SELF-MANAGEMENT ASSESSMENT

Name: Jason Gysbers

Date of *Self-Management Assessment* development: October 18, 2021 For the annual period from: October 2021 to October 2022

Name and title of person completing the review: Anneliese Robinson, 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): Keppra	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Jason knows he has a medication allergy and can read. • Behaviors or Symptoms: Jason trusts that his physician and caregivers know his medication allergy and will not prescribe or administer Keppra, so Jason would probably not check himself or say anything. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): Absent Seizures	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Jason knows he has a history of seizures and can communicate this to others. • Behaviors or Symptoms: In the event of a seizure, Jason would need emergency support and care from others. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason can chew and swallow food on his own. Jason can usually cough and clear his airway independently after choking. • Behaviors or Symptoms: Jason can eat very fast and may not chew food thoroughly. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): 1800 calorie diet	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Jason knows he is on a doctor prescribed diet. Jason can identify healthy food choices. • Behaviors or Symptoms: Jason can struggle with impulse control when it comes to unhealthy food choices. Jason may try to get food when out in the community that he knows does not follow his diet. Jason can become angry when asked to record the calories he ate if he knows it's over 1800. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Blood Clot Protocol	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Jason knows he has a history of blood clots. Jason can recognize some of the warning signs that he has a blood clot and can let staff know. • Behaviors or Symptoms: In the event of a serious blood clot, Jason would need emergency support and care from others. Jason's blood clots and blood thinners taken put Jason at a higher risk of heart attack and stroke. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason understands that taking medication is important and for his well-being. Jason can take and swallow medication handed to him. • Behaviors or Symptoms: Jason does not have the time or self-management skills to take medication correctly consistently. Jason would forget. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason understands that attending medical appointments is important for his well-being. Jason can answer simple questions and express concerns. • Behaviors or Symptoms: Jason does not have the skills to schedule and attend appointments independently. Jason relies on staff to know when he needs an appointment, for them to schedule it, and provide transportation. • Staff supports are required in this area according to the CSSP Addendum.

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Medical and dental appointments	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason understands that attending medical appointments is important for his well-being. Jason can answer simple questions and express concerns. • Behaviors or Symptoms: Jason does not have the skills to schedule and attend appointments independently. Jason relies on staff to know when he needs an appointment, for them to schedule it, and provide transportation. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	☐ Yes ☐ No ☒ NA	• 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	☐ 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: Jason can determine a safe temperature of water to use. Jason can operate the faucet handles and adjust the water temperature as needed. • No staff supports are required in this area.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason knows and understands street safety rules. Jason can verbally communicate well with others. Jason can make small purchases on his own. • Behaviors or Symptoms: Jason can become distracted when in the community. Jason may make food purchases that don't follow his diet. Jason has trouble advocating on his own behalf in uncomfortable situations and may struggle to ask for help or not know who to ask. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Jason understands water safety and takes precaution around large bodies of water.

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		• Behaviors or Symptoms: Jason can become distracted. Jason would forget to put a life jacket on. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Vision and hearing	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Jason knows it is recommended that he wear hearing aids and glasses. Jason can put on and wear his glasses when needed. • Behaviors or Symptoms: Jason often declines to wear his glasses and declines to wear hearing aids, even though both have been doctor recommended. Staff supports are required in this area according to the CSSP Addendum.
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): Pushing, hitting	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Jason knows appropriate ways to interact with others. Jason knows and uses appropriate social skills in most cases. • Behaviors or Symptoms: Jason has a history of being physically aggressive towards others when he becomes upset or overwhelmed, but there have not been any reports of this happening since 2016. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Shouting/yelling at others	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Jason knows appropriate ways to interact with others. Jason knows and uses appropriate social skills in most cases. • Behaviors or Symptoms: Jason has a history of yelling and shouting at others when he becomes upset and overwhelmed, though this has been less common in recent years. • Staff supports are required in this area according to the CSSP Addendum.
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

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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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