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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Laura Cooper    Date of *Self-Management Assessment* development: 02/09/2015 For the annual period from: 02/18/2015 to 02/17/2016    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): Laura is allergic to Omnipaque. | Yes  No  NA – there are no allergies | If taken Laura will experience a reaction and medical professionals will need to be notified. |
| Seizures (state specific seizure types): | Yes  No  NA – no seizures |  |
| Choking | Yes  No |  |
| Special dietary needs (state specific need): Laura is lactose, fructose, and gluten intolerant. Laura also Barrett’s Disease, a severe form of acid reflex disorder. | Yes  No  NA – there are no special dietary needs | Laura is able to drink ½ cup to 1 cup of milk a day, eat small amounts of sugar, this includes carbohydrates. Laura is able to grocery shop and pick out what foods she is able to buy and eat. Staff will give verbal reminders about appropriate foods and her nutritional plan. |
| Chronic medical conditions (state condition): Williams Syndrome and Barrett's Disease | Yes  No  NA – there are no chronic medical conditions | Laura has Williams syndrome a genetic condition that is characterized by medical problems, including cardiovascular disease, developmental delays, and learning disabilities. Laura also diagnosed Barrett’s Disease, a severe form of acid reflex disorder. |
| Self-administration of medication or treatment orders | Yes  No |  |
| Preventative screening | Yes  No | Laura utilizes support from her guardians to schedule appointments and arrange transportation to preventative screenings. |
| Medical and dental appointments | Yes  No | Laura utilizes support from her guardians identifying when medical treatment is needed, make appointments, and obtain transportation to appointments. |
| Other health and medical needs (state specific need):  Illness | Yes  No  NA | If Laura becomes sick during in-home support hours, Laura will need to be taken to the nearest Urgent Care location and call her parents to let them know. |
| Other health and medical needs (state specific need):    Laura has super vascular tachycardia mitral valve inefficiency(heart condition) that results in a rapid heart beats. | Yes  No  NA | Laura had a catheter ablation in order to stop her heart from racing. However if Laura starts to feel a rapid heartbeat Laura’s parents will be called immediately. Laura is instructed to push like she is using the bathroom to stop the rapid heartbeats. If the condition continues and Laura’s parents cannot be reached 911will be called and wait for an ambulance to arrive. |
| 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): Osteoporosis | Yes  No  NA – there are no mobility issues | Laura does have osteoporosis which causes her to be prone to weaken bones and easy fractures. |
| Regulating water temperature | Yes  No |  |
| Community survival skills | Yes  No | Laura is able to access community resources as needed, however Laura may be too trusting of strangers. Staff will supervise Laura while in the community. |
| Water safety skills | Yes  No |  |
| Sensory disabilities | Yes  No | Laura utilizes glasses to assist with seeing far distances. Laura has a sensitive to loud noises. Alarms may frighten her and give her anxiety. Laura is also frightened by Halloween costumes. |
| Other personal safety needs (state specific need): | Yes  No  NA | Laura will need staff to remind her to lock her apartment door to decrease her anxiety of someone entering her apartment. |
| Other personal safety needs (state specific need): | Yes  No  NA | Laura will need staff supervision when utilizing her stove and staff will check during every shift that the oven is turned off to ensure safety. |
| 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 |  |
| Verbal/emotional aggression (state behavior): False Reporting | Yes  No  NA | Laura has a history of making false allegations against staff and family. |
| 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):  Mild MD and Williams Syndrome | Yes  No  NA | Williams syndrome is a rare genetic disorder that can lead to problems with development. |
| Emotional health symptoms (state diagnosis): Anxiety | Yes  No  NA | Laura presents high levels of anxiety regarding scheduling and being late to activities, conflict with her peers, or medical concerns. Staff will reassure and redirect Laura as needed. |
| 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): Associate consequences with actions | Yes  No  NA | Laura is not always able to associate consequences with actions. |

**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: |