

PAI

SELF-MANAGEMENT ASSESSMENT

Name: Jason Hansen

Date of *Self-Management Assessment* development: 3/3/2021

For the annual period from: March 2021 to March 2022

Name and title of person completing the review: Beth Blackorbay, 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): Sulfa	<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, and Abilities: Jason may be aware of his allergy. Jason does not seek out medications that aren't his. • Behavior and Symptoms: Jason is diagnosed with autism. Jason is not able to manage his allergy nor inform someone of his allergy. • Staff supports are required in this area according to the CSSP Addendum.
Seizures (state specific seizure types): generalized tonic-clonic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jason may be aware he had a seizure. Jason is accepting of assistance when having a seizure. • Behavior and Symptoms: Jason is not able to protect himself during a seizure. • Staff supports are required in this area according to the CSSP Addendum.

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Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jason enjoys mealtimes. Jason is able to eat independently. • Behavior and Symptoms: Jason may eat his food too quickly and not chew thoroughly. Jason is at risk of choking. Jason may not wait for his food to cool down if it is in front of him, putting him at risk of burning his mouth. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): sensitivity to corn syrup	<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, and Abilities: Jason enjoys mealtimes. Jason is able to eat independently. • Behavior and Symptoms: Jason has a history of having a sensitivity to large amounts of corn syrup (i.e. pop, ketchup, etc.). This sensitivity exhibits as increased activity. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Autism and hyperthermia	<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, and Abilities: Jason is aware when he is becoming overwhelmed. Jason is able to self-manage when sitting down. • Behavior and Symptoms: Jason is diagnosed with Autism, a broad range of conditions characterized by challenges with social skills, repetitive behaviors, and difficulties with communication and behavior. Jason is also diagnosed with hyperthermia, which is overheating. Jason is not able to sweat when he is warm and is at risk of overheating. • 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, and Abilities: It is unknown if Jason has knowledge of the medications he takes and their purpose. Jason is cooperative during his medication administration. • Behavior and Symptoms: Due to Jason’s diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber’s orders. Jason is unable to request medications or inform someone if there are issues associated with his medications. • 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"> • PAI does not set up or attend medical appointments with Jason. Jason’s residence will assist him with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • PAI does not set up or attend medical appointments with Jason. Jason’s residence will assist him with this.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

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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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	NA
Mobility issues (include the specific issue): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	NA
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jason is aware of the water temperature. Jason is able to turn on the faucet. • Behavior and Symptoms: Jason may not adjust the water temperature safely. • 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, and Abilities: Jason enjoys spending time in the community. Jason is able to navigate around people. • Behaviors and Symptoms: Jason is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. • 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, and Abilities: Jason enjoys water. • Behaviors and Symptoms: 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. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities- Near sighted, Keratoconus	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Jason is aware of his eye sight. Jason wears his glasses. • Behavior and Symptoms: Jason is near sighted. Jason is also diagnosed with Keratoconus, a degenerative disorder of the eye in which structural changes within the cornea cause it to thin and change to a more conical shape. The light coming through is distorted and the lens cannot focus properly therefore affecting vision. Symptoms include increased light sensitivity, eye irritation,

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		and excessive eye rubbing. <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
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
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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Physical aggression/conduct (state behavior): Pushes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Behaviors: Jason is aware when he is overwhelmed or upset. Jason is able to self-regulate. Behavior and Symptoms: Jason communicates through pointing, gesturing, and some sign language. Jason may become frustrated or upset if he is unable to communicate his needs/wants and has a history of pushing his upper body against others when he is upset. Staff supports are required in this area according to the CSSP Addendum.
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
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

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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