

SELF-MANAGEMENT ASSESSMENT

Name: Kao Vang

Date of *Self-Management Assessment* development: July 22, 2020

For the annual period from: July 2020 to July 2021

Name and title of person completing the review: Cortney Kelly, DC

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): NKA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - there are no allergies	<ul style="list-style-type: none"> N/A
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA - no seizures	<ul style="list-style-type: none"> N/A
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao can chew food thoroughly and swallow safely. Kao has good judgement when it comes to bite size. No staff supports are required in this area.

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<p>Special dietary needs (state specific need): Lactose intolerant, sensitive to fried foods</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kao knows some dairy products give him an upset stomach. Kao enjoys some dairy products, especially ice cream. • Behaviors or Symptoms: Kao is lactose intolerant and sensitive to fried foods. Kao may not be able to identify which foods have dairy or are fried. These foods may result in diarrhea if Kao eats them. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> • N/A
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kao understands the importance of taking medication to treat illness/injury and maintain good health. Kao can take medication that is handed to him. • Behaviors or Symptoms: Kao does not have the time management skills to take medication consistently on his own. Kao does not know the purpose of all medications or what they treat. • Staff supports are required in this area according to the CSSP Addendum.
<p>Preventative screening</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kao understands the importance of attending medical appointments and willingly participates. Kao can answer yes and no and simple questions about how he's feeling • Behaviors or Symptoms: Kao would not be able to recall his health history or answer complex questions. Kao does not have the skills to schedule and attend appointments independently. Kao has limited verbal speech and can be hard to understand to unfamiliar listeners. • Staff supports are required in this area according to the CSSP Addendum.
<p>Medical and dental appointments</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kao understands the importance of attending medical appointments and willingly participates. Kao can answer yes and no and simple questions about how he's feeling • Behaviors or Symptoms: Kao would not be able to recall his health history or answer complex questions. Kao does not have the skills to schedule and attend appointments independently. Kao has limited verbal speech and can be hard to understand to unfamiliar listeners.

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		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> N/A
Mobility issues (include the specific issue): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> N/A
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao can operate most faucets and adjust the water temperature. Behaviors or Symptoms: Kao is unable to identify a safe degree of water for hand washing and is at risk of just turning the water on quickly and using scalding water. Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao is a friendly and trusting individual. Kao is receptive to following directions. Behaviors or Symptoms: Kao does not consistently follow pedestrian safety rules or stranger safety. Kao may not react appropriately to severe weather. Kao sometimes invades people’s personal space and inappropriately touches others. Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao knows deep water can be dangerous and exercises caution when he is undistracted.

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		<ul style="list-style-type: none"> Behaviors or Symptoms: Kao may become distracted around deep water and not take the proper caution. Kao would need a reminder to put on a life jacket. Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
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): Biting hand	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao can express positive feelings to others verbally and by ASL. Behaviors or Symptoms: When Kao gets upset he has bitten his hand before. Kao can sometimes struggle to communicate negative feelings to others. Kao communicates verbally, by ASL and his picture book but sometimes has a hard time conveying his message. Staff supports are required in this area according to the CSSP Addendum.
Physical aggression/conduct (state behavior): Hitting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Kao can express positive feelings to others verbally and by ASL. Behaviors or Symptoms: When Kao gets upset he has hit others before. Kao can sometimes struggle to communicate negative feelings to others. Kao communicates verbally, by ASL and his picture book but sometimes has a hard time conveying his message. Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A

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Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Other symptom or behavior (be specific): Inappropriately touching others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Kao knows and understands which touches are inappropriate. • Behaviors or Symptoms: Kao touches or pokes others on a daily basis and does not have strong personal boundaries. Kao has touched women at PAI in the groin area a few different occasions. • Staff supports are required in this area according to the CSSP Addendum.