

SELF-MANAGEMENT ASSESSMENT

Name: Molly Harnett

Date of *Self-Management Assessment* development: July 28, 2021

For the annual period from: July 2021 to July 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

PAI

Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Molly can use a fork and spoon and eat independently. If Molly can tell something needs to be cut up, Molly can ask for help. • Behaviors or Symptoms: Molly may eat too fast, putting her at risk of choking, Molly does not have good judgment when it comes to bite sizes and cannot use a knife to cut up her food. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> • N/A
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	<ul style="list-style-type: none"> • N/A
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: Molly understands the importance of taking medication to stay healthy and treat illness/injury. Molly can take medication that is handed to her. • Behaviors or Symptoms: Molly does not have the time management skills to take medication correctly and consistently on her own. Molly does not know which medications she takes or their specific purpose. • 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: Molly understands the importance of attending medical appointments and willingly participates. Molly can answer questions about how she is feeling and point to places that hurt. • Behaviors or Symptoms: Molly does not have the time or self-management skills to schedule and attend appointments independently. Molly cannot answer complex questions or questions about her health history. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Molly understands the importance of attending medical appointments and willingly participates. Molly can answer questions about how she is feeling and point to places that hurt. • Behaviors or Symptoms: Molly does not have the time or self-management skills to schedule and attend appointments independently. Molly cannot answer complex questions or questions about her health history. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Restroom Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Molly can tell others when she gets her period and knows she needs to wear a pad. Molly is accepting of assistance in the restroom. • Behaviors or Symptoms: Molly is unable to care for her menses cares independently. Molly cannot apply a pad or identify when it needs to be changed. Molly sometimes requires help cleaning up after using the restroom when she does not have her period. Molly needs help will buttons. • 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): Unsteady on uneven or slippery terrain	<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: Molly can walk independently. When undistracted, Molly watches where she is going and can identify potentially uneven or slippery terrain. • Behaviors or Symptoms: Molly can easily become distracted and not be observant of her surroundings. Molly cannot safety walk on uneven or slippery terrain. • Staff supports are required in this area according to the CSSP Addendum.
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"> • N/A

PAI

Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Molly can operate most faucets and is accepting of assistance is adjusting the water temperature. Molly can tell when water is too hot or cold. • Behaviors or Symptoms: Molly cannot independently identify a safe temperature of water for hand washing. • 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: Molly is a friendly and trusting person. Molly can walk independently. Molly can tell others her name and sometimes knows when to ask for help. • Behaviors or Symptoms: Molly does not always recognize that a stranger may be dangerous. Molly may not be able to relay all of her ID information, especially under pressure. Molly may not know who to ask for help from in an emergency situation. Molly does not consistently follow safe pedestrian rules. • 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: Molly understands deep water can be dangerous. Molly exhibits caution around deep water when she is undistracted. • Behaviors or Symptoms: Molly can easily get distracted. Molly would not remember to wear a life jacket independently. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • N/A
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

PAI

Self-injurious behaviors (state behavior): Hitting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly can tell others what is upsetting her. Molly can answer yes and no questions with a good degree of accuracy. Behaviors or Symptoms: When Molly is upset or frustrated, Molly has hit herself in the head. Molly may have a hard time expressing what is bothering her when she is experiencing high anxiety or frustration. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): Hit, Pull Hair	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly can tell others what is upsetting her. Molly can answer yes and no questions with a good degree of accuracy. Behaviors or Symptoms: When Molly is upset or frustrated at home, Molly has hit others and pulled people's hair. Molly may have a hard time expressing what is bothering her when she is experiencing high anxiety or frustration. Staff supports are required in this area according to the CSSP Addendum.
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A