

**SELF-MANAGEMENT ASSESSMENT**

Name: Alex Rabideau

Date of *Self-Management Assessment* development: July 21, 2021. For the annual period from: July 2021 to July 2022

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"> <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: Alex is independent while eating.</li> <li>Staff supports are not required in this area.</li> </ul>
Special dietary needs (state specific need): Diabetic diet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Alex follows his diabetic diet by counting carbohydrates. Alex is able to do this independently using the knowledge that he has gained previously, as well as his phone.</li> <li>Staff supports are not required in this area.</li> </ul>
Chronic medical conditions (state condition): Type 1 Diabetes	<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"> <li>Strengths, Skills, &amp; Abilities: Alex is generally able to care for his diabetes independently using his Continuous Glucose Monitor (CGM) as well as his insulin pump.</li> <li>Behaviors or Symptoms: Alex will need support from staff should he have symptoms of high/low blood sugar levels.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</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: Alex is able to independently enter his numbers and use his insulin pump.</li> <li>Behaviors or Symptoms: Alex may need support in recognizing symptoms of high/low blood sugar and following his treatment protocol. He may also need support in addressing any alarms that may come from his CGM.</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: Alex is generally very independent in managing his diabetic care.</li> <li>Behaviors or Symptoms: Alex's family attends appointments with him.</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: Alex is generally very independent in managing his diabetic care.</li> <li>Behaviors or Symptoms: Alex's family attends appointments with him.</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>
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>

# PAI

Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
<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	• N/A
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	• N/A
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Alex is able to independently regulate water temperatures.</li> <li>Staff supports are not required in this area.</li> </ul>
Community survival skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Alex is able to navigate the community well in familiar settings. He also wears a Life Alert Pendant.</li> <li>Staff supports are not required in this area.</li> </ul>
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Alex understands the need to be safe around water.</li> <li>Staff supports are not required in this area.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
<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>		

# PAI

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	• N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Suicidal ideations, thoughts, or attempts: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Unauthorized or unexplained absence from a program: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• 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	• 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