SELF-MANAGEMENT ASSESSMENT

Name: Michelle Bergman

Date of *Self-Management Assessment* development: August 30, 2021 For the annual period from: August 2021 to August 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): Lisinopril	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Michelle knows to only has medication prescribed by a doctor. Michelle knows she is allergic to a medication. • Behaviors or Symptoms: Michelle does not always remember the name of the medication she is allergic to. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): N/A	☐ Yes ☐ No ☒ NA – no seizures	• N/A
Choking	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Michelle can chew thoroughly and swallow safety. Michelle takes appropriately sized bites. If Michelle needs help cutting something up, she will ask. • No staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): textural preferences, help with nutrition	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Michelle can tell others her food preferences and things she does not like. Michelle knows which foods are healthy and is receptive to coaching to eat a balanced diet. • Behaviors or Symptoms: Michelle does not like beef, pork, group turkey, ground chicken, or fish- it is more of a texture aversion than anything else. Michelle may not eat nutritionally incomplete meals if alternatives are not provided. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Traumatic brain injury- left side weakness and memory loss	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Michelle uses different methods to help her remember important things (notebook, planner, etc.). Michelle can propel her wheelchair for short distances with her right hand. Michelle can transfer from her wheelchair independently. • Behaviors or Symptoms: Michelle cannot propel her wheelchair for long distances or up inclines. Michelle may be unsteady when transferring in and out of vehicles. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Michelle knows medication is important and only takes medication that is prescribed to her. Michelle can take medication that is handed to her. • Behaviors or Symptoms: Michelle may not be able to open some medication bottles. Michelle's memory loss may impact her ability to take medications correctly consistently. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Michelle knows that attending medical appointments is important. Michelle can answer questions about how she is feeling. Michelle uses her calendar/planner to keep track of appointments.

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		• Behaviors or Symptoms: Michelle's memory may impact her ability to recall her medical health. Michelle needs transportation to and from appointments. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Michelle knows that attending medical appointments is important. Michelle can answer questions about how she is feeling. Michelle uses her calendar/planner to keep track of appointments. • Behaviors or Symptoms: Michelle's memory may impact her ability to recall her medical health. Michelle needs transportation to and from appointments. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: N/A	☐ Yes ☐ No ☒ NA	• 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): falls	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Michelle can transfer from her wheelchair independently. Michelle knows she is at risk of falling and is cautious. • Behaviors or Symptoms: Michelle's traumatic brain injury caused left side weakness. Michelle has a history of falling, mostly out of bed or into a vehicle. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Manual wheelchair, left side weakness	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Michelle can propel her wheelchair with her right arm for short distances. Michelle knows her abilities and can ask for help when needed. • Behaviors or Symptoms: Michele cannot propel her wheelchair for long distances or up inclines. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Michelle can operate a faucet independently as long as it is accessible. Michelle can determine a safe degree of water for hand washing. • No staff supports are required in this area according to the CSSP Addendum.

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Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Michelle can navigate her surroundings and propel her wheelchair for short distances. Michelle likes meeting new people and can communicate with other well. • Behaviors or Symptoms: Michelle cannot propel her wheelchair for long distances. Michelle has memory loss. Michelle is uncomfortable when she is not around all strangers. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Michelle knows water is dangerous and she cannot swim. Michelle uses appropriate caution around water. • No staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☒ Yes ☐ No ☐ NA	• Strengths, Skills, & Abilities: Michelle knows she needs glasses to correct her vision. Michelle independently wears and cares for her glasses. • No staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• 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	☐ Yes ☐ No ☒ NA	• N/A
Physical aggression/conduct (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Verbal/emotional aggression (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Property destruction (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	• N/A

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Mental or emotional health symptoms and crises (state diagnosis): N/A	☐ Yes ☐ No ☒ NA	• N/A
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A

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