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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Joshua Mormon    Date of *Self-Management Assessment* development: 6/12/2015        For the annual period from: 12/23/2014 to 12/22/2015    Name and title of person completing the review: Jessica Reno, Program Director | | |
| 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): | Yes  No  NA – there are no allergies | Joshua is allergic to Abilify and Clozaril, which cause his blood cells count to drop. |
| 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 | Joshua has committed to abiding by the Cave Man diet. |
| Chronic medical conditions (state condition): | Yes  No  NA – there are no chronic medical conditions |  |
| Self-administration of medication or treatment orders | Yes  No | Joshua will utilize support from residential staff with the assistance of an onsite nurse to administer all medications. Joshua has a history of being offsite during prescribed medication times and missed medications may result in an increase in mental health symptoms. |
| Preventative screening | Yes  No | Joshua will utilize support from residential staff with the assistance of an onsite nurse to schedule all preventative screenings. |
| Medical and dental appointments | Yes  No | Joshua will utilize support from residential staff with the assistance of an onsite nurse to schedule all medical and dental appointments. Any health related concerns will be documented in the Health Progress Notes. |
| Other health and medical needs (state specific need): | Yes  No  NA |  |
| 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 | Joshua is able to access the community independently. Joshua has a history of inappropriate interactions with others. Staff will monitor Joshua’s behavior and remind him of proper interactions with strangers when needed. |
| Water safety skills | Yes  No |  |
| Sensory disabilities | Yes  No |  |
| Other personal safety needs (state specific need): | Yes  No  NA |  |
| 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 | Joshua has a history of thoughts of self-harm, but has not acted on those thoughts. Staff will encourage Joshua to utilize his support systems to process his thoughts of self-harm in an appropriate manner. |
| Physical aggression/conduct (state behavior): | Yes  No  NA | Joshua has a history of throwing items when upset. Staff will verbally redirect Joshua when he is displaying escalated behavior. |
| Verbal/emotional aggression (state behavior): | Yes  No  NA | Joshua has a history of making inappropriate comments to peers and staff, including swearing at others, and making loud outbursts. Staff will verbally redirect Joshua when he is demonstrating a lack of respect for the privacy of his peers, or when he is attempting to engage in conversations that violate the privacy of others. |
| Property destruction (state behavior): | Yes  No  NA |  |
| Suicidal ideations, thoughts, or attempts | Yes  No  NA |  |
| Criminal or unlawful behavior | Yes  No  NA |  |
| Mental or emotional health symptoms and crises (state diagnosis): | Yes  No  NA | Joshua has been diagnosed with Schizoaffective Disorder which may affect his judgment and ability to process information, especially when experiencing symptoms of mania. Staff will monitor Joshua’s medication compliance and behavior. Staff will document any changes in behavior, as well as report any incidents to the Chain of Command and the onsite nurse. |
| Unauthorized or unexplained absence from a program | Yes  No  NA | Joshua may go off site without notifying staff. However, Joshua will be encouraged by staff to sign in and out when leaving his residential site. |
| An act or situation involving a person that requires the program to call 911, law enforcement or fire department | Yes  No  NA | Joshua was involved in an incident in which another resident became physically aggressive toward Joshua, resulting in 911 being called and law enforcement responding. Throughout the incident Joshua acted appropriately. |
| Other symptom or behavior (be specific): | Yes  No  NA | Joshua has a history of using marijuana. He reports that he has not used marijuana since December 2012. Staff will monitor Joshua’s behavior and will report any suspected substance use to the Chain of Command. |

**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: |

**Please note:**

Within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and this addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative and case manager to document completion and approval. If within 10 working days of this submission, the person served and/or legal representative or case manager has not signed and returned to the license holder the assessment and *Coordinated Service and Support Plan Addendum* or has not proposed written modification to its submission, the submission is deemed approved and in effect. It will remain in effect until the next annual month or until the person served and/or legal representative or case manager submits a written request to revise them.