

SELF-MANAGEMENT ASSESSMENT

Name: Debra “Debbie” Leo

Date of *Self-Management Assessment* development: November 15, 2020

For the annual period from: November 2020 to November 2021

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): 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: Debbie is generally independent with eating. • Behaviors or Symptoms: Debbie may ask staff for assistance if she needs help cutting 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): Incontinence	<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: Debbie is able to use the restroom independently. Debbie can change her own protective pads on her own if she has bladder incontinence. • Behaviors or Symptoms: Debbie may have bladder and bowel incontinence. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Debbie self-administers her medications at home with reminders. She does not currently take any medications at PAI. • Staff supports are not required in this area.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Debbie understands the importance of attending preventative screening appointments. • Behaviors or Symptoms: Debbie is unable to make or attend preventative screening appointments independently. • 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: Debbie understands the importance of attending medical and dental appointments. • Behaviors or Symptoms: Debbie is unable to make or attend medical and dental appointments independently. • 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
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
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

PAI

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"> Strengths, Skills, & Abilities: Debbie is steady while walking. Staff supports are not 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"> Strengths, Skills, & Abilities: Debbie ambulates independently. Staff supports are not required in this area.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Debbie is able to safely regulate water temperature. Staff supports are not required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Debbie has many interests and enjoys going out into the community with family and friends. She participates in a variety of activities. Behaviors or Symptoms: Debbie may become uncomfortable in unfamiliar places or have difficulty responding quickly in the event of an emergency. 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: Debbie understands that it is important to be safe in and around water. Behaviors or Symptoms: Debbie is not able to safely and independently swim. 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
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
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

PAI

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
Suicidal ideations, thoughts, or attempts: N/A	<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: N/A	<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): Fetal Alcohol Syndrome	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Debbie is able to recognize when she is feeling frustrated, and will at times ask for help from someone she is comfortable with. She responds well to verbal encouragement and redirection to an activity she enjoys. Behaviors or Symptoms: Debbie has Fetal Alcohol Syndrome, and can become easily frustrated or confused. Staff supports are required in this area according to the CSSP Addendum.
Unauthorized or unexplained absence from a program: N/A	<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: N/A	<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 (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A