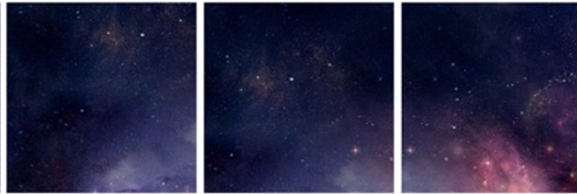
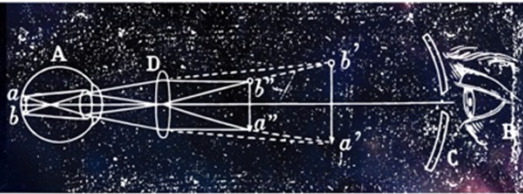


Focus on
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What's in Sight?

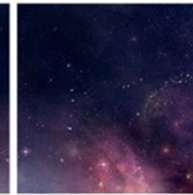
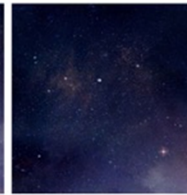
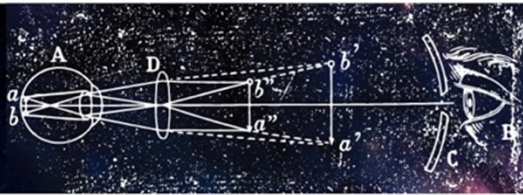


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Bringing Americans to Eye Care

Children's Vision and Eye Care: Coverage, Communities, and Accountability

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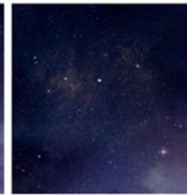
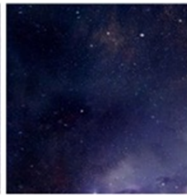
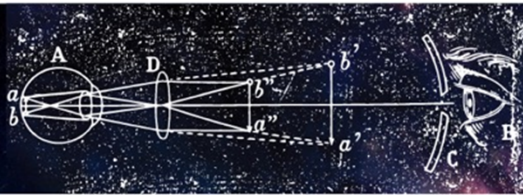
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M. Kathleen Murphy,
DNP, RN, FAAN
Professor, University of Texas
Medical Branch



Children's Vision and Eye Care: Coverage, Communities, and Accountability

ACCESS AND EQUITY

Right resource, Right person, Right time, Right way

RIGHT RESOURCE



- Holistic admissions for health professionals
- Expand paraprofessional role in eye health
- Optimize payment streams
- Evidence-based guidelines

RIGHT PERSON



- 0-3 year old assessment
- Preschool and school-age sustainable programs
- Children with special healthcare needs

RIGHT TIME



- Periodicity and evidence-based guidelines
- Timely access
- Responsive and resourceful care

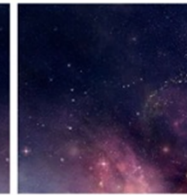
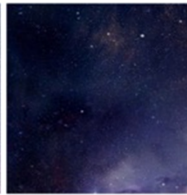
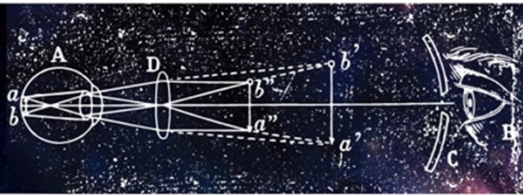
RIGHT WAY



- Accountability
- Culturally and linguistically appropriate services
- Improved scheduling and care options
- Family and community centered

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Gabriel W. Auteri, Esq,
Baltimore City Health
Department



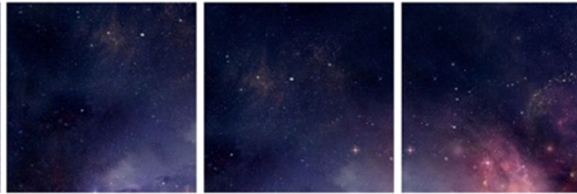
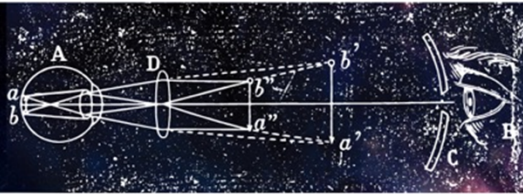
Jane Perkins, JD, MPH,
National Health Law
Program



Linda Lawrence, MD,
Private Practice
Ophthalmologist in
Salina, Kansas

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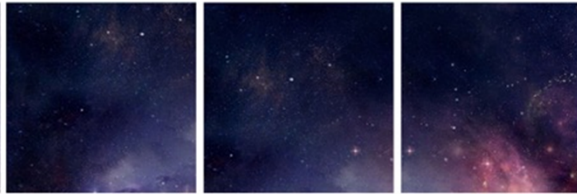
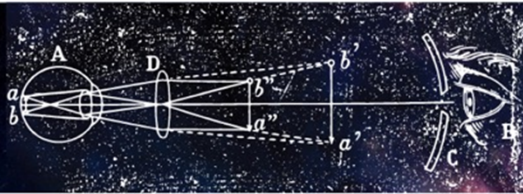
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Gabriel W. Auteri, Esq,
Baltimore City Health Department



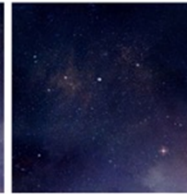
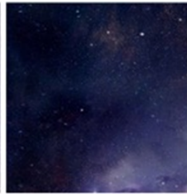
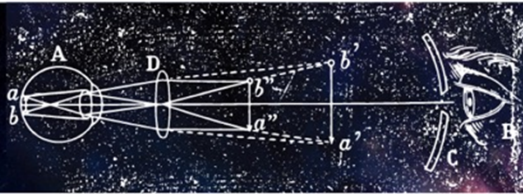
Jane Perkins

Legal Director, National
Health Law Program, & Senior Attorney,
Network for Public Health Law

Medicaid: Vision Services
for Children

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Medicaid:

Publicly funded health insurance for people with lower incomes



Medicaid.gov
Keeping America Healthy

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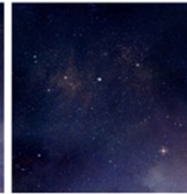
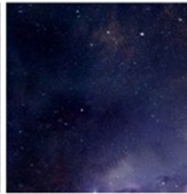
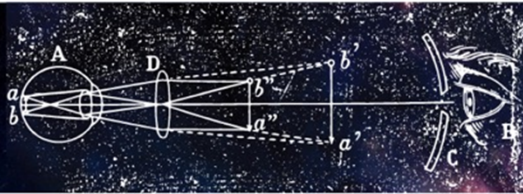
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 **LEARN HOW TO
APPLY FOR
COVERAGE**

 **COMMENT OR VIEW
PENDING
DEMONSTRATIONS**

 **SIGN-UP FOR
WEBSITE AND
PROGRAM UPDATES**



Medicaid: Who's eligible?



Children & pregnant
women



People over age 65



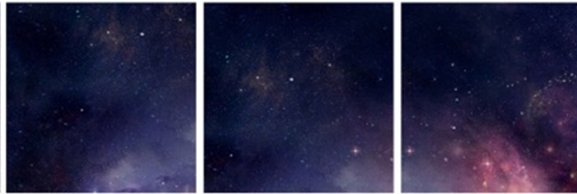
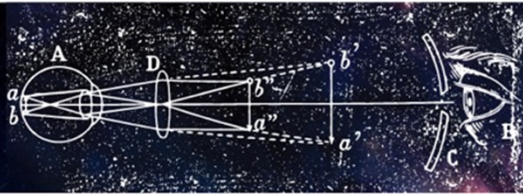
People with
disabilities



Caretaker relatives



Expansion



Medicaid: What's covered?



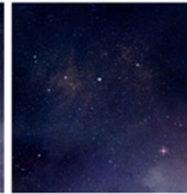
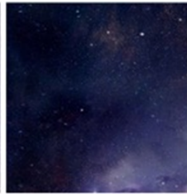
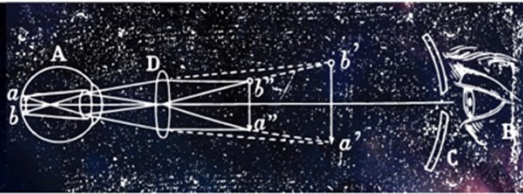
Early & Periodic, Screening,
Diagnostic & Treatment
(EPSDT) for children up to
age 21





“The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.”

*CMS, EPSDT – A GUIDE FOR STATES:
COVERAGE IN THE MEDICAID BENEFIT FOR
CHILDREN AND ADOLESCENTS (June 2014)*



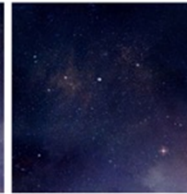
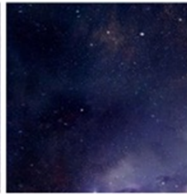
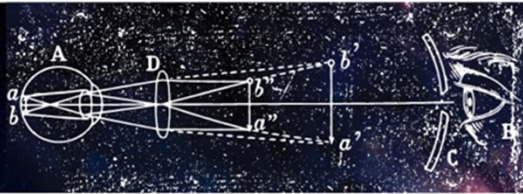
EPSDT Requirements - Periodic Screening

- Medical and developmental
- Hearing
- Dental
- **Vision, including eyeglasses**



EPSDT Requirements – Treatment

- All Medicaid-covered services necessary to “correct or ameliorate physical and mental illnesses and conditions,” even if the service is not covered under the state plan.



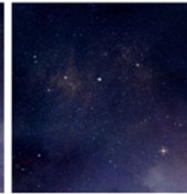
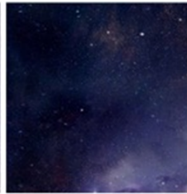
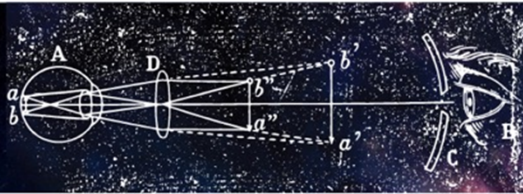
EPSDT Requirements Outreach and informing

- Oral, written, translated, targeted
- Transportation and appointment assistance (prior to screen due date)
- Coordination with other entities



Focus on
Eye Health
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Summit:

What's in Sight?



60%

Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

MOST MEDICAID CHILDREN IN
NINE STATES ARE NOT
RECEIVING ALL REQUIRED
PREVENTIVE SCREENING
SERVICES



Daniel R. Levinson
Inspector General

May 2010
OEI-05-08-00520



Legal Requirements for Medicaid Coverage-NHeLP Reviews

- 2015 Review Laws & Policies, e.g.:
 - NHeLP, *Issue Brief – Vision Services for Children on Medicaid: A Review of EPSDT Services* (May 2015)
 - NPHL & NHeLP, *Survey of Medicaid Managed Care Contracts* (May 2015)
- Spring 2017 Reassessment



Vision Law & Policy: Periodicity & content of the screen

- 2015: ~33% of states – AAP, *Bright Futures*
- 2017: ~50% of states – AAP, *Bright Futures*

Examples of 2017 Laws & Policies:

- ✓ Provider qualifications
- ✓ Children with special needs
- ✓ Tracking



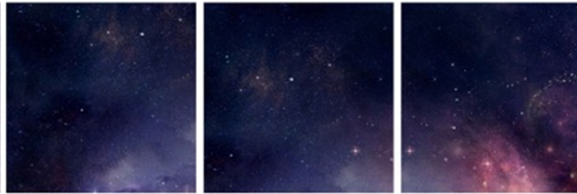
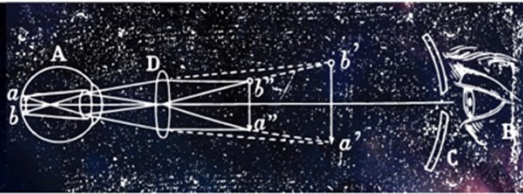
Maryland

- AAP, *Bright Futures*
- Objective screening requirements
- Treatment options: qualified providers, eyeglasses, contact lens coverage



Illinois

- AAP, *Bright Futures*
- Screening Content Described
- Attention to vulnerable children, *e.g.*
 - CFS requires children in their legal custody to have a vision screening annually beginning at age 3 years until the child reaches age 21 or is no longer in DCFS custody.
 - Vision screening procedures are applicable to children with special needs, including children with developmental disabilities, learning disabilities and hearing impairment, as well as children who use English as a second language. Many should have an optometrist /ophthalmologist on IFSP or IEP team. Refer child to trained optometrist/ophthalmologist if screening difficult.



Minnesota

- *AAP, Bright Futures*
- Objective Screening Criteria
- Difficult to screen:
 - Rescreen untestable children
 - Children who resist having their eyes covered should always be suspected of having a visual deficit in the eye not being covered.



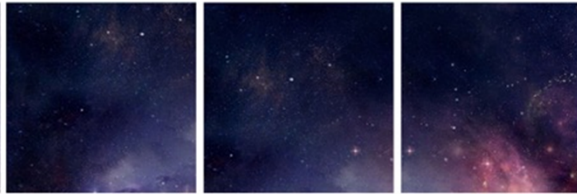
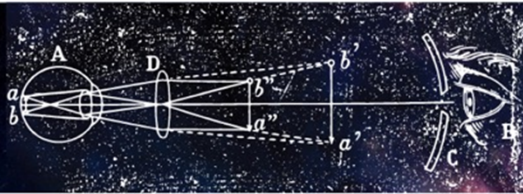
Pennsylvania

- *AAP, Bright Futures*
- Children with Special Needs:
 - If Network Provider is unable to render an eye exam, in a child age 9 or older, because of the child's inability to read a chart or follow directions, refer to a participating ophthalmologist.



Florida

- AAP, *Bright Futures*
- Tracking:
 - Providers sent monthly membership list which specifies the health assessment eligible children who have not had an encounter within one-hundred twenty (120) days of joining MCO or are not in compliance with the EPSDT Program.
 - Provider compliance with tracking and follow-up assessed through random medical record review audits conducted by the Quality Improvement Department.
 - Corrective action plans will be required for providers who are below eighty percent (80%) compliance with all elements of the review.



Contact information

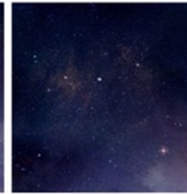
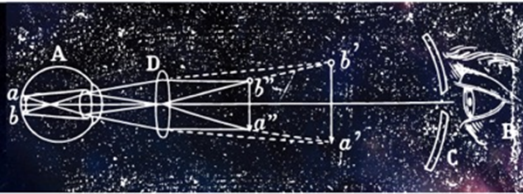
National Health Law Program

www.healthlaw.org

Network for Public Health Law

www.networkforphl.org

Jane Perkins, perkins@healthlaw.org, (919) 968-6308 (x101)



Responding to Significant Public Health Events
Impacting Vision:

Congenital Zika syndrome (CZS): a New Syndrome

Linda Lawrence MD
Ophthalmologist Salina, Kansas



- Vision involves more than the eyes, we “see” in our brains
- So when there is event that affects the brain, especially of a developing infant, first it needs to be recognized, then a response to the needs of the child and family for assessment and appropriate interventions instituted



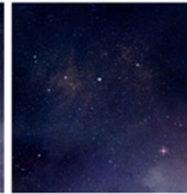
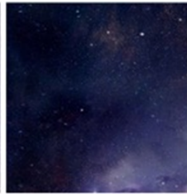
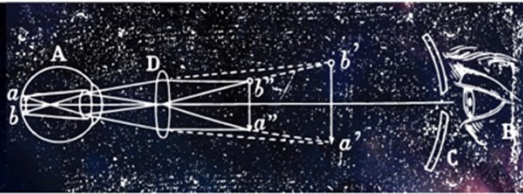
USA system

- Part C under IDEA
- Referral to infant toddler program for developmental delay or disability determined by each state
- If the delay, for example in visual function is not suspected, the proper referral may not be made.
- Often physical disabilities that can be seen are more easily identified, and the visual impairment may go undetected.
- Vision screening in birth to 3 programs is not consistent



Visual Functioning

- Research and funding may go to characterizing disease processes, prevention, and cures, but not how the disease affects ***functioning*** of the child and family quality of life, nor what interventions may be appropriate



The Congenital Zika Syndrome

- March 2015: Zika first noted in Brazil
- October of 2015: First babies born with Congenital Zika Syndrome (CZS)
- The association was made between the severe microcephaly and prenatal infection of mothers from the Zika virus
- eventually a causal relationship was determined.



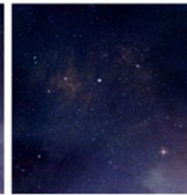
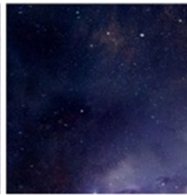
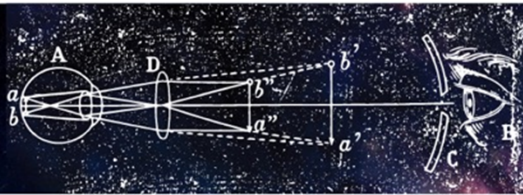


Characterizing the syndrome

- Subcortical brain calcifications
- Neurological, ophthalmological, motor, auditory/speech-language, cognitive, and other developmental challenges as would be expected as a result of severe congenital brain infection with resulting malformations



- This is a spectrum disorder as are most medical conditions, with the opportunities for the earliest intervention possible to improve developmental outcomes.
- Collaborative assessment is needed in a multidisciplinary manner

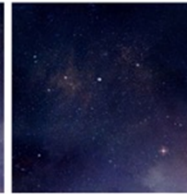
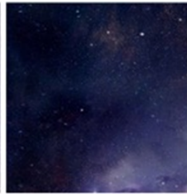
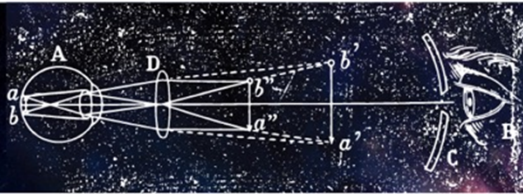


Formulating a Plan

- January 2016: CZS associated with ocular lesions and developmental challenges as expected.
- April 2016: it was recognized that there could be an association with CVI given the severity of the congenital brain malformation.
- April 2016, the babies were now 5-7 months, and more in-depth study began at Altino Ventura Foundation (FAV) in Recife, Brazil, to characterize the visual developmental challenges, independent of ocular pathology, and how these may be unique to the CZS.



Ventura LO, Ventura CV, Lawrence L, van der Linden V, van der Linden A, Gois AL, Cavalcanti MM, Barros EA, Dias NC, Berrocal AM, Miller MT, Visual impairment in children with congenital Zika syndrome, *Journal of AAPOS* (2017), doi: 10.1016/j.jaapos.2017.04.003.



CDC recommendations

- June 2016: The need to assess babies with CZS not only for ocular lesions, but also for cerebral/visual impairment (CVI) was presented at the CDC and integrated into recommendations for assessment and intervention services.





- Refractive errors were corrected, and poor accommodation in those who could be assessed was corrected with +3.00 overcorrection.
- Assessment/institution of patching was performed
- Strabismus surgery has not yet been able to be performed, because of the medical fragility of the babies.
- Use of residual vision integrated into all therapies by the early intervention team



What we learned from Brazil Experience

- Visual impairment may be both ocular and brain based
- Proper assessment must be performed to characterized the VI in new etiologies.
- Accommodations and/or strategies for learning need to be provided to enhance developmental outcomes for the child, as well as provide family support

ZIKAcareconnect

in collaboration with the **March of Dimes**

OVERVIEW

Access to healthcare services for pregnant women and infants affected by Zika virus is critical to help ensure they receive the coordinated care they need. Improved access to care can facilitate early identification of developmental delays in infants and children, potentially reduce the long-term effect of Zika on children and families, and give children the best chance to reach their full potential.

Zika Care Connect (ZCC) aims to improve access to specialty healthcare services for the management of Zika virus infection during pregnancy and outcomes in infants caused by Zika. The program will target the most important and removable barriers to care, as identified by maternal and pediatric care experts. ZCC focuses on women infected with Zika during pregnancy, as well as infants born to mothers

ZCC Provider Referral Network Specialties

- Maternal fetal medicine
- Pediatric neurology*
- Pediatric ophthalmology*
- Radiology*
- Audiology*
- Mental health services

*This includes providers who care for infants, whether or not their scope of practice is exclusively pediatric.



Additional Reading:

Congenital Zika Syndrome

1. CDC: <https://www.cdc.gov/zika/>
2. Article online: Ventura LO, Ventura CV, Lawrence L, van der Linden V, van der Linden A, Gois AL, Cavalcanti MM, Barros EA, Dias NC, Berrocal AM, Miller MT, Visual impairment in children with congenital Zika syndrome, Journal of AAPOS (2017), doi: 10.1016/j.jaapos.2017.04.003.
3. Zika Care Connect

Cerebral/cortical visual impairment (CVI)

1. CVI Scotland with Blog and one hour webinar by Dr. Gordon Dutton
<http://cviscotland.org>
2. CVI Sharon Lehman: downloadable PowerPoint On Perkins website
<http://www.perkinselearning.org/videos/webinar/ophthalmologic-examination-integrated-functional-aspects-cortical-visual-impairment>
3. AAPOS <https://www.aapos.org/terms/conditions/40>

Linda Lawrence MD, Ophthalmologist
Salina, Kansas 67401
lmLawrencemd@gmail.com

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