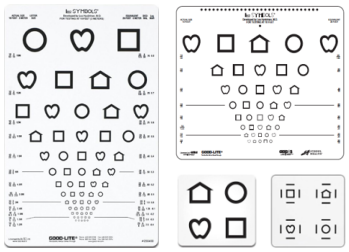
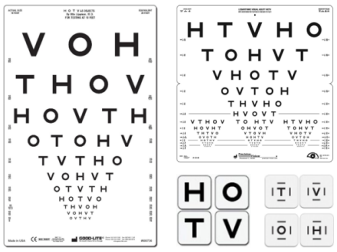
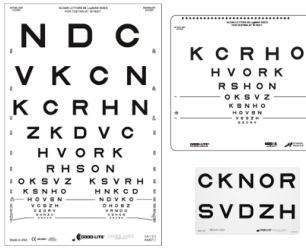
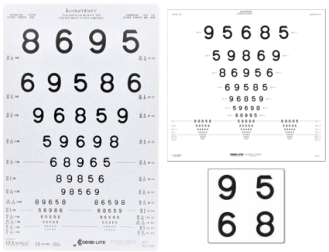
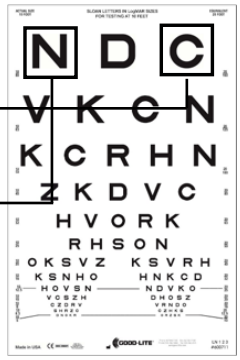
Competency Assessment Checklist for Provider Staff Performing Well-Child Screenings

Health Plan of San Joaquin | Mountain Valley Health Plan

VISION SCREENING: THRESHOLD

(For Critical Line Screening, see other form)

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:**  **HOTV Letters:**  **AGES 6 YEARS AND OLDER** **Sloan Letter (preferred):**  **LEA Numbers:** 	☐	☐
2.	Ensure testing area is well lit and free from distractions.	☐	☐
3.	Prepares equipment for screening (eye occluder, response cards if available, disinfectant wipes, pointers) **Acceptable** • Occlusion glasses • Mask occluders • Paddle occluders (age 10 years and older)  **Not Recommended** • Hand • Paper cup • Tissue paper 	☐	☐

4.	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.)	☐	☐
5.	Ensures that the eye chart is at the patient's eye level.	☐	☐
6.	Provides screening instructions/direction based on the patient's age and educational level.	☐	☐
7.	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.	Instructs the child to read the first set of letters with both eyes.	☐	☐
3.	Tests right eye first by occluding left eye.	☐	☐
4.	Starts with the first optotype on the right side of the eye chart.	☐	☐
5.	Moves down the chart until the patient misses a symbol. **Right Eye Screening** (cover left eye) **Left Eye Screening** (cover right eye) 	☐	☐
6.	When a patient misses a symbol, returns to the line above and asks the patient to identify all symbols on the line from left to right.	☐	☐
7.	Continues to move up until the patient can identify 3 out of the 5 optotypes on the same line.	☐	☐
8.	Repeats the process for the left eye.	☐	☐
9.	Cleans/Disinfects eye occluder after use.	☐	☐
C. DOCUMENTATION			
1.	Charts the type and distance of the chart used for screening.	☐	☐
2.	Documents screening results for each and/or both eyes: • OD – right eye • OS – left eye • OU – both eyes, if results are identical	☐	☐
3.	Records the last line the patient correctly identified 3 or more symbols as the visual acuity for that eye (using the 20-foot equivalent).	☐	☐

4.	Documents any significant conditions/situations during testing, patient's response, any issues addressed.	☐	☐
D. INTERVENTIONS/REFERRALS			
1.	Discusses results of threshold 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:		23 points
	Passing Score (80%):		19 points

*If score is below 19, 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: Threshold, 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**.