PAI

SELF-MANAGEMENT ASSESSMENT

Name: Michelle (Shelly) Scott

Date of *Self-Management Assessment* development: 4/2/21   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): Cats, farm animals, zoo animals, bug bites	☐ Yes ☒ No ☐ NA – there are no allergies	• **Strengths, Skills, & Abilities:** Shelly is aware of when she is experiencing allergy symptoms. Shelly will not seek out animals she is allergic to. • **Behaviors or Symptoms:** Shelly is allergic to cats, farm animals, and zoo animals. Shelly also has strong reactions to bug bites. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): Absent or General Tonic Clonic seizures	☐ Yes ☒ No ☐ NA – no seizures	• **Strengths, Skills, & Abilities:** Shelly may be aware if she had a seizure. Shelly is accepting of assistance during her seizures. • **Behaviors or Symptoms:** Shelly is not able to administer her seizure PRN or keep herself safe during a seizure. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Shelly generally enjoys eating and knows what she likes. Shelly is able to eat food orally. • **Behaviors or Symptoms:** Shelly is at risk of choking if she does not chew food thoroughly or if she has a seizure when there is food in her mouth. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): soft finger foods and pureed	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• **Strengths, Skills, & Abilities:** Shelly generally enjoys eating and knows what she likes. Shelly is able to eat orally. • **Behaviors or Symptoms:** Shelly is at risk of choking if she does not chew food thoroughly or if she has a seizure when there is food in her mouth. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Microcephaly, Severe Rheumatoid Arthritis, Asthma, Scoliosis, Upper & Lower Extremities Spasticity and reflexive extensor tone	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• **Strengths, Skills, & Abilities:** Shelly is aware of when she is experiencing pain from her chronic medical conditions. Shelly may communicate this by crying. • **Behaviors or Symptoms:** Shelly is diagnosed with Microcephaly, is a neurological condition in which a person's head is exceptionally smaller than average. It is often accompanied by seizures, intellectual disabilities, and difficulties with coordination/balance. Severe Rheumatoid Arthritis, an autoimmune disease that most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles. Asthma, a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath. Scoliosis, curvature of the spine. Shelly is also diagnosed with Upper & Lower Extremities Spasticity and reflexive extensor tone. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Shelly is aware when she's taking medications. Shelly is corporative during medication passes. • **Behaviors or Symptoms:** Due to Shelly's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Shelly is unable to request medications or inform someone if there are issues associated with her medications. • Staff supports are required in this area according to the CSSP Addendum.

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Preventative screening	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Shelly. Shelly's residence will assist her with this.
Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Shelly. Shelly's residence will assist her with this.
Other health and medical needs (state specific need): Bruises easily	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Shelly may be aware of bruising. Shelly may communicate this by crying. • **Behaviors or Symptoms:** Shelly is diagnosed with Rheumatoid Arthritis which is treated with Enbrel. A side effect of this medication is a reduction in immune system efficiency which may make her more susceptible to infection. She also bruises easily. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA

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): Scoliosis, spasticity	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, & Abilities:** Shelly may aware of her risk of falling. Shelly has a strong upper body. • **Behaviors or Symptoms:** Many of Shelly's movements are tone and reflex driven, especially with her arms. She has reflexive extensor tone. Shelly does have upper body strength where she could flip herself out of a recliner, mat table, or bed. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Scoliosis, spasticity	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, & Abilities:** Shelly may be aware of her mobility. Shelly is patient when waiting for staff to assist her in moving. • **Behaviors or Symptoms:** Shelly uses a manual wheelchair and is not able to propel it. Shelly is unable to transfer herself. • Staff supports are required in this area according to the CSSP Addendum.

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Regulating water temperature	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Shelly is aware of the water temperature. Shelly is willing to put her hands in water. • **Behaviors or Symptoms:** Shelly does not have the fine motor skills needed to adjust the water temperature. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Shelly enjoys spending time in the community. • **Behaviors or Symptoms:** Shelly is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently propel her wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Shelly is accepting of being in water. • **Behaviors or 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. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Shelly is aware of her vision abilities. Shelly may be able to see objects that are placed closer to her. • **Behaviors or Symptoms:** Shelly has bilateral cataracts and is considered cortically blind. She is at risk of not being able to visually process her environment. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ 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**

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Self-injurious behaviors (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	NA
Mental or emotional health symptoms and crises (state diagnosis): NA	☐ Yes ☐ No ☒ NA	NA
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA