

SELF-MANAGEMENT ASSESSMENT

Name: Ann Strassburg

Date of *Self-Management Assessment* development: May 18, 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 checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> N/A
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> N/A

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Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Ann understands the risk of choking and has good judgment when it comes to safe bite sizes. Ann can chew thoroughly and swallow safety. Ann can use a knife to cut up food. • No staff supports are required in this area.
Special dietary needs (state specific need): Diabetes, overweight, high cholesterol	<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: Ann mostly knows when a food item is healthy or not. Ann can read food labels. Ann knows and understands that eating unhealthily could lead to more health complications and is motivated to prevent this. • Behaviors or Symptoms: Ann struggles with making healthy food choices consistently and with portion sizes. Ann checks her blood sugar routinely at home and is aware that if her numbers do not stabilize and improve, she need to be put on more medication/insulin. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Arm tremors, not diagnosed	<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"> • Strengths, Skills, & Abilities: Ann knows that she experiences arm tremors and knows the activities that usually cause this. Ann can recognize when she is having arm tremors and ask to take a break or work on another activity. • Behaviors or Symptoms: When completing repetitive tasks for an extended amount of time, Ann my experience arm tremors. Extensive medical testing was done in 2007 to determine the cause, but nothing was found. Ann may need a break or a varied work activity. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Ann can read. Ann knows some of the medications she takes and their purpose. Ann recognizes that medications are important in treating illness/injury and for maintaining health. • Behaviors or Symptoms: Ann does not have good time management skills and would forget to take her medication consistently. Ann does not know all the medications and their purposes that she takes. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Ann knows attending medical appointments is important for her health. Ann can verbally answer questions about how she is feeling and any recent health concerns she’s had. Ann can help fill out medical

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		<p>forms.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: Ann does not have the time management skills to schedule appointments independently. Ann needs a ride to appointments and help managing her insurance cards, ID information, and health records. 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: Ann knows attending medical appointments are important for her health. Ann can verbally answer questions about how she is feeling and any recent health concerns she's had. Ann can help fill out medical forms. Behaviors or Symptoms: Ann does not have the time management skills to schedule appointments independently. Ann needs a ride to appointments and help managing her insurance cards, ID information, and health records. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Hepatitis B carrier	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Ann knows that she is a Hepatitis B carrier and knows how it can be spread to others. Ann is knowledgeable about safe sex practices. Behaviors or Symptoms: Ann does not recognize the potentially serious implications of passing Hepatitis to others. In the past, Ann has not taken the needed precautions around safe sex. 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> N/A

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	issues	
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Ann knows that hot water can cause injury. Ann can operate a faucet and adjust the water temperature to a safe degree. No staff supports are required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Ann knows pedestrian safety rules and can demonstrate these skills. Ann can read and follow street signs. Ann knows her ID information and would know how to find an appropriate person to go to for help in the event of an emergency. Behaviors or Symptoms: Ann does not always have good judgement and cannot always predict a potential negative consequence to an action (ex. stealing). Ann struggles to make healthy food choices independently. In the past, Ann has not been truthful about where she had been and who she was with. Ann does not recognize that some strangers may be dangerous. Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Ann knows that deep water requires extra cautions and exhibits this caution. Ann knows she needs to wear a life jacket when on or around large bodies of water. No staff supports are required in this area.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Ann knows she has been prescribed glasses and can out them on herself when she chooses to wear them. Behaviors or Symptoms: Ann has a mild myopia and has been prescribed glasses but choose not to wear them most of the time. 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

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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): 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