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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Lynette Bradley    Date of *Self-Management Assessment* development: 10/29/2014    For the annual period from: 11/01/2014 to 11/01/2015    Name and title of person completing the review: AnnaMarie Martino, 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 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 | Ibuprofen, Seasonal Allergies |
| Seizures (state specific seizure types): Grand Mal | Yes  No  NA – no seizures | Lynette has a history of seizures in the past. |
| Choking | Yes  No |  |
| Special dietary needs (state specific need): | Yes  No  NA – there are no special dietary needs |  |
| Chronic medical conditions (state condition): | Yes  No  NA – there are no chronic medical conditions | Lynette has diagnosed Cerebral Palsy. |
| Self-administration of medication or treatment orders | Yes  No | Lynette sets up and self-administers her medication. |
| Preventative screening | Yes  No | Lynette schedules preventive screenings independently. Lynette has a history of canceling and reschedule appointments on her own, which makes it difficult for her to receive needed medical care. |
| Medical and dental appointments | Yes  No | Lynette schedules medical and dental appointments independently. Lynette has a history of canceling and reschedule appointments on her own, which makes it difficult for her to receive needed medical care. |
| Other health and medical needs (state specific need): | Yes  No  NA | Lynette has generalized weakness in her lower extremities (left leg weaker than the right), high muscle tone in the lower extremities with very tight low back muscles and hamstrings, left leg about 1inch shorter than the right. Lynette's muscle tone and tightness interfere with her movements and contribute to her back pain. This also affects her gait pattern, walking endurance, and ability to sit comfortably. |
| 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 | The generalized weakness in Lynette’s extremities may cause a risk of falling. |
| Mobility issues (include the specific issue): | Yes  No  NA – there are no mobility issues | Lynette utilizes a scooter for long distances. Staff will remind Lynette to bring her walker with when activities may require walking long distances. |
| Regulating water temperature | Yes  No |  |
| Community survival skills | Yes  No |  |
| Water safety skills | Yes  No | Lynette does not swim due to weakness in her legs. Staff will supervise Lynette if she does decide to swim. |
| Sensory disabilities | Yes  No | Lynette wears glasses, but chooses not to wear them often. Lynette also has a sensitivity to loud noises. |
| 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 | Lynette has a history of self-abuse—cutting. |
| Physical aggression/conduct (state behavior): | Yes  No  NA | Lynette has a history of physical aggression. Staff will watch for observed antecedents to Lynette becoming behavioral such as 1) rigid body, 2) stern voice. Staff will attempt to recognize these behaviors and assist Lynette with utilizing calming strategies. |
| Verbal/emotional aggression (state behavior): | Yes  No  NA | Staff will watch for observed antecedents to Lynette becoming behavioral such as 1) rigid body, 2) stern voice, 3) troubled look. Staff will attempt to recognize these behaviors and assist Lynette with utilizing calming strategies. |
| Property destruction (state behavior): | Yes  No  NA | Lynette has a history of property destruction. |
| Suicidal ideations, thoughts, or attempts | Yes  No  NA | Lynette has a history of suicidal ideations. |
| Criminal or unlawful behavior | Yes  No  NA | Lynette was charged with a misdemeanor for domestic violence in the past. Charges were dropped. |
| Mental or emotional health symptoms and crises (state diagnosis): | Yes  No  NA | Lynette has a diagnosed anxiety disorder. |
| Unauthorized or unexplained absence from a program | Yes  No  NA | Lynette has a history of elopements from programs. |
| 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: |

**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.