SELF-MANAGEMENT ASSESSMENT

Name: William (Bill) Dobihal

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): 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: Bill accepts help when offered. • Behaviors or Symptoms: Bill may be at an increased risk of choking. He takes large bites of food, and may swallow large portions of food at once. • 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): N/A	☐ Yes ☐ No ☒ NA – there are no chronic medical conditions	• N/A
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill will take medications when given, and is receptive to help when offered. • Behaviors or Symptoms: Bill may not be able to understand and comply with doctor's orders without support. Bill may not be able to understand the importance of taking medications as prescribed and receives support in medication administration. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill is verbal and attends appointments willingly with support. • Behaviors or Symptoms: Bill needs support attending preventative screenings. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill is verbal and attends appointments willingly with support. • Behaviors or Symptoms: Bill needs support attending 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
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	• N/A

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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): Unstable	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Bill is ambulatory and has good mobility most of the time. • Behaviors or Symptoms: Bill can be unstable at times on uneven terrain, or icy surfaces. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Unstable	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Bill is ambulatory and has good mobility most of the time. • Behaviors or Symptoms: Bill can be unstable at times on uneven terrain, or icy surfaces. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill accepts help willingly when offered. • Behaviors or Symptoms: Bill may not have the ability to adjust the water to a safe temperature. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill is verbal and enjoys being in the community. • Behaviors or Symptoms: Bill's speech can be difficult to understand. In addition, his communication is limited to short phrases. As a result, he may have difficulty seeking assistance. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Bill understands the importance of being safe around water. • Behaviors or Symptoms: Bill has limited swimming skills. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Bill wears glasses and is able to ask for assistance when needed. • Behaviors or Symptoms: Bill has significant vision impairment. Bill has some problems with depth perception, which makes him hesitant on stairs. • Staff supports are required in this area according to the CSSP Addendum.

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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.

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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