

SELF-MANAGEMENT ASSESSMENT

Name: James (Jim) Shaw

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): Kelflex and Lisinopril	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jim knows his allergies and can vocalize them to others. • Behaviors or Symptoms: Jim may be unaware if he was mistakenly prescribed a medication that may contain something he is allergic to and may not read medication labels. • Staff supports are required in this area according to the CSSP Addendum.

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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: Jim can chew and safely swallow his food independently. No 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"> Strengths, Skills, & Abilities: Jim is on a regular diet and managing his diet independently. No staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: paranoid schizophrenia, COPD, alcohol dependency, hyperthyroidism, hypertension, chronic respiratory failure, anxiety, depression, and a history of brain injury	<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: Jim is aware of his medical conditions and can recognize when he is not feeling well. Jim can manage his oxygen supply on his own. Behaviors or Symptoms: Jim uses oxygen 24 hours a day and may need breaks during long walks or strenuous activities. Jim's anxiety and depression may display as verbal aggression or paranoia. 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: Jim is knowledgeable about the medications he is taking. Jim has good time management skills, can read, and understands the purpose of his medications. Behaviors or Symptoms: Jim needs some assistance managing his medications when it comes to ordering them, picking them up, and general organization. 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: Jim can schedule and remember appointment dates. Jim can answer questions and talk about his recent health. Jim can schedule and take Metro Mobility to appointments. Behaviors or Symptoms: Jim needs some general assistance managing his appointment, such as reminders or rides when Metro is unavailable or not an option. 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: Jim can schedule and remember appointment dates. Jim can answer questions and talk about his recent health. Jim can schedule and take Metro Mobility to appointments. Behaviors or Symptoms: Jim needs some general assistance managing his appointment, such as reminders or rides when Metro is unavailable or not an option. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: 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): shortness of breath, dizziness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jim knows that low oxygen levels leave him not feeling well and dizzy and can recognize this most of the time. Behaviors or Symptoms: Jim may be at risk of falling if his oxygen levels are low and cause dizziness. Staff supports are required in this area according to the CSSP Addendum.
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: Jim can determine a safe temperature of water to use and adjust the water temperature independently. No staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jim can safety navigate his community and has strong skills when it comes to interacting with strangers, following pedestrian rules, and getting around. Behaviors or Symptoms: Jim cannot drive and may need assistance with scheduling or receiving rides to and from where he needs to go. Jim cannot walk long distances of do strenuous activities due to his COPD. Staff supports are required in this area according to the CSSP Addendum.

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Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jim understands the dangers of water and expresses the needed caution. No staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jim understands his diagnosis of Graves ophthalmopathy and knows what to do when he is experiencing sensitivity to light. Behaviors or Symptoms: If the lighting in the room is bothering Jim, Jim may need help finding a darker location to take a break. Staff supports are required in this area according to the CSSP Addendum.
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): 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): Raising voice	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Jim is a friendly individual and is good at expressing how to is feeling and what he needs. Behaviors or Symptoms: It is sometimes unclear what causes Jim’s angry, but Jim experiences daily anxiety which may be a factor. 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
Suicidal ideations, thoughts, or attempts	<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	<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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<p>Mental or emotional health symptoms and crises (state diagnosis): paranoid schizophrenia, COPD, alcohol dependency, hyperthyroidism, hypertension, chronic respiratory failure, anxiety, depression, and a history of brain injury</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Jim is good at expressing how he is feeling and what he needs. • Behaviors or Symptoms: Jim experiences paranoia that may cause him to worry that staff are giving him the wrong medication or are doing something to his food to harm him. Jim has experienced visual and auditory hallucinations in the past but reports that medication is currently helping control this. Jim currently reports using alcohol less than once a month, using marijuana occasionally, and using chewing tobacco daily, but has a history of using and abusing hard drugs and alcohol • Staff supports are required in this area according to the CSSP Addendum.
<p>Unauthorized or unexplained absence from a program</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • N/A
<p>An act or situation involving a person that requires the program to call 911, law enforcement or fire department</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • N/A
<p>Other symptom or behavior (be specific): N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • N/A