

PAI

SELF-MANAGEMENT ASSESSMENT

Name: **Molly Sarne**For the annual period from: **October 2021 through October 2022**Date of *Self-Management Assessment* development: 10/14/2021

Name and title of person completing the review: Megan Duffy, 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: No Known Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • N/A
Seizures: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • N/A
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Molly is aware of her increased risk of choking and is receptive to help and support. • Behaviors or Symptoms: Molly is at risk for choking due to the formation of her palate and scarring in her trachea from infections. • <i>Staff supports are required in this area according to the CSSP Addendum.</i>

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Special dietary needs: 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"> N/A
Chronic medical conditions: Apert Syndrome, Chronic Trachea infections	<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, & Abilities: It is unknown what Molly knows or understands as it relates to her chronic medical conditions. Molly is receptive to help and support. Behaviors or Symptoms: Apert Syndrome is a rare genetic condition characterized by distinctive malformations of the skull, face, hands, and feet. Those affected often also have an intellectual disability. Molly is prone to trachea infections. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly understands the importance of taking her medications and is receptive to help and support. Behaviors or Symptoms: Molly does not take medication at PAI but if she did would need help with her treatment orders and medication orders to ensure she receives them in a correct and timely manner. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
Preventative screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> PAI does not manage Preventative Screening for Blank
Medical and dental appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> PAI does not manage Medical or Dental appointments for Blank
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"> 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: Apert Syndrome, Skipping while walking	<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: Molly walks independently and will listen to cues to slow down when needed. Behaviors or Symptoms: Molly skips while walking which can cause her to be distracted. This places her at a risk of falling. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
Mobility issues: N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> N/A
Regulating water temperature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly can safely regulate water temperature independently.

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		<ul style="list-style-type: none"> Staff supports are not required in this area.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly can be alone in familiar locations in the community for up to 30 minutes. Molly has a cell phone and is proficient in using it. Molly has PAI's phone number and is able to call if needed. Behaviors or Symptoms: Due to hearing loss as a result of chronic medical conditions, Molly needs supervision and assistance with pedestrian safety. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
Water safety skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly can swim and knows the importance of having a life jacket available when she is swimming. Molly can and will put on a life jacket independently. Molly's guardian reports that Molly can operate a pontoon. Staff supports are not required in this area.
Sensory disabilities: Vision Impairment, Hearing Loss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly is receptive to support and will ask for assistance when needed. Behaviors or Symptoms: Molly was diagnosed with Keratoconus in 2017 and relies on hard contacts to correct her vision. Molly has limited hearing in both ears. Molly also has a hole in her left ear which is prone to infection. Molly may not hear people talking to her if she can't see them. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
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"> 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: Skin Picking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Molly understands that picking at her skin will leave scars, she is receptive to redirection / distraction when engaged in skin picking. Behaviors or Symptoms: At times Molly will pick at her skin to the point of bleeding without staff intervention. <i>Staff supports are required in this area according to the CSSP Addendum.</i>
Physical aggression/conduct (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> N/A

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Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis): NA	<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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	• N/A