

## PAI

<b>SELF-MANAGEMENT ASSESSMENT</b>
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Name: Sara Grahn

Date of *Self-Management Assessment* development: August 15, 2021

For the annual period from: August 2021 to August 2022

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

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*.

<b>Health and medical needs to maintain or improve physical, mental, and emotional well-being</b>
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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): 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"> <li>• N/A</li> </ul>
Seizures (state specific seizure types): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

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Choking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara independent while eating.</li> <li>No staff supports are needed in this area.</li> </ul>
Special dietary needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Chronic medical conditions (state condition): Hypotonic Cerebral Palsy (Spastic extremely stiff muscles), Hypothyroidism (underactive thyroid).	<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: Sara understands that her cerebral Palsy can make her muscles spastic and stiff in which case Sara will slow down and ask for help.</li> <li>Behaviors or Symptoms: Sara’s muscles will tense up or spasm without warning.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara recognizes the need to take medications and will do so willingly when handed them.</li> <li>Behaviors or Symptoms: Sara does not take any medications at PAI. Sara is not able to understand Medication names nor reasons for which she might take medications.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara recognizes the need to attend appointments and will do so willingly with support. Sara can answer how she is feeling when asked directly.</li> <li>Behaviors or Symptoms: Sara is unable to schedule or attend appointments independently. Sara may not communicate accurate information and may communicate about events which happened in the past as if they happened recently. In addition, Sara may have a hard time communicating with those that are less familiar with her.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara recognizes the need to attend appointments and will do so willingly with support. Sara can answer how she is feeling when asked directly.</li> <li>Behaviors or Symptoms: Sara is unable to schedule or attend appointments independently. Sara may not communicate accurate information and may communicate about events which happened in the past as if they happened recently. In addition, Sara may have a hard time communicating with those that are less familiar with her.</li> </ul>

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		<ul style="list-style-type: none"> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</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>
Risk of falling (include the specific risk): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Mobility issues (include the specific issue): Hypotonic Cerebral Palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara is aware of her Hypotonic Cerebral Palsy and will ask for or take breaks when she needs them.</li> <li>Behaviors or Symptoms: Sue to Sara's Hypotonic Cerebral Palsy, Sara is weaker on the right side of her body.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara knows the danger in cold/hot water and is able to regulate the water temperature as needed independently.</li> <li>No Staff supports are needed in this area.</li> </ul>
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara is generally able to seek assistance when she needs it. Sara has a very trusting and helpful nature who loves to spend time in the community.</li> <li>Behaviors or Symptoms: Sara can be over friendly and trusting to strangers. Sara does not always know how to identify a safe contact person independently and would be unable to relay her personal information in the event of an emergency.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara understands that it is important to be safe around water and is willing to accept assistance with water safety skills.</li> </ul>

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		<ul style="list-style-type: none"> <li>Behaviors or Symptoms: Sara would not independently wear a life jacket nor recognize a situation in which one is required.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Strengths, Skills, &amp; Abilities: Sara has a vision impairment. Sara knows she needs her glasses and wears them as well as cares for them by cleaning and keeping safe.</li> <li>Behaviors or Symptoms: Sara wears glasses to correct her vision. Sara may not always be aware of when her glasses are clean.</li> <li>Staff supports are required in this area according to the CSSP Addendum.</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
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"> <li>N/A</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>
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"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
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"> <li>N/A</li> </ul>
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> <li>N/A</li> </ul>

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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	<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	<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