SELF-MANAGEMENT ASSESSMENT

Name: Sarah Poulsen

Date of *Self-Management Assessment* development: August 2, 2021 For the annual period from: August 1, 2021 to July 31, 2022

Name and title of person completing the review: Dayna Gordon, Designated Coordinator/Program Supervisor

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): Glycopyrolate, Lamictal (Lamotrigine)	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Sarah is aware of her allergies and generally receptive to support. • Behaviors or Symptoms: Sarah has allergies to glycopyrolate and Lamictal (lamotrigine) • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): Epilepsy	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Sarah is aware of her seizure disorder and is generally receptive to help. • Behaviors or Symptoms: Sarah is diagnosed with epilepsy and has seizures. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah is typically able to eat independently. • Behaviors or Symptoms: Sarah needs help cutting her food into bite sized pieces. Sarah may eat too fast, placing her at risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Portion control	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Sarah is typically able to eat independently. • Behaviors or Symptoms: Sarah needs help with food portion control. Sarah will stop eating when she is full. Her guardians report she will sometimes say she is not hungry or she will eat when she is finished with a task. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Constipation, osteopenia	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Sarah's medical conditions are being treated by her health care provider. • Behaviors or Symptoms: Sarah experiences constipation and has been diagnosed with osteopenia (bone loss). • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah is generally receptive to accepting help. • Behaviors or Symptoms: Sarah needs physical assistance with her treatment orders and taking medications. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah attends preventative screening appointments willingly and understands the importance of attending appointments. • Behaviors or Symptoms: Sarah needs help setting up/arranging for medical appointments and following through with recommendations/orders. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah attends medical and dental appointments willingly and understands the importance of attending appointments. • Behaviors or Symptoms: Sarah needs help setting up/arranging for medical appointments and following through with recommendations/orders. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	• N/A

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N/A		
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
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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): Depth perception, balance	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Sarah accepts assistance when walking if needed. • Behaviors or Symptoms: Sarah has depth perception issues and balance issues. She has difficulty navigating curbs, stairs, and uneven terrains. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Depth perception, balance	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Sarah can walk short distances independently and accepts assistance when walking if needed. • Behaviors or Symptoms: Sarah may walk slowly due to depth perception issues and balance issues. She needs physical assistance with stairs and uneven terrains. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah is receptive to assistance. • Behaviors or Symptoms: Sarah may not be able to safely regulate water temperatures. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah is pleasant, communicates verbally, and appreciates her routines. • Behaviors or Symptoms: Sarah is easily distracted by things in the environment and may go into areas unsafe for her. Sarah is diagnosed with trichotillomania in which she engages in hair pulling. She needs verbal reminders to wear a hat for outdoor community activities to protect her head. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Sarah is pleasant and accepts help willingly. Sarah is able to express preferences verbally. Sarah understands the need to be safe in and

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		around water. • Behaviors or Symptoms: Sarah is diagnosed with epilepsy and does not go into large bodies of water without supervision. Sarah gets nervous when on boats. She is okay with activities by/near large bodies of water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Sarah communicates verbally and is able to express preferences. • Behaviors or Symptoms: Sarah has strabismus (abnormal alignment of the eyes, needing to squint) affecting her vision. Sarah is diagnosed with autism. She is sensitive to loud, unexpected noises. • 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
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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: N/A	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior: N/A	☐ 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: N/A	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department: N/A	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A

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