills or attention to detail to schedule and attend appointments independently. Crystal does not drive but she can set up Metro Mobility rides.</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: Crystal can identify and tell others how she is feeling and what is going on for her health wise. Crystal can pretty accurately answer</li> </ul>

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		<p>questions and recall her health history.</p> <ul style="list-style-type: none"> <li>Behaviors or Symptoms: Crystal does not have the time management skills or attention to detail to schedule and attend appointments independently. Crystal does not drive but she can set up Metro Mobility rides.</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 <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 <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: Crystal can identify a safe temperature of water and adjust the faucet herself independently.</li> <li>No staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal knows and follows pedestrian safety rules. Crystal is friendly and likes meeting new people.</li> <li>Behaviors or Symptoms: Crystal is not always exercise reasonable caution with strangers. Crystal may share her personal ID information or even follow a stranger home (including for sex in the past).</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal understands that water safety skills and exhibits appropriate caution.</li> <li>No staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal wears glasses to correct her vision.</li> <li>No staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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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): Scratching	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal is aware of her mental health diagnoses and is pretty open with others about how she is feeling and what is bothering her.</li> <li>Behaviors or Symptoms: Crystal has also scratched her legs until they have bled in the past. Crystal is diagnosed with bi-polar disorder, dysthymic disorder, mixed anxiety-generalized and post traumatic, borderline personality disorder, and avoidant personality disorder.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</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): yelling and cursing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal knows and uses DBT skills and use to attend DBT group therapy. Crystal is a friendly person and has good social skills.</li> <li>Behaviors or Symptoms: Crystal may yell and swear when she is upset and may insolate from others. bi-polar disorder, dysthymic disorder, mixed anxiety-generalized and post traumatic, borderline personality disorder, and avoidant personality disorder.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</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>
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Crystal is aware of her mental health diagnoses and is pretty open with others about how she is feeling and what is bothering her. Overall, Crystal has a positive outlook on her life.</li> <li>Behaviors or Symptoms: Crystal has recently had some suicidal thoughts. bi-polar disorder, dysthymic disorder, mixed anxiety-generalized and post traumatic, borderline personality disorder, and avoidant personality disorder.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Mental or emotional health symptoms and crises (state diagnosis): bi-polar disorder, dysthymic disorder, mixed anxiety- generalized and post traumatic, borderline personality disorder, and avoidant personality 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: Crystal is aware of her mental health diagnoses and is pretty open with others about how she is feeling and what is bothering her. Overall, Crystal has a positive outlook on her life.</li> <li>Behaviors or Symptoms: Crystal may have trouble managing her emotional and mental health. Crystal is taking medication to treat these diagnoses and cannot administer her medication independently or attend appointments.</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	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Other symptom or behavior (be specific): 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>