





Apply for healthcare:

- online at Benefits.Ohio.Gov,
- by phone at (800) 324-8680, or
- in-person at your County Department of Job and Family Services.

Find your local office at JFS.Ohio.Gov/County.

Call the Medicaid Consumer Hotline at (800) 324-8680 for help completing an application or other questions.

Additional information is available at Medicaid.Ohio.Gov.



Department of Medicaid

Healthchek

Healthchek is Ohio's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Individuals younger than age 21 who are covered by Ohio Medicaid can receive important preventive services through Healthchek, including:

- physicals,
- hearing, vision, and dental screenings,
- nutritional screenings,
- mental health screenings,
- developmental screenings,
- vaccinations, and
- blood lead screenings

Babies should have at least 8 Healthchek exams by their first birthday.

Children should have Healthchek exams at 15, 18, 24 and 30 months.

One exam per year is recommended for children over 30 months old.

Any doctor that accepts Medicaid can provide Healthchek services. Ask your doctor to give your child a Healthchek exam.

Healthchek support services are also available to help you with making appointments, transportation and referrals to community services for food, clothing and other needs.

For more information about Healthchek services:

- contact your County Department of Job and Family Services,
- go online at Medicaid.Ohio.Gov/Healthchek,
- contact your Medicaid managed care plan, or
- call the Ohio Medicaid Consumer Hotline (800) 324-8680.

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may Each child and family is unique, therefore, these Recommendations for Preventive Pediatric Health

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS,

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permission from the American Academy of Pediatrics except for one copy for personal use.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

Bright Futures

ANTICIPATORY GUIDANCE	Fluoride Supplementation ¹⁵	Fluoride Varnish*	ORAL HEALTH	Cervical Dysplasia ³¹	w/MH	Sexually Transmitted Infections?	Dyskpidemla. ¹⁵	Tuberculosi _j ***	Lead®	Anemia ¹⁴	Immunization ²⁴	Critical Congenital Heart Defect ²²	Newborn Bilirubin ²¹	Newborn Blood	PROCEDURES1*	PHYSICAL EXAMINATION"	Maternal Depression Screening in	Depression Screening is	Tobacto, Alcohol, or Drug Use Assessment*	Psychosocial/Behavioral Assessment ¹¹	Developmental Surveillance	Autism Spectrum Disorder Screening ¹³	Developmental Screening ¹¹	DEVELOPMENTAL/BEHAVIORAL HEALTH	Hearing	Vision ²	SENSORY SCREENING	Blood Pressure*	Body Mass Index	Weight for Length	Head Circumference	Length/Height and Weight	MEASUREMENTS	HISTORY Initial/Interval	AGE1	
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- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
- A prenala vou u recommended for parents who are at high risk for first time parents, and for those who request a conference. The personal wast hought maked anticopalory gustance, personent metades history, and a discussion of benefits of breastifications and salarined method of feeting per The Prenalal Visit "http://pedaincs.aappublications.org/ content/124/4/1227.full:
- Newborns should have an evaluation should be offered). after birth, and breastfeeding should be encouraged land instruction and suppor
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 27 brains after dictarge from the oppital to adduce evaluation for feeding and jaundice. Beastleeding newborns should accessed formal breastleeding evaluation, and their mothers should receive circulargement and instruction, as recommended in Broastleeding and the late of funnan Malf. (http://pediatrics.aappolibeations.org/content/179/3/e877.fdll) Rewborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay für Healthy Term Newborns" (http://pediatrics.aappublications.org/content/175/2/405.full).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity' Summary Report "Intrp://pediatrics.aappublications.org/content/120/ Supplement 4/S164.full)
- Scrennig should occur per "Umical Platatice Guideline foi screening and Managoli men of high Blood Pressure in Children and Adolescent's (https://pedialec.asposiblections.org/content/402/1e/2017/en/dil Blood pies.sure measurements in misinta and Children with specific risk conditions should be per formed at visus before age 3 years.
- A visual actury screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-old kinturment-based creening may be used to assess took at ages 12 and 24 months, an addition to the well visits at 3 through 5 years of age. See "fixual System Assessment in finlant, Children, and Young Adult by Pedamrcians" <u>MITU/Jed-damrc.aappublications.</u> see "fixual System Assessment in finlant, Children, and Young Adult by Pedamrcians" <u>MITU/Jed-damrc.aappublications.</u> org/content/1371/Je20153596) and "Procedures for the Evaluation of the Visual System by Pedianticians." org/content/137/1/e20153596) and "Procedures for the Evaluation (http://pediatrics.aappublications.org/content/137/1/e20153597).
- Confirm initial screen was completed, verify results, and follow up, an appropriate. Newborns should be screened, per "fear 2007 Position Statement: Principles and Guidelmes for Early Hearing Detection and Intervention Programs" (http://pcediatrics.aappublikcations.org/content/1/20/4/998.full).
- Verify results as soon as possible, and follow up, as appropriate.
- 10: Screen with audismetry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 10: Screen with audismetry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, so extend 14 years, and 14 years, and 14 years, and 14 years, and 15 years, and 15 years, and 15 years of 15
- See "Identifying Infants and Young Children With Developmental Diso Developmental Surveillance and Screening" (http://pediatrics.aappub rders in the Medical Home. An Algorithm for lication Lorg/content/118/1/405 (ull).

- tion of Children With Autism Spectrum Disorders
- Screening should occur per "dentification and Evaluation of Chi (http://pediatrics.aappublications.org/content/120/5/1183 full)
- 13. This assessment should be family centered and may include an assessment of child social-emotional health, callegiven depression, and social determinants of health. See "Primoting Optimal Development: Screening for Behavioral and Emotional Problem," (http://ged.intcs.aappolishe.into.org/content/137/1844) and "Poverty and Child Health in the United States" (http://pediatines.aappolishe.into.org/content/137/18420160339).
- 14. A recommended assessment tool is available at http://crafft.org
- Recommended screening using the Patient Health Questionnaire (PHQ)-3 or other toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiative ScreeningChart.pdf vailable in the GLAD-PC
- Screening should occur per Tincorporating Recognition and Management of Pediatric Practice* (http://pediatrics.aappublications.org/content/126/5/1932) natal and Postpartum Depression Into
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably diaped. See "Use of Chaperings During the Physical Examination of the Pediatric Patien
- These may be modified, depending on entry point into schedule and individual need.

KEY: