

**Self-Directed Services Self-Assessment
Oklahoma Health Care Authority
Long Term Care Administration**

Planning Your Services

Experience/Knowledge/Skill

I know when, where, and how I want all of my services delivered.

Yes

No

If no, please describe _____

I am able to train each employee who works with me on what assistance I need and how I want my services delivered.

Yes

No

If no, please describe _____

I am confident in my ability to monitor and communicate when I am satisfied or dissatisfied with my services.

Yes

No

If no, please describe _____

I am confident in my abilities to coordinate support from family, friends, and others including my employee to meet all of my assistance needs.

Yes

No

If no, please describe _____

I am confident in my ability to work with my Case Manager in planning for my self-directed services.

Yes

No

If no, please describe _____

Managing Your PCA

Experience/Knowledge/Skill

I have or can create a private and secure area in my home to maintain confidential employee records.

Yes

No

If no, please describe _____

I am confident in my ability to interview potential employees.

Yes

No

If no, please describe _____

I am confident in my ability to train employees.

Yes

No

If no, please describe _____

I am confident I can organize records, paperwork, and legal documents.

Yes

No

If no, please describe _____

I am confident in my ability to evaluate my employee's work performance.

Yes

No

If no, please describe _____

I am confident in my ability to fire an employee.

Yes

No

If no, please describe _____

I am confident in my ability to provide feedback to my employee to improve service performance.

Yes

No

If no, please describe _____

I am able to adjust my schedule with my employee as needed to meet my service needs.

Yes

No

If no, please describe _____

I am able to provide my employee with the necessary supplies and materials to complete all PSA/APSA tasks.

Yes

No

If no, please describe _____

I know what would cause me to fire an employee.

Yes

No

If no, please describe _____

Managing Your Budget

Experience/Knowledge/Skill

I am able to negotiate wages and benefits with my employee and stay within the limits of my yearly budget.

Yes

No

If no, please describe _____

I feel confident I can manage my personal care hours as authorized on my service plan.

Yes

No

If no, please describe _____

Managing Your Health & Safety

Experience/Knowledge/Skill

I am confident in my ability to create an emergency back-up plan, including identification and recruitment of another person to fill in for the times when my regular employee does not show up for work.

Yes

No

If no, please describe _____

I am confident in my ability to handle my own health and safety issues.

Yes

No

If no, please describe _____

I am confident in my ability to access medical attention if needed.

Yes

No

If no, please describe _____

