

SELF-MANAGEMENT ASSESSMENT

Name: Meng Yang

Date of *Self-Management Assessment* development: 6/17/2020

For the annual period from: June 2019 to June 2020

Name and title of person completing the review: Dayna Gordon, Designated Coordinator/Program Supervisor PAI Commerce

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 |
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| Allergies (state specific allergies): N/A | <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): Hyponatremic seizures | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is aware of his history of seizures and will verbally tell staff if he has the hiccups or a headache. Behaviors or Symptoms: Meng has a history of hyponatremic seizures and takes medication to manage. If Meng complains of consistent headaches or has the |

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| | | <p>hiccups, it is a sign he will go into a seizure.</p> <ul style="list-style-type: none"> • Staff supports are required in this area according to the CSSP Addendum. |
| Choking | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Meng is able to eat independently. He brings his lunch prepared from home as well. • Staff supports are not required in this area. |
| Special dietary needs (state specific need): Meng does not eat beef. | <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"> • Strengths, Skills, & Abilities: Meng is aware that he does not eat beef. Meng will bring his lunch prepared from home when he comes to PAI. • Behaviors or Symptoms: Meng does not eat beef. • Staff supports are required in this area according to the CSSP Addendum. |
| Chronic medical conditions (state condition): Langerhans Cell Histiocytosis, Cerebellar Ataxia, Central Diabetes Insipidus, Hypersomnia | <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"> • Strengths, Skills, & Abilities: Meng is aware of his diagnoses. Meng will verbally reach out to staff if he is feeling sleepy, if his urine looks funny, or if he is feeling ill. Meng’s hypersomnia is controlled with medications he takes at home. • Behaviors or Symptoms: <ul style="list-style-type: none"> ○ Langerhans Cell Histiocytosis: Build up of excess immune system cells in the body. ○ Cerebellar Ataxia and Central Diabetes Insipidus: Lack of hormone vasopressin that causes excessive production of very dilute urine. ○ Hypersomnia: Sleeping too much • Staff supports are required in this area according to the CSSP Addendum. |
| Self-administration of medication or treatment orders | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Meng recognizes the need to take medications and does so willingly when handed them. • Behaviors or Symptoms: Meng is not aware of the names of nor the reasons for which he takes his medication. Meng is not able to independently manage his medication or treatment orders. • Staff supports are required in this area according to the CSSP Addendum. |
| Preventative screening | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Meng recognizes the need to attend appointments and will do so willingly with support. Meng can answer how he is feeling when asked directly in English, ASL, and Hmong. • Behaviors or Symptoms: Meng is unable to schedule or attend appointments independently. • Staff supports are required in this area according to the CSSP Addendum. |
| Medical and dental appointments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Meng recognizes the need to attend appointments and will do so willingly with support. Meng can answer how he is feeling when asked directly in English, ASL, and Hmong. |

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| | | <ul style="list-style-type: none"> Behaviors or Symptoms: Meng is unable to schedule or attend appointments independently. 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): Thoracic and lumbar scoliosis | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is able to express his wants and needs. Meng is able to communicate verbally in English, ASL, and Hmong. Behaviors or Symptoms: Meng has a history of thoracic and lumbar scoliosis, also known as the S-shaped scoliosis. Due to the curvature of his spine, Meng has difficulties with balance, walking steadily, and walking on uneven ground. Meng has a tendency of leaning forward when getting up out of chairs and when walking. Staff supports are required in this area according to the CSSP Addendum. |
| Mobility issues (include the specific issue): Thoracic and lumbar scoliosis | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is able to express his wants and needs. Meng is able to communicate verbally in English, ASL, and Hmong. Meng is ambulatory. Behaviors or Symptoms: Meng has a history of thoracic and lumbar scoliosis, also known as the S-shaped scoliosis. Due to the curvature of his spine, Meng has difficulties with balance, walking steadily, and walking on uneven ground. Meng has a tendency of leaning forward when getting up out of chairs and when walking. Meng uses a cane to help with his balance. Staff supports are required in this area according to the CSSP Addendum. |
| Regulating water temperature | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is able to regulate water temperature independently. Staff supports are required in this area according to the CSSP Addendum. |

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| Community survival skills | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is friendly and social. Meng is able to communicate in Hmong, English, and ASL. Behaviors or Symptoms: Meng has difficulty with balance, walking steadily, and walking on uneven ground, limiting his community survival skills. Though Meng can communicate verbally, his verbal communication may be difficult to understand to unfamiliar listeners. 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: Meng knows how to float. Meng understands that it is important to be safe around water and is willing to accept assistance with water safety skills. Behaviors or Symptoms: Meng's swimming skills are limited. Staff supports are required in this area according to the CSSP Addendum. |
| Sensory disabilities | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <ul style="list-style-type: none"> Strengths, Skills, & Abilities: Meng is friendly and social and is able to communicate in Hmong, English, and ASL. Meng understands that he cannot always hear well. Behaviors or Symptoms: Meng has conductive hearing loss. Staff supports are required in this area according to the CSSP Addendum. |
| 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): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <ul style="list-style-type: none"> N/A |
| 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"> N/A |

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| Verbal/emotional aggression (state behavior): N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| 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: N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | • N/A |
| Criminal or unlawful behavior: N/A | <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: N/A | <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: N/A | <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 |