

**SELF-MANAGEMENT ASSESSMENT**

Name: Elizabeth Bourke

Date of *Self-Management Assessment* development: September 30, 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): Doxycycline, retinoids, oxycodone, carbamazepine, ultracet, hydromorphone, neomycin-polymyxin-hc, acetaminophen, barbituates, aspirin, tramadol,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth is aware of her allergies and manages them well. Staff will be aware of Elizabeth’s allergies.</li> <li>Staff supports are not required in this area.</li> </ul>

# PAI

clairthromycin		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth eats independently.</li> <li>Staff supports are not required in this area.</li> </ul>
Special dietary needs (state specific need): Water, healthy food choices	<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: Elizabeth understands the importance of drinking water and making healthy food choices.</li> <li>Behaviors or Symptoms: Elizabeth needs to stay hydrated with water. Elizabeth needs encouragement to make healthy food choices.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Hypertension, chronic sinus and ear infections, chronic pain, GERD, migraines, IBS, asthma, COPD, multiple joint osteoarthritis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth is a good advocate for herself and can manage her medical conditions well with physician’s support. Staff will be aware of her diagnoses.</li> <li>Staff supports are not required in this area.</li> </ul>
Self-administration of medication or treatment orders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth independently manages her medications.</li> <li>Staff supports are not required in this area.</li> </ul>
Preventative screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth independently schedules and attends medical appointments.</li> <li>Staff supports are not required in this area.</li> </ul>
Medical and dental appointments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth independently schedules and attends medical appointments.</li> <li>Staff supports are not required in this area.</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>
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>

# PAI

Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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): Unsteady gait, chronic pain, osteoarthritis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth is aware of the pain she feels and willingly accepts help and support.</li> <li>Behaviors or Symptoms: Elizabeth needs the support of a walker.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): Unsteady gait, chronic pain, osteoarthritis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth is aware of the pain she feels and willingly accepts help and support.</li> <li>Behaviors or Symptoms: Elizabeth needs the support of a walker. Elizabeth may prefer to sit rather than stand while working.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth can independently regulate water temperature.</li> <li>Staff supports are not required in this area.</li> </ul>
Community survival skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth is able to safely navigate the community.</li> <li>Staff supports are not required in this area.</li> </ul>
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth knows the importance of being safe around water. Elizabeth knows how to be safe around water.</li> <li>Staff supports are not required in this area..</li> </ul>
Sensory disabilities	<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>
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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>		

# PAI

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"> <li>N/A</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>
Mental or emotional health symptoms and crises (state diagnosis): Panic disorder, Bipolar 1, GAD, borderline personality disorder, eating disorder, PTSD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Elizabeth manages her mental health well. She is good about using her coping skills when she struggles with her mental health.</li> <li>Behaviors or Symptoms: Elizabeth needs the support of staff around her to help her manage her mental health.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</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>