Person-Centered Assessments: Considerations for Community Care Hubs

Assessments serve as the starting point for person-centered care coordination. Community Care Hubs (CCHs) use assessments to collect and organize information about a person's whole-health needs. By gathering detailed insights into daily living, medical, behavioral, and social needs - as well as preferences - assessments help ensure services are tailored to each person.

A comprehensive assessment is completed by a CCH care manager with the person and/or their caregiver either in-person or over the phone. Assessments used by CCHs vary and often depend on whether certain funders, such as health plans, require the completion of specific assessment tools. There can be more detailed assessments that branch off from the comprehensive assessment depending on the needs identified by the person. For example, people with memory care needs or minor children may be guided through additional questions. The completed assessment serves as the foundation for a plan of care (sometimes called a "person-centered plan") developed by the CCH or the health plan.

The extent to which assessments are person-centered depends both on the tools used and how the assessment process is carried out. Some assessments remain deficit-based, focusing more heavily on needs than on preferences or strengths. Drawing on best practices across person-centered systems and interviews with well-established community care hubs, this resource outlines several key considerations for CCHs to ensure that assessments are person-centered. The term "assessors" is used throughout to refer to staff responsible for conducting assessment processes with people seeking support and services from CCHs.

1. Incorporating Person-Centered Language and Approaches

- Assessment tools and assessors should use **respectful, strengths-based language** when referring to people with disabilities and older adults.
- Assessment tools should be **written in plain, non-medical language** to ensure that people can easily understand the questions being asked. This supports more accurate and meaningful responses.
- At a minimum, the assessment tool should include dedicated sections that document:
    - The person's **whole-health needs** (e.g. nutrition, falls prevention, chronic disease self-management, health promotion, medication management, pain management, and dementia care)
    - The person's **preferences and priorities for care**
    - The **caregiver's perspective** (when applicable), including their needs related to support and information.



- When CCHs do not control the assessment tools being used, it is important to **identify opportunities to provide feedback to funders on potential improvements**.
- At the same time, CCHs should **focus on strengthening aspects of the assessment process within their control**. This may mean creating internal systems for documenting and prioritizing the person's goals and preferences, even when they differ from clinical priorities.

2. Reducing Redundancy

- CCHs should work to minimize instances where people must repeat assessments or otherwise share the same information across multiple service experiences. One approach is to **create a crosswalk of information collected across intakes, screenings, and other assessments** to identify overlapping questions and streamline the process.
- This crosswalk can also help CCHs determine the most effective **sequencing of intakes, screenings, and assessments**. For example, beginning with a comprehensive assessment and then using targeted, follow-up or "branching" assessments based on the person's specific needs can make the process more efficient and person-centered.

3. Conducting Assessments

- People being assessed should **have choices about how and where they want to be assessed**. For example, some people may prefer to be assessed in person in their own home while others may prefer to be assessed virtually.



- The **assessor should ideally be a person who aligns with the person's community**. CCHs should consider ways of matching assessors to the people being assessed based on location, life experiences, values, and culture. CCHs should leverage partnerships with community-based organizations in their networks to maximize their capacity to provide responsive assessments in a person's own community.
- When appropriate, the **assessor should also be involved in developing the plan of care with the person**. This allows the assessor to get to know the person better and make a stronger connection between the person to the services they need. CCHs should explore policies with their partners and funders to allow for this capability.

4. Ensuring Assessor Training and Competencies

- Assessors should be **well-trained and have the knowledge, skills, and abilities** (KSAs) to provide person-centered support throughout the assessment process. The *Person-Centered Practices KSAs for CCHs* framework describes key person-centered KSAs that can be used to understand and strengthen assessors' person-centered practice competencies.



5. Establishing Quality Assurance and Improvement Processes

- CCHs should ensure there are **processes for reviewing the results of the assessment process against the plan of care** to ensure the person's priorities from the assessment are reflected in the plan.
- CCHs should **conduct regular service utilization reviews** to confirm that assessments are effectively leading to connections with the services and supports people need.
- **Regular coordination meetings** with the CCH's network of community-based organizations should be held to promote consistency and alignment in how assessments are conducted across partners.

- CCHs should implement a **centralized process for collecting and organizing feedback on assessment tool and processes** from people served, caregivers, assessors, and other community partners. CCHs should routinely review this feedback to identify opportunities for improvement.

Acknowledgments

Thank you to the following CCHs for providing feedback on this resource:

- Bay Aging
- Partners in Care Foundation