

SELF-MANAGEMENT ASSESSMENT

Name: Hung Vo

Date of *Self-Management Assessment* development: July 20, 2021

For the annual period from: July 2021 to July 2022

Name and title of person completing the review: Cortney Kelly, Program Supervisor/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): Seasonal Allergies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hung can identify when he does not feel well. Hung can verbally tell others when he is not feeling and can describe his symptoms. • Behaviors or Symptoms: Hung experiences seasonal allergies throughout the year. Hung needs help with medication to treat his allergies. • Staff supports are required in this area according to the CSSP Addendum.

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<p>Seizures (state specific seizure types): History of seizures</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hung can identify when he does not feel well. Hung can verbally tell others when he is not feeling and can describe his symptoms. • Behaviors or Symptoms: Hung has a history of seizures but has not had one in several years. If Hung were to have a seizure it would be an emergency situation and he would need emergency assistance. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hung can use a fork and spoon to eat. Hung can verbalize that it is important to not talk when he is eating. • Behaviors or Symptoms: Hung is at risk of swallowing wrong, which may cause him to choke. Hung sometimes forgets to focus on eating and may talk and get excited which places him at risk of choking. Hung is at risk of aspirating when using a straw or sippy cup. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> • N/A
<p>Chronic medical conditions (state condition): Cerebral Palsy</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hung has breathing exercises he knows and utilizes when he is experiencing muscle tightness and spasticity. Hung can verbalize to others when he needs a few minutes to de-stress. • Behaviors or Symptoms: Hung has Cerebral Palsy and experiences spasticity and muscle tightness as a result. Transfers can be unsafe at time of high muscle tightness. • Staff supports are required in this area according to the CSSP Addendum.
<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: Hung understands the importance of taking medication to treat illness/injury and maintain good health. Hung is accepting of help with medications and treatments. • Behaviors or Symptoms: Hung does not have the time-management skills to take medication consistently. Hung does not have the fine motor skills needs to dispense and administer medication. • Staff supports are required in this area according to the CSSP Addendum.

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Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Hung understands the importance of attending medical appointments to maintain good health. Hung willingly attends and participates in appointments. Hung can answer questions about how he is feeling. • Behaviors or Symptoms: Hung does not have the self-management skills to schedule and attend his appointments independently. Hung would not be able to recall his health history and can be hard to understand to unfamiliar listeners, especially when Hung is anxious or stressed. • 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: Hung understands the importance of attending medical appointments to maintain good health. Hung willingly attends and participates in appointments. Hung can answer questions about how he is feeling. • Behaviors or Symptoms: Hung does not have the self-management skills to schedule and attend his appointments independently. Hung would not be able to recall his health history and can be hard to understand to unfamiliar listeners, especially when Hung is anxious or stressed. • 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	• 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	• 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	• 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): Cannot bear weight	<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: Hung knows he is unable to bear weight during transfers, though this has been difficult for Hung to accept. Hung knows that he needs the straps on in his wheelchair and can advocate for himself and remind

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		<p>others.</p> <ul style="list-style-type: none"> Behaviors or Symptoms: As of February 2020, Hung cannot bear weight during a transfer which Hung which he has not fully accepted yet. Hung is at risk of falling out of his wheelchair if his lap belt or lap tray are not on at all times and his and chest straps not on during transportation. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Electric Wheelchair	<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: Hung uses an electric wheelchair for mobility. Hung can maneuver his wheelchair independently on flat surfaces and obstacle free environments. Behaviors or Symptoms: Hung may have difficulty seeing things below waist level while driving his wheelchair putting him at risk of becoming stuck, running over objects, and possibly veering off a narrow pathway. Hung is not always an attentive driver and sometimes drives too fast when he is upset. Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hung can identify and remove his hands from water that is too hot. Behaviors or Symptoms: Hung does not have the fine motor skills to turn on or adjust a faucet. 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: Hung is a friendly and trusting person. Hung can tell others some of his ID information. Behaviors or Symptoms: Hung’s speech can be hard to understand to unfamiliar listeners, which may make it difficult for Hung to relay his ID information or ask for help. Hung cannot always safety maneuver his wheelchair around obstacles. 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: Hung knows deep water can be dangerous. Hung can navigate around water when he can clearly see it and the terrain is manageable. Behaviors or Symptoms: Hung cannot swim. Hung may not always be able to see that water is there or how deep it is. Hung would need physical assistance with putting on a life jacket.

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		<ul style="list-style-type: none"> 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: Hung knows and remembers to wear his glasses every day. Hung can put his glasses on himself. Behaviors or Symptoms: Hung wears glasses to correct his vision. Hung may need physical assistance with cleaning and adjusting his glasses. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs: Restroom Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hung knows he needs help in the restroom and is accepting of this help. Hung can verbalize how he would like support. Behaviors or Symptoms: Hung has not fully accepted yet that he can no longer bear weight and do a pivot transfer to the toilet and as of February 2020 needs to use a hooyer lift. Hung needs help cleaning after using the restroom. Hung needs help positioning a portable urinal for urine. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs: 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: 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): Anxiety, adjustment disorder, driving wheelchair at or into others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hung can communicate his needs effectively when he is calm. Hung is a kind person and is compassionate to others. Behaviors or Symptoms: When Hung is upset or experiencing high anxiety, Hung may drive his wheelchair at others. Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Anxiety,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Hung can communicate his needs effectively when he is calm. Hung is a kind person and is compassionate to others.

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adjustment disorder, yelling at others		<ul style="list-style-type: none"> Behaviors or Symptoms: When Hung is upset or experiencing high anxiety, Hung may yell at others. Staff supports are required in this area according to the CSSP Addendum.
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"> N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> N/A
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A