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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Aaron Kitchner    Date of *Self-Management Assessment* development: 8/11/14 For the annual period from: 10/1/14 to 10/1/15    Name and title of person completing the review: Arianna Larsen, Program Manager | | |
| 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 | Aaron is allergic to penicillin and clozaril. |
| 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 | Aaron’s junk food intake must be monitored. |
| Chronic medical conditions (state condition): | Yes  No  NA – there are no chronic medical conditions | Aaron is diagnosed as having bradycardia. |
| Self-administration of medication or treatment orders | Yes  No | Aaron is unable to administer his own medications. |
| Preventative screening | Yes  No | Aaron needs assistance from his care manager and his mom. |
| Medical and dental appointments | Yes  No | Aaron needs assistance from his care manager and his mom. |
| Other health and medical needs (state specific need):  Caffeine usage | Yes  No  NA | Aaron drinks 1 cup of coffee and a couple of energy drinks a day. |
| Other health and medical needs (state specific need):  Drug and alcohol usage | Yes  No  NA | Aaron’s reported drug history includes: Cannabis, daily since age 14; also states he has tried cocaine and acid at age 14; MDMA; every other day from age 14-20; MALI (pure MDMA) in 2012; and, prescription drugs including Adderall and Xanax when he was in 12th grade. Aaron denies use of alcohol however admits to trying it at the age of 14. |
| 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 |  |
| Water safety skills | Yes  No |  |
| Sensory disabilities | Yes  No | Aaron experiences moderate stressors due to lack of structure in his day. |
| Other personal safety needs (state specific need): | Yes  No  NA | Aaron’s reported drug history includes: Cannabis, daily since age 14; also states he has tried cocaine and acid at age 14; MDMA; every other day from age 14-20; MALI (pure MDMA) in 2012; and, prescription drugs including Adderall and Xanax when he was in 12th grade. Aaron denies use of alcohol however admits to trying it at the age of 14. |
| 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 | In December 2013, Aaron cut himself with a kitchen knife on his forearm. Aaron stated he was not feeling well at that time, felt depressed and that others were against him. He said the voices commanded him to cut himself. |
| Physical aggression/conduct (state behavior): | Yes  No  NA | While at the ER, Aaron pushed his father against a wall. While at the University of Minnesota Medical Center, Aaron also struck another patient due to having a command hallucination. |
| 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 | Aaron’s reported drug history includes: Cannabis, daily since age 14; also states he has tried cocaine and acid at age 14; MDMA; every other day from age 14-20; MALI (pure MDMA) in 2012; and, prescription drugs including Adderall and Xanax when he was in 12th grade. Aaron denies use of alcohol however admits to trying it at the age of 14.  Aaron was evicted from his apartment for claiming he was maintenance to gain access to his neighbor’s apartment in search of his possessions. |
| Mental health symptoms and crises (state diagnosis): | Yes  No  NA | Aaron is diagnosed as having Schizoaffective Disorder. |
| Emotional health symptoms (state diagnosis): | Yes  No  NA | Aaron is diagnosed as having antisocial and schizotypal traits. |
| 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 | Aaron has reported illegal drugs and physical aggression towards others. |
| Other symptom or behavior (be specific): | Yes  No  NA | Aaron is diagnosed as having Cannabis dependence. |

**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: |