Primary Care Assessment & Screening Standards
PACE Program

1. **Comprehensive Medical Assessment**
   - Initial and every six months

2. **Preventative Health Guidelines**
   a. National PACE Association Preventative Health Guidelines ([click here](#))
   b. United States Preventative Health Guidelines unless not consistent with members Goals of Care ([USPSTF](#))

3. **Dementia Screen**
   Saint Louis University Mental Status Examination
   Initial and annual on all members over 55 unless exclusion applies

4. **Depression Screen**
   a. >40 year old Geriatric Depression Scale
      - initial and annual
   b. <40 year old Glasgow Depression Scale
      - as appropriate

5. **Advance Directives Discussion**
   - Initial, annual and as needed

6. **Periodic Medication Review**
   - Initially and every 6 months by Pharmacy or CC Primary Care

7. **Falls Prevention and Management Guideline**

8. **Vision**
   - Annual exam by optometrist unless history of Diabetes Mellitus or significant eye disease and then exam by ophthalmologist as needed

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