

SELF-MANAGEMENT ASSESSMENT

Name: Matthew Hutchinson

Date of *Self-Management Assessment* development: July 29, 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

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matthew can use utensils such as a spoon, fork, and butter knife to eat independently. Matthew can chew his food thoroughly and swallow safely in most situations. • Behaviors or Symptoms: Matthew eats very fast sometimes and may not always adequately chew his food, which puts him at risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Portion control	<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: Matthew knows what foods he likes and enjoys eating meals and snacks. Matthew is receptive to coaching on portion sizes. • Behaviors or Symptoms: Matthew has trouble with portion control and would overeat if served large amounts of food. • Staff supports are required in this area according to the CSSP Addendum.
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: Matthew can take medication that is given to him in pudding, applesauce, or something similar. Matthew understands that his health is important and medication can help him maintain his good health. • Behaviors or Symptoms: • 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: Matthew can answer simple questions verbally and elaborate with his communication device about how he is feeling. Matthew understands that medical appointments are important to stay healthy. • Behaviors or Symptoms: Matthew would not be able to recall his medical history or answer questions about the past. Matthew may choose to not use his communication device and may not be able to elaborate or explain himself. • 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: Matthew can answer simple questions verbally and elaborate with his communication device about how he is feeling. Matthew understands that medical appointments are important to stay healthy. • Behaviors or Symptoms: Matthew would not be able to recall his medical history or

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		<p>answer questions about the past. Matthew may choose to not use his communication device and may not be able to elaborate or explain himself.</p> <ul style="list-style-type: none"> • 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 issues	<ul style="list-style-type: none"> • N/A
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Matthew has the physical skills to operate and adjust the water faucet. Matthew knows that hot water can cause injury. • Behaviors or Symptoms: Matthew does not like getting his hands wet. Matthew may wash his hands very fast and not take the time to adjust the water temperature. • 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: Matthew enjoys exploring new areas. Matthew is friendly. Matthew can follow direction well. • Behaviors or Symptoms: Matthew does not consistently follow stranger safety rules and pedestrian safety. Matthew may wander and leave the group when in the community. • 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: Matthew knows that deep water can be dangerous. Matthew avoids deep water and getting wet in general. • Behaviors or Symptoms: Matthew can sometimes get distracted and does not exhibit the needed caution around deep water. Matthew cannot swim.

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		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matthew has a few methods that he uses to cope during over stimulating situations and copes effectively on his own often. Matthew is receptive to reminders to take deep breathes. Behaviors or Symptoms: Matthew may hum and rock his body back and forth when he is over stimulated or upset about something. Matthew may stand off to the side of the room and jump up and down or go to the restroom and stare in the mirror. Matthew does not like the sensory feeling of getting his hands wet or dirty. Matthew does not like loud noises and will cover his ears. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): Communication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Matthew can use one word or short phrases to communicate his needs. Matthew can use his communication device and can type out what he is trying to say. Behaviors or Symptoms: Matthew's verbal vocabulary is very limited, and his speech is inarticulate. Matthew uses a communication device to communicate. Matthew will often times not use his communication device unless prompted to do so. Staff supports are required in this area according to the CSSP Addendum.
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

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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