

**SELF-MANAGEMENT ASSESSMENT**

Name: Michelle Barrows

Date of *Self-Management Assessment* development: May 21, 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): Penicillin, Sulfa Antibiotics, Raspberries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Michelle accepts help preparing her food and sticking to her diet. Michelle understands the importance of only taking medication that is prescribed by a doctor and accepts help with medication administration.</li> <li>Behaviors or Symptoms: Michelle is allergic to penicillin and antibiotics containing sulfa. Michelle is also allergic to raspberries. Michelle has limited reading skills and may not know when a medication or food contains something she is allergic to.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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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>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Michelle is able to use a fork and spoon to eat. Michelle understands the risk of choking and Michelle can chew and swallow properly cut up foods safely.</li> <li>Behaviors or Symptoms: Michelle cannot use a knife to cut up her food into appropriately sized pieces. Michelle’s food should be cut into dime to quarter size pieces. Michelle is missing a few teeth.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): lactose intolerant, 1250 calorie diet	<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: Michelle likes a variety of food and can determine that some foods are healthy and some others foods are not. Michelle accepts help with food preparations and following her diet.</li> <li>Behaviors or Symptoms: Michelle is lactose intolerant and may experience diarrhea after consuming dairy products. Michelle has limited reading skills and may not know a food item contains dairy. Michelle is on a 1250 calorie diet and cannot independently count calories.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Osteoporosis, Ataxia	<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: Michelle uses a manual wheelchair for mobility and can propel herself for short distances, mostly using her feet. Michelle can ask for help propelling when needed.</li> <li>Behaviors or Symptoms: Michelle has Osteoporosis and Ataxia which may impact her mobility, strength, balance, and ability to stand and walk.</li> <li>Staff 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: Michelle understands the importance of taking medication to treat illness/injury and maintain good health. Michelle can take medication that is handed to her.</li> <li>Behaviors or Symptoms: Michelle does not have the skills to independently administer her medications. Michelle cannot read and does not know the purpose of each medication she takes.</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: Michelle understands the importance of attending medical appointments and participates. Michelle can answer questions about how she's feeling.</li> <li>• Behaviors or Symptoms: Michelle does not have the skills to schedule and attend appointments independently. Michelle would not be able to answer complex questions or questions about her health history</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: Michelle understands the importance of attending medical appointments and participates. Michelle can answer questions about how she is feeling.</li> <li>• Behaviors or Symptoms: Michelle does not have the skills to schedule and attend appointments independently. Michelle would not be able to answer complex questions or questions about her health history. Michelle has exaggerated health concerns in the past.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <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): Osteoporosis, Ataxia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle uses a manual wheelchair and can propel herself, mostly using her feet. Michelle is usually accepting of help with transfers and can let staff know when she needs help.</li> <li>• Behaviors or Symptoms: Michelle has osteoporosis which may impact Michelle's mobility and strength. Michelle has ataxia, which has resulted in Michelle losing balance and the strength to walk and stand independently. Michelle has the tendency to plop down on a chair during a transfer which could result in bruising or falling. Michelle may try to use the restroom without asking for help.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

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<p>Mobility issues (include the specific issue): Osteoporosis, Ataxia</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle uses a manual wheelchair and can propel herself, mostly using her feet.</li> <li>• Behaviors or Symptoms: Michelle may need help navigating her wheelchair for long distances or around obstacles. Michelle needs assistance for transfers, using a gait belt, grab bar, and a one person assist.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle can operate a faucet and adjust the temperature. Michelle can identify when water is too hot or cold and remove her hands.</li> <li>• Behaviors or Symptoms: Michelle’s wheelchair is pretty low to the ground and cannot be adjusted, making reaching the faucet difficult. Michelle may not know how to operate all faucets to adjust the temperature.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Community survival skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle knows some pedestrian safety rules. Michelle can self-propel her wheelchair. Michelle can tell others her first and last name. Michelle is friendly and trusting.</li> <li>• Behaviors or Symptoms: Michelle would not consistently follow pedestrian safety rules and stranger safety independently. Michelle needs help propelling her wheelchair for long distances or around obstacles. Michelle is legally blind. Michelle talks very quietly which may make it difficult for others to understand. Michelle would not be able to relay her full ID information in the event of an emergency.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Water safety skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle knows that deep water requires extra caution and does what she can to avoid it.</li> <li>• Behaviors or Symptoms: Michelle cannot swim. Michelle would need a reminder and assistance putting a life jacket on. Michelle is legally blind and may not be able to identify how deep water is.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
<p>Sensory disabilities</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Michelle wears glasses and can independently put them on.</li> <li>• Behaviors or Symptoms: Michelle is legally blind and needs to glasses to be able to</li> </ul>

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		<p>see. Michelle has a history of breaking her glasses and not wearing them.</p> <ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<p><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></p>		
<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>
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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): 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>
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>