



## **Primary Care Assessment & Screening Standards** **PACE and Partnership Programs**

1. **Comprehensive Medical Assessment**
  - Initial and annually
2. **Preventative Health Guidelines**
  - a. National PACE Association Preventative Health Guidelines ([click here](#))
  - b. United States Preventative Health Guidelines for Prevention unless participant [Goals of Care](#) or condition exclusion ([USPSTF](#))
3. **Dementia Screen**
  - Saint Louis University Mental Status Examination ([SLUMS](#))
  - Initial and annual on all members over 55 unless exclusion
4. **Depression Screen**
  - a. >40 year old Geriatric Depression Scale
    - initial and annual
  - b. <40 year old Glasgow Depression Scale
5. **Advance Directives Discussion**
  - Annual
6. **Periodic Medication Review**
  - Every 6 months by Pharmacy or CC Primary Care
7. **CC Primary Care Falls Assessment Guideline**
8. **Vision**
  - Annual exam by optometrist unless history of Diabetes Mellitus or significant eye disease and then exam by ophthalmologist
9. **Hearing**
  - Annual hearing check by CC primary care, referral to audiology as needed
10. **Oral**
  - a. Initial evaluation by Dentist for all participants
  - b. Annual screen by Dental for participants with teeth or dentures
  - c. Annual Screen by Primary Care Physician for edentulous participants, those who refuse dental referral or those in palliative care