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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Brenda Overton    Date of *Self-Management Assessment* development: 5/08/2015 For the annual period from: 4/17/2014 to 5/14/2015    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 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 |  |
| 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 |  |
| Chronic medical conditions (state condition):Weight concerns, potential for heart disease, and incontinence. | Yes  No  NA – there are no chronic medical conditions | Brenda self-identified concern regarding her weight and heart problems. Brenda independently utilizes adult depends for incontinence. |
| Self-administration of medication or treatment orders | Yes  No | Brenda has self-advocated to receive bi-weekly injections at HCMC due to an inability to take medications in pill form. |
| Preventative screening | Yes  No | Brenda will utilize the support of her residential providers in scheduling preventative screenings and providing prompts to support Brenda in maintaining compliance with doctors’ orders. |
| Medical and dental appointments | Yes  No | Brenda is able to in an emergency utilize medical assistance. Brenda’s residential staff will coordinate her medical and dental appointments and support Brenda in maintaining compliance with doctors’ orders. |
| 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 | Brenda is ambulatory but may experience dizzy spells after lying down. |
| Mobility issues (include the specific issue): | Yes  No  NA – there are no mobility issues |  |
| Regulating water temperature | Yes  No |  |
| Community survival skills | Yes  No | Brenda has a history of choosing not to wear her seatbelt. Staff will provide verbal prompts for Brenda to maintain her personal safety by wearing a seatbelt. |
| Water safety skills | Yes  No | Brenda does not know how to swim and chooses not to learn, due to a near drowning experience in her youth. Brenda is able to communicate to staff that her preference to stay away from large bodies of water. |
| Sensory disabilities | Yes  No | Brenda has blurry vision at times when reading however does have new reading glasses. |
| Other personal safety needs (state specific need):  **Abuses alcohol, tobacco or drugs.** | Yes  No  NA | Brenda has a history of abusing drugs and alcohol. Brenda also has a history of depression that may lead her to the possible use of drugs and alcohol. |
| Other personal safety needs (state specific need):  **Access to appliances/machinery** | Yes  No  NA | Brenda can utilize the microwave, but staff supervisor is required when Brenda is cooking. |
| Other personal safety needs (state specific need):  **Mental / emotional condition affecting judgment** | Yes  No  NA | Brenda is able to communicate to staff when feeling overwhelmed or confused, when making decisions. |
| **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): **Ignoring personal safety,** | Yes  No  NA | Brenda may ignore personal safety by purposely skip meals and not wearing her seatbelt when in a vehicle. |
| Physical aggression/conduct (state behavior): | Yes  No  NA |  |
| Verbal/emotional aggression (state behavior): | Yes  No  NA |  |
| 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): **Schizoaffective Unspecified** | Yes  No  NA | Brenda has been diagnosed as having Schizoaffective Unspecified and Bipolar. Brenda is currently taking medication and utilizing her supports appropriately to increase mental health. |
| Emotional health symptoms (state diagnosis): | Yes  No  NA | Brenda is currently taking medication and utilizing her supports appropriately to increase mental health. |
| 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: |