

SELF-MANAGEMENT ASSESSMENT

Name: Dawn Roy

Date of *Self-Management Assessment* development: May 1, 2020

For the annual period from: May 2020 to May 2021

Name and title of person completing the review: Cortney Kelly, 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
Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn can chew thoroughly and swallow safety independently. Dawn can cut up her own food and has good judgment about bite

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		<p>sizes.</p> <ul style="list-style-type: none"> No staff supports are required in this area.
Special dietary needs (state specific need): Caffeine free and limited dairy diet.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA - there are no special dietary needs	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn knows she is supposed to avoid caffeine intake per doctor recommendation due to her anxiety. Dawn really likes coffee and knows that decaf is what she has at home and what she should ask for when in the community. Dawn also knows that chocolate contains caffeine and avoids eating it. Dawn knows she is sensitive to dairy. Dawn may choose to have a glass of milk at home but otherwise knows to avoid dairy. No staff supports are required in this area.
Chronic medical conditions (state condition): Thyroid condition	<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: Dawn knows she has a thyroid condition. Dawn knows she needs doctor support to treat the condition and takes medication at home independently. Behaviors or Symptoms: Dawn may need assistance scheduling appointments, attending, and picking up her medications. 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: Dawn knows and understands the medications she is prescribed. Dawn can read medication labels. Dawn can take her consistent daily medication correctly and consistently. Behaviors or Symptoms: Dawn may need help filling prescriptions. Dawn would not be able to determine independently when and how to take over the counter medication that wasn't routine. 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: Dawn understands the importance of attending appointments. Dawn can answer questions about her health and provide information on any concerns she may have. Behaviors or Symptoms: Dawn may not be able to answer all questions asked at an appointment. Dawn may have increased anxiety surrounding scheduling and attending appointments. Dawn's cousin, Stephany, schedules and attends appointments with Dawn for support. Staff supports are required in this area according to the CSSP Addendum.

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Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dawn understands the importance of attending appointments. Dawn can answer questions about her health and provide information on any concerns she may have. • Behaviors or Symptoms: Dawn may not be able to answer all questions asked at an appointment. Dawn may have increased anxiety surrounding scheduling and attending appointments. Dawn's cousin, Stephany, schedules and attends appointments with Dawn for support. • 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA - not at risk for falling	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dawn can walk independently, but sometimes needs to remind herself to look up when she walks. Dawn knows she had knee surgery years ago and is cautious about staying healthy and avoiding future injuries. • No staff supports are required in this area.
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dawn understands safe water temperatures and can independently adjust the temperature as needed. • No staff supports are needed in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Dawn lives alone in an apartment. Dawn can read road signs and bus schedules and takes public transportation independently. Dawn knows and follows pedestrian safety rules and stranger safety. Dawn knows her personal identification information and could give this information to emergency personnel if required. Dawn knows who to contact in the event of an emergency. Dawn knows money is needed to purchase goods and can do small transactions independently.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Dawn may not be able to identify when someone is taking advantage of her. Dawn may not always be able to count money correctly and wouldn't know if she was given incorrect change. 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: Dawn understands and demonstrated strong water safety skills. Behaviors or Symptoms: Dawn may not remember to wear a life jacket around large bodies of water. Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn knows she needs to wear her glasses daily and does so independently. Dawn and clean and care for her glasses on her own. No staff supports are required in this area.
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):	<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): Anxiety-presenting itself as arguing with others and not dropping topics of conflict.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn knows she experiences high anxiety when faced with new tasks that she's never done before. Dawn recognizes that she gets argumentative with others when her anxiety is high. Behaviors or Symptoms: Dawn admits that she has trouble dropping a subject when others keep pushing the issue. Dawn may get upset and yell or shut down and not want to talk to anyone. Staff supports are required in this area according to the CSSP Addendum.
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