

# PAI

<b>SELF-MANAGEMENT ASSESSMENT</b>		
Name: Kay Jeske <span style="float: right;">For the annual period from: August 2021 through August 2022</span>		
Date of <i>Self-Management Assessment</i> development: 8.4.2021		
Name and title of person completing the review: Emily Elsenpeter, Designated Coordinator		
<p>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 <i>Self-Management Assessment</i> 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.</p> <p>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 <i>Self-Management Assessment</i>. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This <i>Self-Management Assessment</i> will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.</p> <p>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.</p> <p>The <b>general and health-specific supports and outcomes necessary or desired to support the person</b> based upon this assessment and the requirements of person centered planning and service delivery will be documented in the <i>CSSP Addendum</i>.</p>		
<b>Health and medical needs to maintain or improve physical, mental, and emotional well-being</b>		
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: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> <li>• NA</li> </ul>
Seizures: NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>• NA</li> </ul>

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<b>Choking</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay enjoys eating. She is able to cut her food with a table knife and fork and responds well to verbal reminders to eat slowly and chew thoroughly. Kay is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kay is able to cut her food to the appropriate size but at times eats too quickly putting her at risk of choking</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Special dietary needs:</b> Carbohydrate Consistent Diet	<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>• Strengths, Skills, &amp; Abilities: Kay is able to eat independently and is accepting of support to follow a diet regime and make healthy meal choices. Kay is aware that she may need to prick her finger to check her blood glucose levels should she not make healthy choices.</li> <li>• Behaviors or Symptoms: Kay was diagnosed in 2018 with Type 2 Diabetes Mellitus, Kay enjoys sweets, breads and pastas and does not enjoy following a diet regimen. She requires support in maintaining a carbohydrate consistent diet and making healthy choices.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Chronic medical conditions:</b> Edema, Moderate Intellectual Disability, Type 2 Diabetes Mellitus	<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>• Strengths, Skills, &amp; Abilities: It is unknown what Kay understands regarding her chronic medical conditions. Kay is accepting of support in these areas.</li> <li>• Behaviors or Symptoms:           <ul style="list-style-type: none"> <li>○ Edema: Kay is diagnosed as having Edema in her legs which is swelling caused by excessive fluid in her body. Kay frequently refuses her TED stocking supports.</li> <li>○ Intellectual Disability (Moderate): is a neurodevelopmental disorder characterized by impaired intellectual and adaptive functioning. Typical IQ is 35-49. People with moderate intellectual disability have fair communication skills but cannot typically communicate on complex levels. They may have difficulty in social situations and problems with social cues and judgment. These people can care for themselves but might need more instruction and support than the typical person. Many can live in independent situations, but some still need the support of a group home.</li> <li>○ Type 2 Diabetes Mellitus: is a form of diabetes that is characterized by high blood sugar, insulin resistance, and relative lack of insulin. Symptoms include increased thirst, frequent urination, and unexplained weight loss. Symptoms may also include increased hunger, feeling tired, and sores that do not heal. Long-term complications from high blood sugar include heart disease, strokes,</li> </ul> </li> </ul>

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		<p>diabetic retinopathy which can result in blindness, kidney failure, and poor blood flow in the limbs.</p> <ul style="list-style-type: none"> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Self-administration of medication or treatment orders</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay is able to participate with her daily medications by preparing a glass of liquid. Kay is able to identifying most of her medications and the purpose of taking them. She is accepting of supports in this area</li> <li>• Behaviors or Symptoms: Kay takes her medications whole with a glass of water. Due to her cognitive and physical limitations, Kay is not able to self-administer her medications or treatments at this time.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Preventative screening</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• PAI does not manage Preventative Screening for Kay.</li> </ul>
<b>Medical and dental appointments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• PAI does not manage Medical or Dental appointments for Kay.</li> </ul>
<b>Other health and medical needs: Personal Care Toileting &amp; Hygiene</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay is able to communicate when she is needing to use the toilet and may do so independently. Kay is accepting of supports to clean herself and wash her hands.</li> <li>• Behaviors or Symptoms: Kay is often reluctant to leave a preferred activity to use the restroom or may forget. Kay may experience incontinence and not initiate changing of her brief. Kay requires assistance to ensure she is properly cleaned and prompting to wash her hands after using the restroom.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Other health and medical needs: NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<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>
<b>Risk of falling:</b> History of falls resulting in fractures	<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>• Strengths, Skills, &amp; Abilities: Kay is able to walk safely with the support of her walker, she responds to verbal reminders from staff to wear her glasses and pay attention to obstacles in her surroundings. She is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: Kay uses a walker and sways when she walks, Kay may trip over her feet. At times Kay may attempt to walk without the support of her walker or may choose to not wear her glasses putting her at greater risk of falling.</li> </ul>

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<p><b>Mobility issues: Walker use</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> <li>• Strengths, Skills, &amp; Abilities: Kay is able to navigate around environments independently with the support of her walker. Kay responds to verbal reminders from staff to wear her glasses, use handrails, and to pay attention to any obstacles in her surroundings.</li> <li>• Behaviors or Symptoms: Kay is able to navigate around environments independently using her walker but at times may attempt to navigate without the support of her walker. When tired, Kay may choose to sit on her walker to rest. Kay has a challenging time getting up from low or soft surfaces and may fall without assistance.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<p><b>Regulating water temperature</b></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay is able to independently wash her hands and adjust water temperatures to a comfortable level.</li> <li>• Behaviors or Symptoms: Kay may need verbal reminders to wash her hands at appropriate times.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<p><b>Community survival skills</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay enjoys spending time in the community. She is very social and able to seek assistance from others. She communicates what activities she would like to participate in when presented with options. Kay is accepting of assistance in the community.</li> <li>• Behaviors or Symptoms: Kay has been diagnosed with developmental disabilities, and at times may be hard to understand. Kay is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills. She is not able to navigate unfamiliar areas without support and does not have the ability to drive. She would require support if an emergency situation were to occur or to ask for assistance.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<p><b>Water safety skills</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: When in the community Kay is able to assess the environment for water hazards. She is accepting of support and verbal directive when near bodies of water.</li> <li>• Behaviors or Symptoms: Kay has been diagnosed with developmental disabilities that put her at high risk of drowning. She does not have the physical ability to keep herself safe in water.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>

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<b>Sensory disabilities:</b> Bilateral hearing loss, visual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay is aware of her vision and hearing loss. She is able to put in and remove her hearing aids independently and is accepting of support to change the hearing aid battery and clean her glasses.</li> <li>• Behaviors or Symptoms:           <ul style="list-style-type: none"> <li>○ Bilateral hearing Loss: is hearing loss in both ears. Kay wears hearing aids and is believed to have functional hearing. She has a preference of only wearing her right hearing aid.</li> <li>○ Visual Impairment: Kay is Far Sighted meaning close objects appear blurry while far objects may appear normal. Kay is believed to have functional vision without her glasses and may refuse to wear them.</li> </ul> </li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Other personal safety needs</b> (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<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>
<b>Self-injurious behaviors</b> (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Physical aggression/conduct:</b> Pinching/Hitting/Pushing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay responds to verbal directive to “stop”. She is accepting of supports; Kay willingly engages in conversation to discuss her motives for pinching/hitting/pushing others and will apologize when prompted.</li> <li>• Behaviors or Symptoms: Kay may push others’ wheelchairs while they are in them with her walker if they are in her way and pretend to kick/trip staff as they walk past. Kay has a history of pinching and hitting others.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Verbal/emotional aggression:</b> “Joking” – name calling	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay responds to verbal directive to “be nice” and will apologize when prompted. She is accepting of suggestions of more appropriate ways to express her feelings/joke with others.</li> <li>• Behaviors or Symptoms: Kay’s humor is at times not appropriate, and Kay is not aware she is being mean or hurtful. At times Kay may “joke” with peers or caregivers in an unkind or inappropriate manner.</li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>

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<b>Property destruction</b> (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Suicidal ideations, thoughts, or attempts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Criminal or unlawful behavior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Mental or emotional health symptoms and crises:</b> Anxiety Disorder, Major Depressive Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Strengths, Skills, &amp; Abilities: Kay is aware of her anxiety and depression diagnosis, she willingly engages with others to talk about how she is feeling. Kay is accepting of supports in this area.</li> <li>• Behaviors or Symptoms: In 2018 Kay was prescribed medication to help with prolonged periods of crying and irritability. Kay's symptoms appear well managed at this time.               <ul style="list-style-type: none"> <li>○ Anxiety Disorder: Intense, excessive, and persistent worry and fear about everyday situations. Fast heart rate, rapid breathing, sweating, and feeling tired may occur.</li> <li>○ Major Depressive Disorder: is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. Symptoms may include Feelings of sadness, tearfulness, emptiness, or hopelessness. Angry outbursts, irritability or frustration, even over small matters. Loss of interest or pleasure in most or all normal activities. Sleep disturbances, including insomnia or sleeping too much. Tiredness and lack of energy, reduced appetite and weight loss or increased cravings for food and weight gain. Anxiety, agitation, or restlessness</li> </ul> </li> <li>• Staff supports are required in this area according to his CSSP Addendum.</li> </ul>
<b>Unauthorized or unexplained absence from a program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>An act or situation involving a person that requires the program to call 911, law enforcement or fire department</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>
<b>Other symptom or behavior</b> (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• NA</li> </ul>

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