

**SELF-MANAGEMENT ASSESSMENT**

Name: Her Xiong

Date of *Self-Management Assessment* development: August 10, 2020

For the annual period from: August 2020 to August 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): N/A    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA - there are no allergies | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |
| Seizures (state specific seizure types): N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA - no seizures            | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |
| Choking                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her can eat independently and use eating utensils (fork, spoon, butter knife).</li> </ul> |

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|   |  | <ul style="list-style-type: none"> <li>Behaviors or Symptoms: Her may overstuff his mouth when eating, and because of his left side weakness, he may not chew his food completely. Her may pocket food in his left cheek.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| Special dietary needs (state specific need): N/A                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA - there are no special dietary needs      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Chronic medical conditions (state condition): TBI, left side weakness | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA - there are no chronic medical conditions | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her knows his physical limitations. Her can identify when he needs help and can ask for it. Her can navigate uneven terrain and obstacles.</li> <li>Behaviors or Symptoms: Due to Her's brain injury, his left arm/hand are weak and he tends to not use them. Due to left side weakness, Her walks with a limp and walks at a slower pace than most.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| Self-administration of medication or treatment orders                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her recognizes the importance of medication to maintain good health and treat illness/injury. Her can take medication that is handed to him. Her would understand the purpose of a specific medication if it was explained to him. Her can read.</li> <li>Behaviors or Symptoms: Her does not have the time management skills to take medication consistently on his own.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>   |
| Preventative screening  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her understands the importance of medical appointments and willingly participated. Her can read and write. Her can tell others how he's feeling.</li> <li>Behaviors or Symptoms: Her does not have the self-management skills to independently schedule and attend appointments. Her would not be able to recall his health history. Her sometimes has difficulty with expressive language and may not be able to explain symptoms he's experiencing.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Medical and dental appointments                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her understands the importance of medical appointments and willingly participated. Her can read and write. Her can tell others</li> </ul>  |

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|   |   | <p>how he's feeling.</p> <ul style="list-style-type: none"> <li>Behaviors or Symptoms: Her does not have the self-management skills to independently schedule and attend appointments. Her would not be able to recall his health history. Her sometimes has difficulty with expressive language and may not be able to explain symptoms he's experiencing.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>  |
| Other health and medical needs (state specific need):<br>N/A              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Other health and medical needs (state specific need):<br>N/A              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Other health and medical needs (state specific need):<br>N/A              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA                                   | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| <b>Personal safety to avoid injury or accident in the service setting</b> |   |   |
| <b>Assessment area</b>  | <b>Is the person able to self-manage in this area?</b>  | <b>Assessment - include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>   |
| Risk of falling (include the specific risk): N/A                          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA - not at risk for falling      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Mobility issues (include the specific issue): N/A                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA - there are no mobility issues | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |
| Regulating water temperature  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her can turn on and adjust the faucet to wash his hands. Her can identify a safe degree of water for hand washing.</li> <li>No staff supports are required in this area.</li> </ul>  |
| Community survival skills   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Her knows his ID information. Her is friendly and trusting. Her knows some pedestrian safety rules. Her can talk and communicate with others.</li> <li>Behaviors or Symptoms: Her has difficulty with expressive language and he may not always be able to quickly and efficiently relay personal ID information. Her's speech may be hard to understand to unfamiliar listeners. Her does not always recognize</li> </ul> |

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|  |   | <p>that some strangers may be dangerous. Her knows pedestrian safety rules but may sometimes act impulsively, making decisions around streets and cars that may be unsafe.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul> |
| Water safety skills  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                             | <ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Her knows deep water is dangerous and exercises proper caution around water. Her knows he needs a life jacket on a boat or for swimming.</li> <li>• No staff supports are required in this area.</li> </ul>                    |
| Sensory disabilities   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| 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"> <li>• N/A</li> </ul>   |
| 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"> <li>• N/A</li> </ul>   |
| 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"> <li>• N/A</li> </ul>   |
| <p><b>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.</b></p> |   |   |
| <b>Assessment area</b>   | <b>Is the person able to self-manage in this area?</b>  | <b>Assessment - include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms</b>   |
| Self-injurious behaviors (state behavior): N/A   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| Physical aggression/conduct (state behavior): N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| 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"> <li>• N/A</li> </ul>   |
| Property destruction (state behavior): N/A   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| Suicidal ideations, thoughts, or attempts  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| Criminal or unlawful behavior  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| Mental or emotional health   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |

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| symptoms and crises (state diagnosis): 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): N/A   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |