SELF-MANAGEMENT ASSESSMENT

Name: Dawn Roy

Date of *Self-Management Assessment* development: May 17, 2021 For the annual period from: May 2021 to May 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

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Choking	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Dawn has an understanding of the concept of choking and has good judgment about bite sizes. Dawn can cut up her own food, chew thoroughly, and swallow safety independently. • No staff supports are required in this area.
Special dietary needs (state specific need): Caffeine free and limited dairy diet.	☒ Yes ☐ No ☐ NA – there are no special dietary needs	• 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	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Dawn knows she has a thyroid condition and understands the importance of seeing a doctor to treat the condition and taking her medication. Dawn can read and has the time management skills to consistently take medication on her own. • Behaviors or Symptoms: Dawn does not have the organizational skills to schedule appointments, attend appointments, and pick up her medications. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• 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 and has good time management skills. • 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 are not routine. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Dawn understands the importance of attending appointments and is good at remembering when appointments are scheduled. 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

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		appointment. Dawn may have increased anxiety surrounding scheduling and attending appointments and is good at remembering when appointments are scheduled. Dawn's cousin, Stephany, schedules and attends appointments with Dawn for support. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• 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	☐ 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): N/A	☒ Yes ☐ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Dawn knows she had knee surgery years ago and in cautious about staying healthy and avoiding future injuries. Dawn can walk independently, but sometimes needs to remind herself to look up when she walks. • No staff supports are required in this area.
Mobility issues (include the specific issue): N/A	☐ Yes ☐ No ☒ NA – there are no mobility issues	• N/A
Regulating water temperature	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Dawn understands safe water temperatures. Dawn can independently adjust a faucet and the water temperature as needed. • No staff supports are needed in this area.

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Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Dawn lives alone in an apartment. Dawn can read road signs and bus schedules and takes Metro Mobility 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. • 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	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Dawn understands water safety skills and knows that deep or moving water can be dangerous. Dawn exhibits appropriate caution around water. • 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	☒ Yes ☐ No ☐ NA	• Strengths, Skills, & Abilities: Dawn knows she needs to wear her glasses daily and that they improve her eyesight. Dawn wears her glasses independently. Dawn can 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	☐ 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):	☐ Yes ☐ No ☒ NA	• N/A

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Verbal/emotional aggression (state behavior): Anxiety-presenting itself as arguing with others and not dropping topics of conflict.	☐ Yes ☒ No ☐ NA	• 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 if high. Dawn has good social skills and has the desire to get along with others. • 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	☐ 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

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