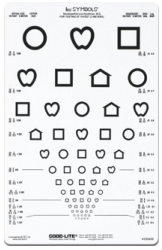
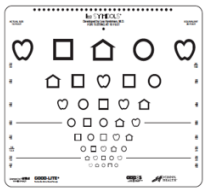
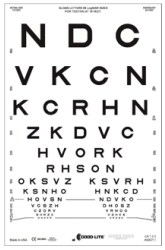
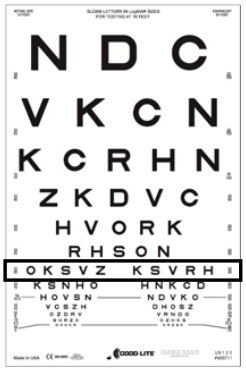
Competency Assessment Checklist for Provider Staff Performing Well-Child Screenings

Health Plan of San Joaquin | Mountain Valley Health Plan

VISION SCREENING: CRITICAL LINE

(Completed only per clinic policy)

	COMPETENCY	MET	NOT MET
A. PRESCREENING			
1.	Identifies the appropriate eye chart to use based on patient's age and reading ability. **AGES 3-6 YEARS** **LEA Symbols:**     **AGES 6 YEARS AND OLDER** **Sloan Letter (preferred):**    	☐	☐
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: • PASS: 3 or more optotypes correct • FAIL: Missing 3 or more optotypes	☐	☐

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: • 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:** _____

Email of Employee: _____

Date of Evaluation: _____

Name of Evaluator: _____ **Designation:** _____

Signature of Evaluator: _____

Email of Evaluator: _____

INSTRUCTIONS FOR SUBMISSION

1. If you have completed the CHILD training module on Vision Screening: Critical Line, kindly have your **Clinical 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**.