

SELF-MANAGEMENT ASSESSMENT

Name: Dawn Line

Date of *Self-Management Assessment* development: September 1, 2021

For the annual period from: September 1, 2021 to August 31, 2022

Name and title of person completing the review: Dayna Gordon, Program Supervisor/Designated Coordinator

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): Dust	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware of her allergy to dust and can avoid dusty areas as necessary. Staff supports are not required in this area.
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

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Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is able to eat safely and independently. Staff supports are not required 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): Susac’s syndrome, history of stroke, GERD, occasional incontinence	<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: Dawn is aware of her diagnoses. She can report symptoms and describe her diagnoses to medical personnel and accepts assistance from her guardians as needed to assist her in managing her medical needs. Behaviors or Symptoms: Dawn has impaired vision in her right eye. Dawn had a series of mini strokes during her diagnosis. Dawn has a history of ear aches and has ear vents. Dawn has issues with boils due to a compromised immune system. Dawn may experience incontinence but typically this is not an issue. Dawn has a diagnosis of GERD. Staff supports are required in this area according to 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: Dawn accepts assistance from her foster providers in setting up and administering her medications per doctor’s orders. Behaviors or Symptoms: Dawn has a history of forgetting to take her medication. Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn accepts assistance from her foster providers in setting up and attending her medical and dental appointments and following doctor’s orders. Behaviors or Symptoms: Dawn is unable to schedule or attend medical appointments on her own. Staff supports are required in this area according to 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: Dawn accepts assistance from her foster providers in setting up and attending her medical and dental appointments and following doctor’s orders. Behaviors or Symptoms: Dawn is unable to schedule or attend medical appointments on her own. Staff supports are required in this area according to 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): History of dizziness and balance issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware of her history of dizziness and balance issues. She is able to communicate if these symptoms were to return. Behaviors or Symptoms: Dawn has a history of dizziness and balance issues due to her Susac’s diagnosis, though these symptoms have been resolved and do not continue to b a long-standing issue. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): History of dizziness and balance issues	<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: Dawn is aware of her history of dizziness and balance issues. She is able to communicate if these symptoms were to return. Behaviors or Symptoms: Dawn has a history of dizziness and balance issues due to her Susac’s diagnosis, though these symptoms have been resolved and do not continue to be a long-standing issue. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is able to safely and independently regulate water temperature. Staff supports are not required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is cooperative in accessing community resources with staff and is working on socially appropriate behaviors and boundaries. Behaviors or Symptoms: Dawn may not always interact with others appropriately in the community. Dawn may not always recognize an unsafe environment. Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is able to maintain her safety near bodies of water. Staff supports are not required in this area.

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Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware she would benefit from wearing glasses. Dawn is capable of leaving the area if she is feeling sensitive to particular smells or odors. Behaviors or Symptoms: Dawn could benefit from wearing glasses but she chooses not to. Dawn also is sensitive to many scents. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): Manipulation from men	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn has done a better job in the recent past of maintaining appropriate boundaries with men. Behaviors or Symptoms: Dawn has a history of manipulation from men. Dawn is at risk of manipulation or abusive behavior in this area. Staff supports are required in this area according to 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
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): History of SIB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn has a history of SIB, however this is not something that has been a concern in recent years. Dawn is able to communicate if she is upset about something. Staff supports are not required in this area.
Physical aggression/conduct (state behavior): Physical aggression towards others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware of her history of physical and verbal aggression towards others. Dawn has participated in therapy to learn coping skills to utilize when she is feeling angry or agitated. Behaviors or Symptoms: Dawn has had a history of being physically aggressive towards others, though this has not been an issue as of late. Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Verbal/emotional aggression	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware of her history of physical and verbal aggression towards others. Dawn has participated in therapy to learn coping skills to utilize when she is feeling angry or agitated.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: When agitated or escalated, Dawn may engage in verbal or gestural aggression, including intimidation, staring, slamming doors, yelling, or swearing. Staff supports are required in this area according to the CSSP Addendum.
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	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn has a charge of disorderly conduct. Dawn is aware of her past charge and has been law-abiding since then. Staff supports are not required in this area.
Mental or emotional health symptoms and crises (state diagnosis): FAS, PTSD, ADHD, RAD, Borderline intellectual functioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Dawn is aware of her diagnoses and manages her mental health with medications, care of mental health providers, and support from her family and foster providers. Dawn is cooperative in attending her mental health appointments, taking medication, and cooperating in therapy. Behaviors or Symptoms: Dawn may struggle with boundaries and displays difficulty in regulating her emotions. Dawn may isolate when she is upset and may need alone time to decompress. Dawn has a history of disregarding her personal safety, financial impulsivity, being easily influenced by others, and engaging in high risk behaviors. Dawn may experience anxiety in new areas, with new people, and crowds. Dawn has a history of experiencing paranoia. Staff supports are required in this area according to the CSSP Addendum.
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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"> N/A