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| **SELF-MANAGEMENT ASSESSMENT** | | |
| Name: Adeybi Adekola    Date of *Self-Management Assessment* development: November 16, 2015 For the annual period from: March 27th 2015 to March 26th 2016    Name and title of person completing the review: Jill Manthei, 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 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 | Adeibyi has spring 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): | Yes  No  NA – there are no chronic medical conditions |  |
| Self-administration of medication or treatment orders | Yes  No | High Quality staff will not administer medications. If Adebiyi were prescribed any medications his guardians would assist him taking the medications. |
| Preventative screening | Yes  No | Adebiyi may not always report illness or injury to staff. Adebiyi may not always seek assistance and may not be able to provide for his own medical concerns. |
| Medical and dental appointments | Yes  No | Adebiyi’s guardians arrange and schedule all medical appointments and manage his healthcare needs. |
| 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 | High Quality staff will ensure Adeibyi remains in visual range while in the community and provide assistance with community resources. High Quality staff will always accompany Adebiyi while in the community and remind him about safety requirements. In case of emergency, staff will call 911 and in all other cases will report to the guardians. The reasoning is that Adebiyi may not always seek assistance and may not be able to provide for his own medical concerns. |
| Water safety skills | Yes  No | Adeibyi has been swimming in the past, but has never been left alone in the past. According, to High Quality polices, a lifeguard must be present whenever Adeibyi is near a body of water. |
| Sensory disabilities | Yes  No | Adebiyi may not safely access community resources because not having the skills to make good decisions. Adeibyi has a limited capacity to organize. High Quality staff will assist Adebiyi in accessing community resources and his guardians or High Quality staff will assist him with packing for upcoming activities or events. |
| Other personal safety needs (state specific need): | Yes  No  NA | Adebiyi may not dress appropriately for any changes in the weather and may need to be reminded to dress accordingly by his parents or High Quality staff. |
| Other personal safety needs (state specific need):  Financial Vulnerability | Yes  No  NA | Adebiyi will utilize the support of staff to provide a verbal prompt, asking Adebiyi to withdraw no more than $20 dollars from the ATM during In Home Service shifts. AA will also utilize the support of staff to provide a verbal prompt, asking Adebiyi to save receipts to account for the money he spends during In Home Services shifts. All receipts will be clipped to Adebiyi’s notebook for Kehinde to reference. |
| 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 | Adeiybi may need assistance with High Quality staff due to lack of self-preservation skills (ignores personal safety). |
| 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): | Yes  No  NA |  |
| Emotional health symptoms (state diagnosis): | Yes  No  NA |  |
| 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 | Adeibyi would not know how to respond in an emergency situation. In an emergency situation, High Quality staff will call 911. |
| Other symptom or behavior (be specific): | Yes  No  NA | Adeibyi may not always report illness or injury to High Quality staff. High Quality staff will observe Adeibyi for any symptoms of injury or illness and remind and encourage Adebiyi to tell staff if he feel sick or is hurt. In the case of emergency, staff will call 911 and in all other cases will report to the guardians. The reasoning is that Adeibyi may not always seek assistance and may not be able to provide for his own medical concerns. |
| Other symptom or behavior (be specific): | Yes  No  NA | A disruption in Adebiyi’s daily routine causes an increase in anxiety for him. High Quality staff will give him at least a week’s notice of any changes to his schedule or a planned activity coming up in the near future. |
| Other symptom or behavior (be specific): | Yes  No  NA | Adeibyi will accept the blame for others actions by apologizing or saying “I’m sorry.” This is an automatic response for Adeibyi as he wants to maintain the peace. He might not understand what is going on or might not know the implications of taking the blame. |

**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: |