

**Self-Directed Services Self-Assessment  
Oklahoma Health Care Authority  
QA and Community Living Services**

**Planning Your Services**

**Experience, Knowledge and Skill**

**I know when, where and how I want all 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 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 and 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 and 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 and 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 and Safety

### Experience, Knowledge and 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: \_\_\_\_\_

**Comments:**

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