SELF-MANAGEMENT ASSESSMENT

Name: Tom Moreno

Date of *Self-Management Assessment* development: August 15, 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): Peanut butter & jelly or apple butter sandwiches	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Tom is generally receptive to support. • Behaviors or Symptoms: Tom is sensitive to peanut butter and jelly or apple butter sandwiches. In the past he has had occasions of loose stools when eating these items. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): N/A	☐ Yes ☐ No ☒ NA – no seizures	• N/A
Choking	☒ Yes ☐ No	• Strengths, Skills, & Abilities: Tom is an independent eater. • Staff supports are not required in this area.
Special dietary needs (state specific need): Peanut butter & jelly or apple butter sandwiches	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Tom is an independent eater • Behaviors or Symptoms: Tom is sensitive to peanut butter and jelly or apple butter sandwiches. In the past he has had occasion of loose stools when eating these items. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Bowel incontinence	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Tom is generally receptive to help. • Behaviors or Symptoms: Tom experiences frequent bowel incontinence. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom is receptive to receiving help and care. • Behaviors or Symptoms: Tom needs physical assistance with his medication administration to ensure he receives his medication on a timely manner. Tom also needs help with treatment orders. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom is generally responsive and receptive to help and support. • Behaviors or Symptoms: Tom needs help with preventative screening appointments. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom is generally responsive and receptive to help and support. • Behaviors or Symptoms: Tom needs help with his medical and dental appointments. • 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
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A

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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: Tom is not at an increased risk of falling. • No staff supports are required in this area.
Mobility issues (include the specific issue): N/A	☐ Yes ☐ No ☒ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Tom does not have any mobility concerns. • No staff supports are required in this area.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom can turn on the water independently. • Behaviors or Symptoms: Tom may not turn on both hot and cold handles to adjust water temperature as needed. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom is generally responsive and receptive to support. Tom can indicate basic needs by using sounds, gestures, and his picture book. • Behaviors or Symptoms: Tom has limited expressive vocabulary and has difficulty communicating with people unfamiliar to his communication style. He needs help with pedestrian safety, making purchases, and orientation in the community. Tom does not like to be in crowds of people and can become agitated. In the past, Tom has locked himself in bathroom stalls in public places, and he has thrown items. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Tom is generally receptive to support. • Behaviors or Symptoms: Tom does not swim alone. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Tom is generally responsive and receptive to support and help. • Behaviors or Symptoms: Tom has vision impairment and has glasses. However, he doesn't like wearing them. • 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

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Other personal safety needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• N/A
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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): 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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