

SELF-MANAGEMENT ASSESSMENT

Name: Raynisha Watson

Date of *Self-Management Assessment* development: June 18, 2021

For the annual period from: June 2021 to June 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"> N/A
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"> N/A

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha can use eating utensils, a fork and spoon, and can eat independently. Raynisha can sometimes identify when a food item needs to be cut up better and can ask for assistance. • Behaviors or Symptoms: Raynisha has an order for bite-sized pieces and needs assistance cutting up food. Raynisha may eat too quickly at times. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Avoids eating pork, lactose intolerant	<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: Raynisha chooses not to eat pork and can identify pork in some food items/recipes. Raynisha can communicate her food preferences to others. Raynisha knows she needs a lactaid before consuming dairy. • Behaviors or Symptoms: Raynisha chooses to not eat pork because doing so frequently upsets her stomach. Raynisha may not know if a new recipe or unfamiliar food contains pork. Raynisha cannot administer her own medication. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Quadriplegia Cerebral Palsy	<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: Raynisha is knowledgeable about her physical limitations and can communicate to others about how to best support her. Raynisha can ask for help when she needs it. Raynisha can complete many tasks on her own and likes finding ways to be as independent as possible. • Behaviors or Symptoms: Raynisha needs help with some physical supports and activities that require fine motor skills. • 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: Raynisha understands that medication is important to treat illness/injury and to maintain good health. Raynisha knows the names of many of her medications and what they are for. Raynisha can take a medication that is handed to her. • Behaviors or Symptoms: Raynisha does not have the fine motor skills to prepare and administer medications. Raynisha needs help with time management to consistently make medication on time. • Staff supports are required in this area according to the CSSP Addendum.

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Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha knows appointments are important and willingly attends and participates. Raynisha can answer questions and describe how she has been feeling. • Behaviors or Symptoms: Raynisha needs help scheduling and attending appointments. Raynisha may not be able to recall her health history or answer complex questions. • 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: Raynisha knows appointments are important and willingly attends and participates. Raynisha can answer questions and describe how she has been feeling. • Behaviors or Symptoms: Raynisha needs help scheduling and attending appointments. Raynisha may not be able to recall her 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	<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): quadriplegic cerebral palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha knows her physical limitations and can describe to others how to best support her physically. Raynisha can ask for help when she needs it. • Behaviors or Symptoms: Raynisha is not able to support herself in a standing position due to her diagnoses of quadriplegic cerebral palsy. Raynisha is at risk of falling during transfers if not done properly or if she does not have her lap tray or seat belt on. • Staff supports are required in this area according to the CSSP Addendum.

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<p>Mobility issues (include the specific issue): Electric Wheelchair</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"> • Strengths, Skills, & Abilities: Raynisha uses an electric wheelchair for mobility and can drive it herself. Raynisha knows her physical limitations and can describe to others how to best support her physically. • Behaviors or Symptoms: Raynisha may need assistance steering her wheelchair around obstacles or have obstacles pointed out to her. Raynisha needs a hooyer life to transfer to and from her wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha knows when to wash her hands and will ask to do so. Raynisha is accepting of assistance and will guide staff in how she would like to be supported. • Behaviors or Symptoms: Raynisha does not have the fine motor skills to turn some faucets on and adjust them to a safe temperature. • Staff supports are required in this area according to the CSSP Addendum.
<p>Community survival skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha is proficient in making calls, texting, and emailing and has her cellphone with her at most times. Raynisha knows pedestrian safety rules. • Behaviors or Symptoms: Raynisha may need assistance steering her wheelchair around obstacles. Raynisha may need reminders to follow pedestrian safety rules consistently and does not always take proper caution around strangers. • Staff supports are required in this area according to the CSSP Addendum.
<p>Water safety skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Raynisha knows that deep water requires caution and exercises this caution. Raynisha can navigate her wheelchair in most settings. • Behaviors or Symptoms: Raynisha would need physical assistance putting on a life jacket. Raynisha cannot swim. • Staff supports are required in this area according to the CSSP Addendum.
<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"> • Strengths, Skills, & Abilities: Raynisha knows her glasses are important to see and wears them every day. Raynisha can tell when her glasses are dirty and will ask for help with cleaning them. • Behaviors or Symptoms: Raynisha does not have the fine motor skills to clean her glasses independently.

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		<ul style="list-style-type: none"> • 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
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"> • N/A
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"> • N/A
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"> • N/A
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"> • N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • N/A
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"> • 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	<ul style="list-style-type: none"> • N/A
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"> • N/A