SELF-MANAGEMENT ASSESSMENT

Name: Paul Shaw

Date of *Self-Management Assessment* development: September 7, 2021 For the annual period from: September 2021 to September 2022

Name and title of person completing the review: Cortney Kelly, 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: Paul can chew and swallow thoroughly independently. Paul can take appropriate size bites. • No staff supports are required in this area.
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: Paul recognizes the importance of medication to stay healthy. Paul can take medication that is handed to him. Paul can recognize some medications and what they are used for. • Behaviors or Symptoms: Paul does not have the time or self-management skills to independently take medication consistently and independently. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul recognizes the importance of attending medical appointments. Paul attends appointments willingly. Paul can answer questions about how he is feeling. • Behaviors or Symptoms: Paul does not have the time and self-management skills to independently schedule and attend medical appointments independently. Paul would not be able to answer complex questions about his health history. • Staff supports are required in this area according to the CSSP Addendum.
Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul recognizes the importance of attending medical appointments. Paul attends appointments willingly. Paul can answer questions about how he is feeling. • Behaviors or Symptoms: Paul does not have the time and self-management skills to independently schedule and attend medical appointments independently. Paul would not be able to answer complex questions about his health history. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: N/A	☐ Yes ☐ No ☒ NA	• N/A

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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	• 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: Paul can operate a faucet. Paul can determine a safe temperature of water to use. • No staff supports are required in this area.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul knows and can exhibit some pedestrian skills. Paul can answer questions and share some of his ID information with others. Paul can help make purchases and enjoys participating in activities in the community and meeting new people. • Behaviors or Symptoms: Paul sometimes can make bad judgment calls when it comes to pedestrian safety. Paul can be too trusting of strangers. Paul might not know who to get help from in the event of an emergency. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Paul understands that water can be dangerous. Paul complies with wearing a life jacket. • Behaviors or Symptoms: Paul may get distracted and not take proper caution around water. Paul would not remember to wear a life jacket independently. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Paul communicates verbally. Paul usually makes eye contact when talking to someone. • Behaviors or Symptoms: Paul has moderate mid-high frequency hearing loss. • 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

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	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior	☐ 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	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific): N/A	☐ Yes ☐ No ☒ NA	• N/A

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