SELF-MANAGEMENT ASSESSMENT

Name: Brooke Shelstad

Date of *Self-Management Assessment* development: 8/10/2021 For the annual period from: August 2021 to August 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	☐ 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: Brooke is primarily an independent eater. • Behaviors or Symptoms: Brooke may not cut up her meat putting her at risk of choking. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): N/A	☐ Yes ☐ No ☒ NA – there are no special dietary needs	• N/A
Chronic medical conditions (state condition): Hyperthyroidism	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Brooke is a good advocate for herself and willingly accepts help. • Behaviors or Symptoms: Brooke has hyperthyroidism. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Brooke can read and can understand that she needs to take medications if prescribed. • Behaviors or Symptoms: Brooke may not understand treatment orders. She needs help with medication administration to ensure she receives the correct dosage as prescribed. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Brooke can read and write. Brooke is a good advocate for herself and can voice her preferences, choices and opinions. • Staff supports are not required in this area.
Medical and dental appointments	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Brooke can read and write. Brooke is a good advocate for herself and can voice her preferences, choices and opinions. • Staff supports are not required in this area.
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
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		

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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
Risk of falling (include the specific risk): N/A	☐ Yes ☐ No ☒ NA – not at risk for falling	• N/A
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: Brooke is able to safely regulate water temperature. • Staff supports are not required in this area.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Brooke can read signs and may be able to ask for help should she need it. • Behaviors or Symptoms: Brooke may not know who to ask for help or may not realize the need to seek assistance in the community. Brooke is very friendly and may not be to identify dangerous or potentially dangerous situations. Brooke needs help with pedestrian safety. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Brooke can swim. • Behaviors or Symptoms: Brooke needs a life jacket for boating activities. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Brooke willingly wears her glasses. • Behaviors or Symptoms: Brooke wears glasses to correct her vision. • 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
Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
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.		

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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	☐ Yes ☐ No ☒ NA	• N/A
Physical aggression/conduct (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Verbal/emotional aggression (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Property destruction (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Suicidal ideations, thoughts, or attempts: N/A	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior: N/A	☐ 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: N/A	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department: N/A	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A

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