SELF-MANAGEMENT ASSESSMENT

Name: Robert Stewart

Date of *Self-Management Assessment* development: April 26, 2021 For the annual period from: April 2021 to April 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	☐ Yes ☐ No ☒ NA – there are no allergies	• N/A
Seizures (state specific seizure types): N/A	☐ Yes ☐ No ☒ NA – no seizures	• N/A

Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert can use utensils, such as a fork or spoon, and eat independently for the most part. Robert can sometimes vocalize when he needs assistance. • Behaviors or Symptoms: Robert may eat too fast, putting him at risk for choking and risk for aspirating. Robert does not cut or chew his food properly and is at risk of choking if he tries to swallow large amounts of food. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): low sodium and phosphorus, renal diet	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Robert understands he is on a strict diet to maintain his health. Robert is accepting of assistance with meal prep and planning. • Behaviors or Symptoms: Robert is on a low sodium and phosphorous diet due to chronic kidney disease. Robert is on a Renal diet due to advanced kidney failure and can only drink a limited amount of fluids daily. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Chronic kidney disease, renal failure, cerebral palsy	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Robert understands his diagnoses of kidney failure, and the need to attend dialysis 3 times a week and follow to a strict diet. Robert is accepting of help with managing his medical conditions. Robert can sometimes verbalize when he is not feeling well. • Behaviors or Symptoms: Robert needs help with medication administration during lunch. Robert requires help following his diet and counting fluid ounces drank daily. Robert aspirating and sounding a bit wheezy is a normal health behavior for Robert, which has a tendency to increase during lunch. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert understands the purpose of medication and knows why he takes each medication he is on. Robert can move a medication placed in his hand to his mouth. • Behaviors or Symptoms: Robert does not have the time or self-management skills to take medication independently consistently. Robert does not have the fine motor skills to self-administer medication. • Staff supports are required in this area according to the CSSP Addendum.

Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert understands the important of attending medical appointments and willingly participates. Robert can answer questions about how he is feeling. • Behaviors or Symptoms: Robert does not have the time or self-management skills to independently schedule and attend medical appointments. Robert may not be able to recall his medical history or answer complex questions. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert understands the important of attending medical appointments and willingly participates. Robert can answer questions about how he is feeling. • Behaviors or Symptoms: Robert does not have the time or self-management skills to independently schedule and attend medical appointments. Robert may not be able to recall his medical history or answer complex questions. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): 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): Manual wheelchair	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Robert uses a manual wheelchair for mobility and can self-propel in familiar, wide open areas. • Behaviors or Symptoms: Robert is at risk of falling from his wheelchair if his lap seatbelt is not fastened, which Robert needs assistance with. Robert is legally blind and cannot propel his wheelchair safety around obstacles, putting his at risk of falling off curbs or other uneven terrain. • Staff supports are required in this area according to the CSSP Addendum.

Mobility issues (include the specific issue): Manual wheelchair, hoyer lift for transfers	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Robert uses a manual wheelchair for mobility and can self-propel in familiar, wide open areas. • Behaviors or Symptoms: Robert is legally blind and cannot propel his wheelchair safety around obstacles. Robert needs assistance transferring from his wheelchair to use the restroom. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert accepts assistance with regulating water temperature for hand washing. • Behaviors or Symptoms: Robert cannot always reach the faucet or position himself correctly for hand washing. Robert does not have the fine motor skills to turn on and adjust a faucet. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert enjoys staying active in his community. Robert can verbalize how to respond in an emergency situation. • Behaviors or Symptoms: Robert may not react appropriately in an emergency situation, even though he knows what to do. Robert needs help propelling his wheelchair in the community. Being legally blind, Robert cannot consistently follow pedestrian safety rules. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Robert knows that deep water ca be dangerous and that he cannot swim. • Behaviors or Symptoms: Robert cannot swim. Robert is legal blind and may be unable to identify deep water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Robert knows he needs to wear his glasses daily. • Behaviors or Symptoms: Robert is legally blind and wears glasses to help correct his vision. Robert have hearing lose in both ears. • 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: May run wheelchair into others	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Robert can verbalize how he is feeling and is usually reasonable when it comes to conflict resolution. • Behaviors or Symptoms: When Robert is upset or not feeling heard, Robert has run is wheelchair into others. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Power struggles, name calling	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Robert can verbalize how he is feeling and is usually reasonable when it comes to conflict resolution. • Behaviors or Symptoms: Robert may not work well with some male staff and peers and may eb more prone to get into power struggles or arguments when Robert is upset and not feeling heard. • Staff supports are required in this area according to the CSSP Addendum.
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
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