

**SELF-MANAGEMENT ASSESSMENT**

Name: Nhia Vang

Date of *Self-Management Assessment* development: 4/12/21 For the annual period from: April 2021 to April 2022

Name and title of person completing the review: Briana Hinzman, Designated 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): Betadine, Rocephin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia may be aware when he has an allergic reaction. Nhia may show signs and symptoms of an allergic reaction.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Nhia’s diagnoses he is unable to check medications for ingredients. Nhia is unable to inform someone of his allergies.</li> <li>• Staff supports are required in this area according to the <i>CSSP Addendum</i>.</li> </ul>

# PAI

Seizures (state specific seizure types):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia may be aware when he’s had a seizure. Nhia is accepting of assistance during his seizures.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is unable to keep himself safe or follow his seizure protocol.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia does not attempt to eat anything orally.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia has an NPO order. Nhia is not able to eat or drink orally.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Special dietary needs (state specific need): NPO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia does not attempt to eat anything orally.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is not able to eat or drink orally, he receives his nutrition via G-tube.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Chronic medical conditions (state condition): Scoliosis, Cerebral Palsy with Spastic quadripresis, , Baclofen Pump, Microcephaly, Disuse Osteopenia, GERD, Hip Subluxation, Hip dislocation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia is aware of when he may be experiencing discomfort from his chronic medical conditions. Nhia may communicate this.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is diagnosed with Scoliosis, curvature of the spine with a Harrington rod in place. Cerebral Palsy with Spastic quadripresis, inability to control and use the legs, arms, and body. Nhia has a Baclofen Pump to reduce his spasticity. Microcephaly, a condition where the head (circumference) is smaller than normal. Osteopenia, a bone condition characterized by decreased bone density, which leads to bone weakening and an increased risk of bone fracture. GERD, heartburn or acid reflux. Nhia is also diagnosed with Hip Subluxation and Hip dislocation.</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>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia is accepting of medications and treatments.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Nhia’s diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Nhia is unable to request medications or inform someone if there are issues associated with his medications.</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>• PAI does not set up or attend medical appointments with Nhia. Nhia’s residence will assist him with this.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• PAI does not set up or attend medical appointments with Nhia. Nhia’s residence will assist him with this.</li> </ul>

# PAI

Other health and medical needs (state specific need): Bruises easily	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia may be aware of when he receives a bruise. Nhia may communicate he has some discomfort with facial expressions.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is susceptible to bruising easily due to some of the seizure medications he takes.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<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): Scoliosis, Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia appears aware about his abilities.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Nhia’s diagnoses he has limited limb and trunk control. Nhia is not able to support his body.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Mobility issues (include the specific issue): Scoliosis, Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia is patient when waiting for staff to help him move.</li> <li>• <b>Behaviors or Symptoms:</b> Due to Nhia’s diagnoses he has limited limb and trunk control. Nhia is not able to propel his own wheelchair.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia is accepting of water on his hands.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia does not possess the fine motor skills needed to adjust the water temperature.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia enjoys being in the community. Nhia may smile at community members.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able to</li> </ul>

# PAI

		<p>independently propel his wheelchair.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> It is unknown if Nhia possesses water safety skills.</li> <li>• <b>Behaviors or Symptoms:</b> PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• <b>Strengths, Skills, &amp; Abilities:</b> Nhia may be able to see objects.</li> <li>• <b>Behaviors or Symptoms:</b> Nhia is diagnosed with Cortical Blindness and Open angle Glaucoma. Nhia may be at risk of not seeing his options or the environment around him.</li> <li>• Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
<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>		
<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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Physical aggression/conduct (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

# PAI

Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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	NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA