Service Standards
Title III-B Health Screening and Evaluation

The service provider must adhere to the AgeGuide General Service Requirements in addition to service-specific requirements listed below.

I. Definitions

A. Service Definition (IDOA 603.12 A): Services provided to assist individuals to secure and maintain a favorable condition of health by helping them identify and understand their physical and mental health needs and to secure and utilize necessary medical treatment. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to the health care system, not on diagnosis, monitoring and treatment.

B. Unit of Service (IDOA 603.12 C): Unit of service is a session per participant. For example, if there are 7 people attending a weekly health screening and evaluation session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health screening and evaluation session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 session in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2 week).

II. Participant Eligibility

A. Be aged 60 year or older

III. Activities (IDOA 603.12 B):

A. Physical screening and evaluation of medical needs;

B. Referral, follow-up and arrangement for necessary care from health facilities (e.g., private physicians, hospitals, clinics, health departments, home health agencies, etc.);

C. Individual health consultation and education;

D. Health screening and evaluation activities may include: blood pressure, vision, hearing, podiatry, dental, vaccinations, and other health care activities; and
E. Coordination of the administration of flu shots.

IV. Records and Documentation (AgeGuide)

A. The recipient of Health Screening and Evaluation funding shall have appropriate and adequate arrangements to evaluate and report on its program(s).

B. The recipient of Health Screening and Evaluation funding shall keep complete records required to operate, plan, and review its program. It shall regularly prepare and circulate reports to inform its governing structure, its participants, staff, funders, public officials, and the general public about all aspects of its operation and program.

C. The recipient of Health Screening and Evaluation funding shall use the data collected from the participant surveys to verify that the goals and objectives are being met and to identify unmet participant needs. Verification and identification procedures and results will be documented and available for review by AgeGuide.

D. The recipient of Health Screening and Evaluation funding will cooperate and participate in whatever manner deemed necessary by AgeGuide for the monitoring of services.

E. Providers shall assure maintenance and safeguard of information relating to participants as required by federal and state law. All records, case notes and other information on persons served shall be confidential and protected from unauthorized disclosure.

F. The recipient of Health Screening and Evaluation Funding shall have a written statement of its mission, consistent with the recipient agency itself. The recipient shall also have a written statement of its goals and objectives based on its mission and on the needs and interests of older adults in its community or service area. The recipient will have a written action plan that describes how the programs will achieve goals and objectives. These statements shall be used to guide the character and direction of the agency operations and purpose.

G. Each recipient of Health Screening and Evaluation funding must develop service-specific Outcome Measures for every OAA funded service, available for review by AgeGuide.