Maryland Healthy Kids Preventive Health Schedule

Components		Infancy (months)								Early Childhood (months)							Late Childhood (yrs)							Adolescence (yrs)									
Health History and Development		Birth	3-5 d	1	2	4	6	9	12	15	18	24	30	36	48	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19/20			
Medical and family history/update		X	X	X	\rightarrow	→	\rightarrow	→	X	→	→	X	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	χ			
Peri-natal history		X	X	X	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow											^											
Psycho-social/environmental		X	Х	Х					Χ			Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Х	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ			
assessment/update		^			\rightarrow	\rightarrow	\rightarrow	\rightarrow		\rightarrow	\rightarrow																						
Developmental Surveillance (Subjective)			Χ	Χ	Χ	Χ	Χ	X	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х			
Developmental Screening (Standard Tools) ¹								Х	\rightarrow	\rightarrow	X	X	\rightarrow																				
Autism Screening											Х	Χ	\rightarrow	.,	.,	.,	.,	.,	.,	.,	.,	.,			.,	.,	.,	.,	.,	.,			
Mental health/behavioral assessment														Х	Х	Χ	Х	Χ	Χ	Χ	Х	Х	<u>X</u>	X	X	X	X	X	X	X			
Substance abuse assessment																						X	X	X	X	X	X	X	X	X			
Depression Screening																						Χ	X	X	Χ	Х	Х	Х	Х	X			
Physical Exam		V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V			
Systems exam		X O²	X S	S	S	S	S	X	S	X S	X S	S	S	X S/o	\$/ ₀	S/O	X ^S / _O	S	X s/o	S	× s/o	X S	S/O	S	S	S/O	S	X S	S/O	X S			
Vision/hearing assessments ² Oral/dentition assessment		X	X	X	Х	Х	X	Х	Х	X	Х	X	X	X	X	X	X	Х	X	X	70 X	Х	X	X	Х	X	X	X	X	X			
Nutrition assessment		X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Measurements and graphing:	Height and Weight	X	X	X	X	Х	X	X	Х	X	Х	X	X	X	X	X	X	X	X	X	X	Χ	X	X	X	X	X	X	X	X			
	Head Circumference	X	X	X	X	X	X	X	X	X	X	X	^	^	^	^	^		^	^	^	^		^	^	^	^	^	^	^			
	BMI	^	^	^			^		^	^		X	Х	Χ	Х	Χ	Х	Х	Χ	Χ	Х	Х	Х	Х	Χ	Χ	Х	Х	Χ	Х			
Blood Pressure ³												^	^	X	X	X	X	X	X	X	X	Χ	X	X	X	X	X	X	X	X			
Risk Assessments by Questionnaire														^	^	^	^	^	^	^	^	^			^	^	^	^		^			
Maternal Depression Screening				Х	Х	Х	Х																										
Lead assessment by questionnaire				<u> </u>	<u> </u>	<u> </u>	Х	Х	Χ	Χ	Χ	Χ	Х	Χ	Х	Х																	
Tuberculosis *				Χ	\rightarrow		X	\rightarrow	Х	\rightarrow		X	\rightarrow	X	X	X	Х	Χ	Χ	Χ	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Χ			
Heart disease/cholesterol *				_^	_	_		_	^		_	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X			
Sexually transmitted infections (STI) *																						X	X	X	X	X	X	X	X	X			
Anemia *																						X	X	X	X	X	X	X	X	X			
Laboratory Tests																																	
Newborn Metabolic Screening		Х		Х	\rightarrow																												
Blood lead Test									Χ	\rightarrow	\rightarrow	Χ	\rightarrow	\rightarrow	\rightarrow	\rightarrow																	
Anemia Hgb/Hct									Х	\rightarrow	\rightarrow	Х	\rightarrow	\rightarrow	\rightarrow	\rightarrow																	
Dyslipidemia Test																				Χ	\rightarrow	\rightarrow							Χ	\rightarrow			
HIV Test																										Χ	\rightarrow	\rightarrow	\rightarrow				
Immunizations																																	
History of immunizations		Х	Х	X	Х	Χ	X	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	X	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ			
Vaccines given per schedule		Х	\rightarrow	\rightarrow	Χ	Х	Х	\rightarrow	Х	Х	Х	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	Χ	Χ	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow			
Fluoride Varnish Program⁴								Х	Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ																	
Health Education																																	
Age-appropriate education/guidance		Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ			
Counsel/referral for identified problems		Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х			
Dental education/referral									Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ			
Scheduled return visit		Χ	Χ	Χ	Χ	Χ	Χ	X	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ			

 $\label{eq:Key:X} \begin{tabular}{ll} Key: X & Recommended; \rightarrow Recommended if not previously done; S Subjective by history /observation; O Objective by standardized testing; * Counseling/testing recommended when positive $$ * Objective by $$ * $$ $$ *$

The Schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 3 years through 20 years. ¹Refer to AAP 2006 Policy Statement referenced in the Healthy Kids Program Manual.-Screening required using standardized tools. ²Newborn Hearing Screen follow-up recommended for abnormal results. ³Blood Pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years. ⁴The fluoride varnish may be administered by either a primary care provider or a dentist.