

Maryland Healthy Kids Preventive Health Schedule

Components	Infancy (months)							Early Childhood (months)							Late Childhood (yrs)						Adolescence (yrs)								
	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
Health History and Development																													
Medical and family history/update	X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Peri-natal history	X	X	X	→	→	→	→	→	→	→																			
Psycho-social/environmental assessment/update	X	X	X	→	→	→	→	X	→	→	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental Surveillance (Subjective)		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
Developmental Screening (Standard Tools) ¹							X	→	→	X	X	→																	
Autism Screening										X	X	→																	
Mental health/behavioral assessment													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Substance abuse assessment																					X	X	X	X	X	X	X	X	X
Depression Screening																					X	X	X	X	X	X	X	X	X
Physical Exam																													
Systems exam	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
Vision/hearing assessments ²	O ²	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Oral/dentition 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
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
Measurements and graphing:	Height and Weight	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
	Head Circumference	X	X	X	X	X	X	X	X	X	X																		
	BMI											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure ³													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Risk Assessments by Questionnaire																													
Maternal Depression Screening			X	X	X	X																							
Lead assessment by questionnaire						X	X	X	X	X	X	X	X	X															
Tuberculosis *		X	→	→	X	→	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Heart disease/cholesterol *											X	X	X	X	X	X	X	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	X		X	→																									
Blood lead Test								X	→	→	X	→	→	→	→														
Anemia Hgb/Hct								X	→	→	X	→	→	→															
Dyslipidemia Test																				X	→	→						X	→
HIV Test																									X	→	→	→	
Immunizations																													
History of immunizations	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
Vaccines given per schedule	X	→	→	X	X	X	→	X	X	X	→	→	→	→	→	→	→	→	→	→	X	X	→	→	→	→	→	→	→
Fluoride Varnish Program⁴							X	X	X	X	X	X	X	X															
Health Education																													
Age-appropriate education/guidance	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
Counsel/referral for identified problems	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
Dental education/referral								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Scheduled return visit	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

Key : X Recommended; → Recommended if not previously done; S Subjective by history /observation; O Objective by standardized testing; * 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.