

**SELF-MANAGEMENT ASSESSMENT**

Name: Miya Lee

Date of *Self-Management Assessment* development: May 15, 2021

For the annual period from: May 2021 to May 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): Lactose intolerance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya is compliant and will follow instruction by staff to avoid dairy products.</li> <li>Behaviors or Symptoms: Miya is lactose intolerant. Miya is not fully aware of her allergy and would not be able to inform a healthcare professional of her lactose intolerance.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>

# PAI

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"> <li>N/A</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya is generally independent while eating.</li> <li>Behaviors or Symptoms: Miya may eat too fast putting her at risk of choking.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): Food sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya is generally flexible and will be compliant to staff's direction to avoid foods she is sensitive to.</li> <li>Behaviors or Symptoms: Miya is sensitive to spicy foods, dairy products, canned fruit, and chocolate, which all may give her loose stool.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Although Miya does not take regular medications at PAI, she recognizes the need to take her medications and will do so willingly when handed them.</li> <li>Behaviors or Symptoms: Miya is not aware of the names of nor the reasons for which she takes her medication.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya recognizes the need to attend appointments and will do so willingly with support.</li> <li>Behaviors or Symptoms: Miya is quiet and has limited verbal skills. Therefore, she may not be able to report accurately. Miya is unable to schedule or attend appointments independently.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya recognizes the need to attend appointments and will do so willingly with support.</li> <li>Behaviors or Symptoms: Miya is quiet and has limited verbal skills. Therefore, she may not be able to report accurately. Miya is unable to schedule or attend appointments independently.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): Retinal detachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya can participate in most recreational activities.</li> <li>Behaviors or Symptoms: Miya is at risk for retinal detachment and should avoid any</li> </ul>

# PAI

		<p>impact to her head and/or eyes.</p> <ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): Skin sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya recognizes the need to protect her skin and will willingly accept staff support.</li> <li>Behaviors or Symptoms: Miya's skin will dry and crack easily.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
<b>Personal safety to avoid injury or accident in the service setting</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
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"> <li>N/A</li> </ul>
Mobility issues (include the specific issue): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya is able to alert staff when she needs help.</li> <li>Behaviors or Symptoms: Miya is nonverbal and is also unable to adjust the water to a safe temperature.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya is a friendly and trusting person who enjoys spending time in the community. Miya can communicate using very basic ASL. Miya is able to alert staff when she needs help.</li> <li>Behaviors or Symptoms: Miya is very quiet, unassertive, and has limited communication. Miya has limited personal safety skills.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya understands that it is important to be safe around water and is able to alert staff when she needs help.</li> <li>Behaviors or Symptoms: Miya does not demonstrate water safety skills.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya understands her need to wear glasses and will follow staff direction to wear them. Miya can hear functionally for work tasks.</li> </ul>

# PAI

		<p>Miya can understand verbal cues and some sign language.</p> <ul style="list-style-type: none"> <li>Behaviors or Symptoms: Miya has high myopia, estropia, nystagmus, and astigmatism. Miya often chooses not to wear her glasses and is at risk of destroying them by throwing them away. Miya also has bilateral hearing loss; she does not tolerate wearing hearing aids.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
<b>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.</b>		
<b>Assessment area</b>	<b>Is the person able to self-manage in this area?</b>	<b>Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>
Self-injurious behaviors (state behavior): Rubs head	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Miya prefers her hair short.</li> <li>Behaviors or Symptoms: It has been observed that Miya will rub her hair when she is irritated by its length.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
Criminal or unlawful behavior: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>

# PAI

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"><li>• N/A</li></ul>
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"><li>• N/A</li></ul>
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	<ul style="list-style-type: none"><li>• N/A</li></ul>
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"><li>• N/A</li></ul>