

SELF-MANAGEMENT ASSESSMENT

Name: Tobias “Toby” Lepage

Date of *Self-Management Assessment* development: 4/3/2021

For the annual period from: April 30th, 2021 to April 30th, 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"> N/A
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"> N/A

PAI

Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby can adequately chew and swallow his food independently. No Staff Supports are needed in this area.
Special dietary needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> N/A
Chronic medical conditions (state condition): Constipation and Hypothyroidism	<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"> Strengths, Skills, & Abilities: Toby recognizes the need to make medication, though does not take any medication at PAI willingly will comply with doctors' orders. Behaviors or Symptoms: Toby does not know the medications he takes. Toby is unable to time manage and be held accountable for taking his medications. Staff supports are required in this area and are recorded in the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives. Toby will willingly take medications. Behaviors or Symptoms: Toby does not know the medications he takes. Toby is unable to time manage and be held accountable for taking his medications. Staff supports are required in this area and are recorded in the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives. Behaviors or Symptoms: Toby needs help with all aspects of his preventative screening. Toby would be unable to make appointments independently nor would he know who to call to do that. Toby would also be unable to remember Health History. Staff supports are required in this area and are recorded in the CSSP Addendum.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives. Behaviors or Symptoms: Toby needs help with all aspects of his Medical and Dental appointments. Toby would be unable to make appointments independently nor would he know who to call to do that. Toby would also be unable to remember Health History. Staff supports are required in this area and are recorded in the CSSP Addendum.
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"> N/A

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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"> N/A
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"> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> N/A
Mobility issues (include the specific issue): Flat Footed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby can walk on his own. Behaviors or Symptoms: Toby has flat feet and walks on his big toes. Toby may stop often to process flooring changes or new environments. Staff supports are required in this area and are recorded in the CSSP Addendum.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby can adequately regulate water temperature. No Staff Supports are needed in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives. Behaviors or Symptoms: Toby needs help with pedestrian safety. Toby might be unable to recognize danger, abuse or an emergency in the community. Toby does not know how to relay his ID information in case of an emergency. Staff supports are required in this area and are recorded in the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby like water and likes to swim. Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives. Behaviors or Symptoms: Toby may jump into water if he is standing on the shore or docks. Staff supports are required in this area and are recorded in the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Toby knows the importance of wearing his glasses. Toby is friendly and receptive to support. Toby communicates verbally and will respond well to verbal directives to wear his glasses and to make sure they are clean.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Toby wears glasses to correct his vision. Toby may forget to wear his glasses or be unable to acknowledge that they need cleaning. Staff supports are required in this area and are recorded in the CSSP Addendum.
Other personal safety 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"> N/A
Other personal safety 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"> N/A
Other personal safety 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"> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Suicidal ideations, thoughts, or attempts: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> N/A
Unauthorized or unexplained absence from a program: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A

PAI

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