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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Mark Offerdahl    Date of *Self-Management Assessment* development: 07/28/2015 For the annual period from: 01/27/2015 to 01/26/2016    Name and title of person completing the review: Arianna Larsen, Program 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 and will assess and review it at the 45-day 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, this *Self-Management Assessment* will be reviewed and dated signatures obtained.  The general and health-specific supports necessary 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): | Yes  No  NA – there are no allergies | Mark is allergic to Penicillin. |
| Seizures (state specific seizure types): | Yes  No  NA – no seizures |  |
| Choking | Yes  No |  |
| Special dietary needs (state specific need): | Yes  No  NA – there are no special dietary needs | Mark is on a low-sodium, no added salt diet. |
| Chronic medical conditions (state condition): | Yes  No  NA – there are no chronic medical conditions | Mark was diagnosed with prostate cancer in July 2014. Mark also has multiple myeloma and also has aphasia. |
| Self-administration of medication or treatment orders | Yes  No | Mark may not administer his medications as prescribed. |
| Preventative screening | Yes  No |  |
| Medical and dental appointments | Yes  No |  |
| Other health and medical needs (state specific need): | Yes  No  NA | Mark is diagnosed with Cognitive Deficits due to cerebrovascular disease, history of Stroke (embolism) with late effects: Aphasia; muscle weakness; short term memory problems; history of Streptococcus mitral endocarditis with mitral and aortic valve insufficiency status post aortic valve repair and mitral valve replacement; IV antibiotic treatment 2/26/12; Vitamin D Deficiency; History of multiple myeloma; complete Heart Block status post pacemaker recent L4- L5 diskitis with adjacent Osteomyelitis, recent history of Left popliteal artery occlusion; Cognitive deficits due to cerebrovascular disease, Muscle weakness, and History of depression*.*  Mark was diagnosed with prostate cancer on July 8, 2014. |
| Other health and medical needs (state specific need): | Yes  No  NA |  |
| Other health and medical needs (state specific need): | Yes  No  NA |  |
| **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): | Yes  No  NA – not at risk for falling |  |
| Mobility issues (include the specific issue): | Yes  No  NA – there are no mobility issues |  |
| Regulating water temperature | Yes  No |  |
| Community survival skills | Yes  No | Mark is vulnerable in the community if he does not have proper transportation arranged. Mark has had severe difficulty using the public bus system.  Mark is able to ride a bike; however, he may have a delayed reaction time while riding. |
| Water safety skills | Yes  No |  |
| Sensory disabilities | Yes  No | Mark may have difficulty finding words to express himself properly. Due to his Aphasia, it might take him more than once to express what he fully means. Mark becomes frustrated on the phone due to having difficulty understanding things over the phone. |
| Other personal safety needs (state specific need): | Yes  No  NA | Mark has had a history of tobacco and alcohol abuse. |
| Other personal safety needs (state specific need): | Yes  No  NA |  |
| Other personal safety needs (state specific need): | Yes  No  NA |  |
| **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): | Yes  No  NA |  |
| Physical aggression/conduct (state behavior): | Yes  No  NA | Mark is a vulnerable adult and may not be able to recognize or defend against physical abuse. |
| Verbal/emotional aggression (state behavior): | Yes  No  NA | Mark is a vulnerable adult and may not be able to recognize or defend against verbal/emotional abuse. |
| Property destruction (state behavior): | Yes  No  NA |  |
| Suicidal ideations, thoughts, or attempts | Yes  No  NA |  |
| Criminal or unlawful behavior | Yes  No  NA |  |
| Mental health symptoms and crises (state diagnosis): | Yes  No  NA | Mark experiences short term memory loss. Mark also has a history of depression. |
| Emotional health symptoms (state diagnosis): | Yes  No  NA |  |
| Unauthorized or unexplained absence from a program | Yes  No  NA |  |
| An act or situation involving a person that requires the program to call 911, law enforcement or fire department | Yes  No  NA |  |
| Other symptom or behavior (be specific): | Yes  No  NA |  |

**SIGNATURE PAGE**

**By signing below, I am indicating the completion and approval of the *Self-Management Assessment*.**

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| Person served: | Date: |
| Legal representative: | Date: |
| Case manager: | Date: |
| Licensed provider contact: | Date: |
| Other support team member (name and title): | Date: |
| Other support team member (name and title): | Date: |