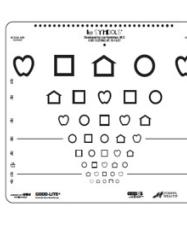
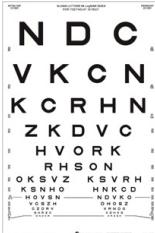
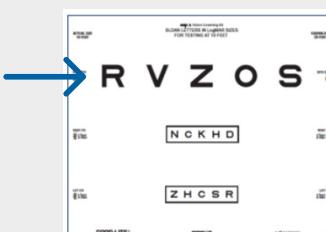


VISION SCREENING: CRITICAL LINE

(For Threshold Screening, see other form)

COMPETENCY		MET	NOT MET
A. PRESCREENING			
1.	<p>Identifies the appropriate eye chart to use based on patient's age and reading ability.</p> <p>LEA Symbols:</p>     <p>Sloan Letter (preferred):</p>    		
2.	Ensures testing area is well lit and free from distractions.		
3.	Positions patient at appropriate distance (10 feet) from the chart, with the arch or heel of the feet on the line. (Arch is best practice.)		
4.	Ensures that the eye sight is at the patient's eye level.		
5.	Provides screening instructions/direction based on the patient's age and educational level.		
6.	Explains the difference between the top and bottom numbers of the Visual Acuity result.		

B. ACTUAL SCREENING

1.	Screens each eye separately: Screen with corrective lenses on, if any.										
2.	Have patient start reading the top line of chart with both eyes uncovered, from left to right.	 									
3.	Tests right eye first by occluding bottom or left crowded box (see images above).										
4.	Have the child identify the optotypes in the other crowded box, reading from left to right										
5.	Tests left eye next by occluding top or right crowded box (see images above).										
6.	Have the child identify the optotypes in the other crowded box, reading from left to right										
7.	Indicates if it was pass or fail: <ul style="list-style-type: none"> PASS: 3 or more optotypes correct FAIL: Missing 3 or more optotypes 	<table border="1"> <thead> <tr> <th>Age (in years)</th> <th>Visual Acuity Screening 20-Foot Equivalent Critical Line</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>20/50</td> </tr> <tr> <td>4</td> <td>20/40</td> </tr> <tr> <td>5 and older</td> <td>20/32</td> </tr> </tbody> </table>	Age (in years)	Visual Acuity Screening 20-Foot Equivalent Critical Line	3	20/50	4	20/40	5 and older	20/32	
Age (in years)	Visual Acuity Screening 20-Foot Equivalent Critical Line										
3	20/50										
4	20/40										
5 and older	20/32										

C. DOCUMENTATION

1.	Charts the type and distance of the chart used for screening.		
2.	Documents screening results for each and/or both eyes at critical line: <ul style="list-style-type: none"> OD – right eye OS – left eye OU – both eyes, if results are identical 		
3.	Documents any significant conditions/situations during testing, patient's response, any issues addressed.		

D. INTERVENTIONS/REFERRALS

1.	Discusses results of critical line vision screening.		
2.	Informs the provider if the member is at risk or failed screening is identified (not pass threshold/critical line above, 2-line difference between OD & OS even if both eyes are within passing range (ex. 20/20 and 20/32); hearing/cognitive impairment, etc.).		
3.	Follows up referrals and any need for retesting.		

TOTAL ITEMS MET:

Total Possible Points: 19 points

Passing Score (80%): 15 points

*If score is below 15, please review the training module and retest.**

Name: _____ **Designation:** _____

Date of Evaluation: _____

Name of Evaluator: _____ **Signature of Evaluator:** _____

Designation: _____

INSTRUCTIONS FOR SUBMISSION

1. If you have completed the CHILD training module on Vision Screening: Critical Line, kindly have your office manager/trainer/provider or designee complete this checklist with you.
2. Once required score is met, the office manager/trainer/provider or designee will upload the checklist via the CHILD attestation page:  The completed checklist can also be sent directly to the FSR team at fsrteam@hpsj.com.
3. Once verified by the FSR Team, you will be issued a certificate of completion. The certificate of completion will be **valid for 4 years** unless revoked by the health plan.

For any questions or assistance needed, please reach out to the health plan's FSR team at fsrteam@hpsj.com.