Maryland Healthy Kids Preventive Health Schedule

Components			Inf	ancy	(mont	hs)			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	Х	Х	\rightarrow	\rightarrow	\rightarrow	\rightarrow	Х	\rightarrow	\rightarrow	Х	Х	Χ	Х	Х	Х	Χ	Х	Х	Х	Χ	Х	Χ	Х	Х	Х	Х	Х	Χ	Х
Peri-natal history		X	X	Χ	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow																				
Psycho-social/environmental		Х	Х	Χ	\rightarrow	\rightarrow	\rightarrow	\rightarrow	Х	\rightarrow	\rightarrow	Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	Х	Х	Χ	Х	Χ	Х	Х	Х	Х	Χ	Х	Х
assessment/update Developmental Surveillance (Subjective)			X	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	X	Х
Developmental Screening (Standard Tools) ¹			^	^		^	^	X	\rightarrow	\rightarrow	X	X	X	^	^	^	^	^	^	^		^		^			^	^	^		
Autism Screening								- / (,		X	X	Х																		
Mental health/behavioral assessment														Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Χ	Χ	Х	Χ
Substance use assessment																						Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Depression Screening																						Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Maternal Depression Screening				Χ	Χ	Χ	Χ																								
Physical Exam																															
Systems exam		X	X	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
Vision/hearing assessments ²		O ²	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	S	0	S	0	S	0	S	S	0	S	S	0	S	S
Oral/dentition assessment Nutrition assessment		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition assessme	Height and Weight	X	X	X	X	X	X	X	X	X	Х	Х	X	Χ	X	Х	Х	X	Х	Х	Х	X	X	X	X	X	X	X	X		X
Measurements		X	X	X	X	X	X	X	X	X	X	X	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^		^
and graphing:	Head Circumference BMI	^	^	^	^	^	^	^	^	^	^	X		V	V				V	V	V		V		V	Х	V	V	V		V
Blood Pressure ³												^	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X
Risk Assessments by Questionnaire														^	^	^	^	^	^	^	^	^	^	^	^				^		^
THER TIESCOM	Nisk Assessments by Questionnane																														
Lead assessment by questionnaire							Χ	Χ	Х	Χ	Х	Χ	Χ	Χ	Χ	Х															
Tuberculosis *				Χ	\rightarrow	\rightarrow	Χ	\rightarrow	Χ	\rightarrow	\rightarrow	Χ	\rightarrow	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Heart disease/cholesterol *												Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Sexually transmitted infections (STI) *																						Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Anemia *																						Χ	Х	Χ	Х	X	X	Х	Χ	Х	Х
Laboratory Tests		٧/		V																											
Newborn Metabolic Screening Blood lead Test		Х		Х	\rightarrow				Х			V																			
Anemia Hgb/Hct									X	<i>→</i>	→	X	→	→	→	→															
Dyslipidemia Test									^	\rightarrow	\rightarrow	^	\rightarrow	\rightarrow	\rightarrow	\rightarrow				Χ									Х		
HIV Test																				^	\rightarrow	\rightarrow								\rightarrow	\rightarrow
Immunizations																										X	\rightarrow	\rightarrow	\rightarrow		
History of immunizations		X	X	X	X	X	Х	X	Х	Х	Х	X	Х	Χ	X	Х	X	X	Х	Χ	Х	Χ	X	Х	Х	X	X	X	X	X	X
Vaccines given per schedule		X	\rightarrow	→	X	X	X	\rightarrow	X	X	X	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	Х	X	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow	\rightarrow
Fluoride Varnish Program⁴								Х	X	X	X	Х	Χ	Χ	Χ	Χ															
Health Education																															
Age-appropriate education/guidance		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	Χ	Χ
Counsel/referral for identified problems		Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Х	Χ	Х	Х	Χ	Χ	Χ	X	Χ
	Dental education/referral		ļ.,.		L.,	L			Х	X	Х	X	X	Χ	X	Х	Х	X	Х	X	Х	Х	Х	X	Х	X	X	X	X	Х	X
Scheduled return visit		Х	X	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

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

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.