

**SELF-MANAGEMENT ASSESSMENT**

Name: Nathan Dott

Date of *Self-Management Assessment* development: July 8, 2021

For the annual period from: July 2021 to July 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>

# PAI

Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan has good judgment when it comes to appropriate bite sizes. Nathan can use a fork, spoon, and butter knife. Nathan is able to chew thoroughly and swallow safely.</li> <li>No staff supports are required in this area other than the required training by PAI on first aid and CPR.</li> </ul>
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"> <li>N/A</li> </ul>
Chronic medical conditions (state condition): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan understands the purpose of medication to stay healthy. Nathan is accepting of assistance with medication administration.</li> <li>Behaviors or Symptoms: Nathan is unable to read and does not have the time management skills to take medication consistently and correctly independently.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan can answer simple questions at appointments and tell others how he is feeling. Nathan understands the importance of attending appointments and does so willingly with the support of his family.</li> <li>Behaviors or Symptoms: Nathan does not have the skills to schedule and attend appointments on his own and needs someone with who knows him well to answer in-depth questions regarding his health.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan can answer simple questions at appointments and tell others how he is feeling. Nathan understands the importance of attending appointments and does so willingly with the support of his family.</li> <li>Behaviors or Symptoms: Nathan does not have the skills to schedule and attend appointments on his own and needs someone with who knows him well to answer in-depth questions regarding his health.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

Other health and medical needs (state specific need): Restroom Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan knows he uses briefs and complies with assistance when needed.</li> <li>Behaviors or Symptoms: Nathan may need encouragement to use the bathroom consistently. Nathan sometimes needs assistance changing his brief and thoroughly cleaning himself.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan can differentiate between hot and cold water. Nathan can independently adjust the water temperature to a safe degree for hand washing.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan understands community and pedestrian safety rules. Nathan knows some of his ID information. Nathan can answer questions.</li> <li>Behaviors or Symptoms: Nathan is unable to drive and depends on others to transport him in the community. Nathan is unable to memorize all of his ID information. Nathan does not consistently remember to follow pedestrian safety rules. Nathan is a trusting individual and may not recognize when a stranger could be potentially dangerous.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Nathan has a basic understanding of water safety and knows deep water can be dangerous. Nathan exercises caution around deep water when he is not distracted.</li> <li>Behaviors or Symptoms: Nathan requires prompts to wear a life jacket and remain safe around water. Nathan may become distracted and forget he is around water that could be potentially dangerous.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>

# PAI

An act or situation involving a person that requires the program to call 911, law enforcement or fire dept.	<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