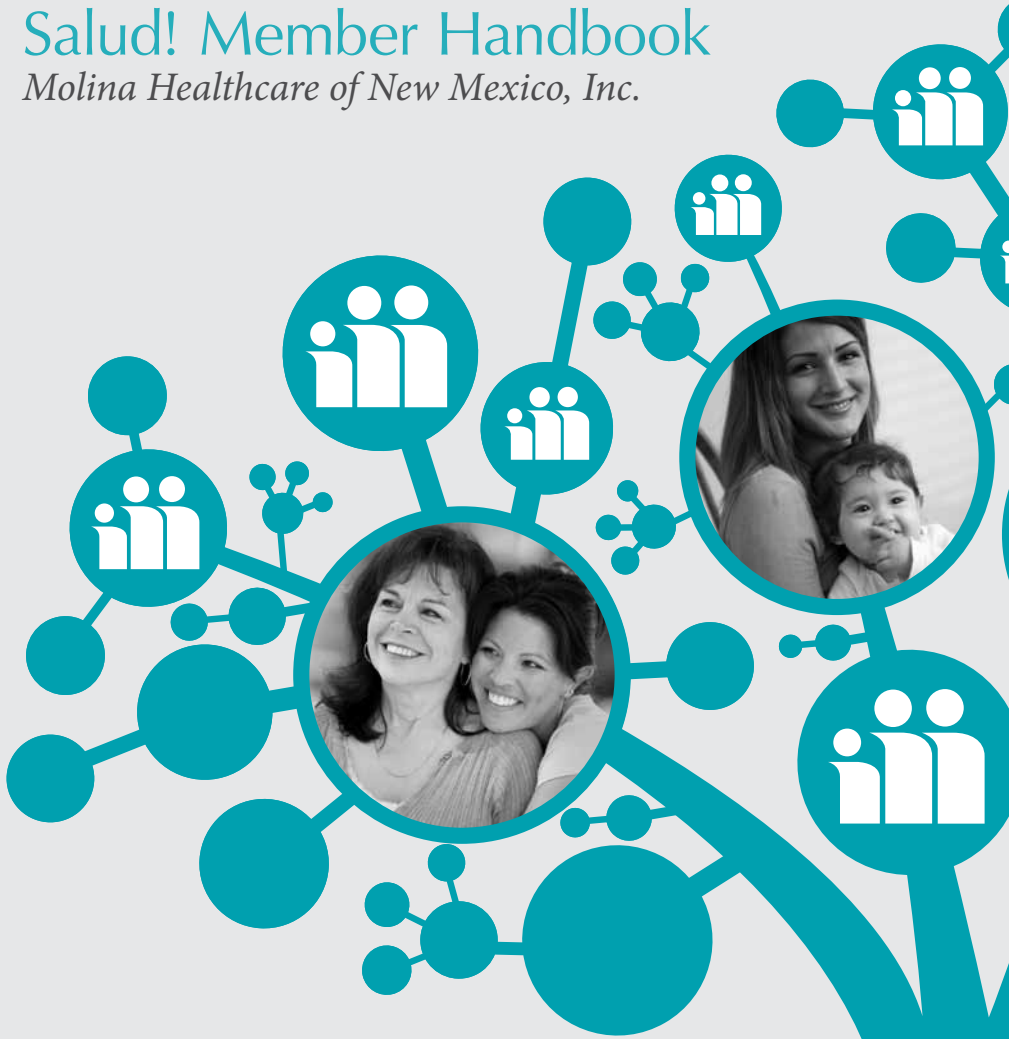


# Salud! Member Handbook

*Molina Healthcare of New Mexico, Inc.*



**Your Extended Family.**

In the front of this handbook is a Molina Healthcare Provider Directory on CD. If you cannot use this CD and want a paper directory, please write your name and address below. Mail this postcard to Molina Healthcare. We will mail a paper directory to you.

If you would like a copy of this Member Handbook in Spanish, please check the box below and list your name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- Yes, please send me a Member Handbook in Spanish.**
- Yes, please send me a paper Provider Directory in English.**
- Yes, please send me a paper Provider Directory in Spanish.**

Thank you, Molina Healthcare

**Molina Healthcare of New Mexico, Inc.**

Attn: Member Services

P.O. Box 3887

Albuquerque, New Mexico 87190-9859

# Important Telephone Numbers and Information

<b>Member Services:</b>	(505) 342-4681 in Albuquerque (800) 580-2811 toll free www.molinahealthcare.com
<b>Integrated Transport Management (ITM) (transportation):</b>	(888) 593-2052 toll free
<b>OptumHealth New Mexico (behavioral health):</b>	(866) 660-7185
<b>March Vision Care (MVC):</b>	(888) 493-4070 toll free TTY/TDD (877) 627-2456
<b>Nurse Advice Line:</b>	(888) 275-8750 toll free English (866) 648-3537 toll free Spanish
<b>New Mexico Relay Services/TTY:</b>	(800) 659-8331 toll free
<b>Health Improvement Hotline:</b>	(505) 342-4660 ext 182618 in Albuquerque (800) 377-9594 ext 182618 toll free
<b>Anti-Fraud Hotline:</b>	(505) 341-7469 in Albuquerque (800) 827-2973 toll free
<b>Grievance and Appeals:</b>	(505) 342-4663 in Albuquerque (800) 723-7762 toll free
<b>Your Primary Care Practitioner (PCP):</b>	
<b>Your Durable Medical Equipment (DME) Provider:</b>	

**If you have a medical emergency dial 911 or go to the nearest emergency room.**

More information can be found on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com)

*Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811*

*Such services are funded in part under contract with the state of New Mexico.*

# Table of Contents

<b>Important Telephone Numbers .....</b>	<b>1</b>
<b>WELCOME .....</b>	<b>6</b>
Quality Care Services .....	7
<b>INTRODUCTION</b>	
<b>Member Services</b>	
What can Member Services do for you?.....	8
Translation and TTY Services .....	8
If You Move .....	8
New Medical Equipment and Treatments.....	8
Handicapped Access .....	9
Filing a Claim.....	9
Coordination of Benefits .....	9
<b>Member Rights and Responsibilities</b>	
Member Rights (Patient Bill of Rights).....	9
Member Responsibilities .....	13
Your Rights about Your Medical Care (Advance Directive).....	14
<b>Primary Care Practitioner (PCP)</b>	
How to Pick Your PCP.....	14
How to Change Your PCP .....	15
How to Make Appointments.....	15
Member Identification (ID) Card.....	16
Choosing a Specialist as a PCP .....	16
If Your PCP leaves the Network.....	17
How to Get Information about Providers .....	17
<b>BENEFITS AND SERVICES</b>	
Some of the services that Salud! covers .....	18
Some of the services that Salud! doesn't cover, but are covered by	
Fee-for-Service (FFS) Medicaid.....	18
Services you can get without a referral from your PCP .....	18
Family Planning Services.....	18
Services for Native American Members.....	19
Summary of Most Common Services and Co-Payments.....	19
Standard Covered Services.....	20
How to Get a Second Opinion.....	23
How to Get Hospice Care.....	23
<b>Behavioral Health Services .....</b>	<b>23</b>

**Additional Benefits and Services**

How to Get Dental Care ..... 24  
How to Get Vision Care..... 24

**Medicaid Birthing Options Program**..... 25

**Transportation**

Does Salud! pay for Transportation?..... 27  
What are ITM’s Hours of Operation? ..... 27  
What is ITM’s Phone Number? ..... 27  
How do I Get Routine Transportation?..... 27  
Will Molina Healthcare pay me to use my own car for transportation?..... 28  
What if I have been using my car and the day of my appointment  
the car breaks down? ..... 28  
Does Salud! pay for housing and food? ..... 28  
What if I need transportation outside of the State of New Mexico? ..... 29  
What if I have a need for urgent or same-day transportation?..... 29  
What if the transportation is a true emergency? ..... 29  
What if my underage child needs to go to a medical appointment  
and I cannot go?..... 30  
What if I have a problem with transportation? ..... 30

**Services Requiring Prior Authorization (Approval)** ..... 30

Service Limitations..... 31  
Services Not Covered (Exclusions) ..... 33

**Emergency/Urgent Services**

Emergency Care..... 35  
What to do if you have an emergency? ..... 35  
Getting Emergency Care While Traveling ..... 36  
How to Get Services when you are outside of the State of New Mexico..... 36  
Urgent Care ..... 37  
How to Get Services After Hours ..... 37  
Contact with you PCP ..... 37  
Information to take to the Emergency Room..... 37  
What to do if you have an Emergency need for Durable Medical  
Equipment (DME)? ..... 38

**Nurse Advice Line**

Molina Healthcare’s 24-Hour Nurse Advice Line..... 38

**Pharmacy Services**

Filling Prescriptions ..... 39  
Medication Refills ..... 39  
Questions about Medications ..... 40  
Exceptions to Denied Medications ..... 40

# Table of Contents

## **Individuals with Special Health Care Needs (ISHCN)**

How do I know if My Child or I are Individuals with Special Health Care Needs? .....	40
ISHCN Information Packet.....	41
ISHCN Educational Programs.....	41
Choosing a Specialist as a PCP (ISHCN).....	41
Behavioral Health Services for Individuals with Special Health Care Needs (ISHCN).....	42
How to Arrange for Transportation for Individuals with Special Health Care Needs (ISHCN).....	42
What to do if an Individual with Special Health Care Needs has an emergency?.....	43

## **Health Care Services (HCS)**

What is Health Care Services (HCS)?.....	43
What are Prior Authorizations (approvals) and Specialist Referrals? .....	43
How to Get PCP, Specialist or Hospital Services.....	44
Care Coordination/Complex Medical Case Management.....	44
What is Care Coordination? .....	45
Who needs Care Coordination? .....	45
Goals of Care Coordinators .....	46
How do I get Care Coordination? .....	46
When do I call my Care Coordinator?.....	46
The Woman's Health & Cancer Rights Act.....	47

## **Health Improvement Services**

Staying Healthy .....	47
Preventive Health Guidelines/Well-Child Health Check.....	47
Rewards for Healthy Choices.....	48
Care Management Services .....	49
breathe with ease <sup>sm</sup> Asthma Program .....	49
Healthy Living with Diabetes <sup>tm</sup> .....	49
Heart Healthy Living Cardiovascular Disease Program .....	50
Healthy Living with COPD (Adult Chronic Obstructive Pulmonary Disease) .....	50
motherhood matters <sup>sm</sup> Pregnancy Program.....	50
Positive Parenting Program.....	50
Helmet Safety Program.....	50
Quit For Life <sup>®</sup> Tobacco Cessation Program .....	51
Healthy Weight Programs .....	51

**Coverage and Eligibility**

Switching to another Managed Care Organization (MCO) ..... 52  
Disenrollment from Salud!..... 53  
Renewing Your Coverage ..... 54  
Losing Your Coverage..... 54  
Other Insurance Coverage ..... 54  
Out-of-Pocket Costs..... 55

**Consumer Advisory Board ..... 56**

**On-Line Services**

ePortal Services..... 56  
ePortal Registration..... 57

**Privacy and Protected Health Information (PHI)**

Your Privacy ..... 58  
Why does Molina Healthcare use or share your PHI?..... 58  
When does Molina Healthcare need your written authorization  
(approval) to use or share your PHI? ..... 58  
What are your privacy rights?..... 58  
How does Molina Healthcare protect your PHI?..... 59  
What can you do if you feel your privacy rights have not been  
protected? ..... 59

**Complaint, Appeals and Grievances**

When you may have to pay for other charges..... 59  
How Complaints and Appeals Work..... 60  
How to File a Complaint, Appeal or Expedited Appeal ..... 61  
Who Can File a Complaint or Appeal?..... 61  
How to Request an HSD Administrative Hearing (Fair Hearing) ..... 64

**Anti-Fraud Program**

Why is it Important to have an Anti-Fraud Program? ..... 65  
What is Fraud?..... 65  
What is Waste?..... 65  
What is Abuse?..... 65  
Who Commits Fraud, Waste and Abuse?..... 66  
Provider Fraud, Waste and Abuse examples..... 66  
Member Fraud, Waste and Abuse examples ..... 66  
Reporting Fraud, Waste and Abuse..... 67

**DEFINITIONS ..... 70**

**PREVENTIVE HEALTH GUIDELINES**



# Welcome!

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) is your Medicaid managed care organization (MCO). Molina Healthcare contracts with the New Mexico Human Services Department (HSD) as a managed care organization for people on Medicaid. A managed care organization contracts with practitioners/providers. They take care of your medical needs.

This Member Handbook and other Member information are on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com). This Member Handbook has helpful information about Molina Healthcare. The handbook tells you about the benefits and services you can get. It will explain how the Salud! Program works. If you have questions about the Salud! Program you can call Member Services. We can answer your questions.

Please read your Member Handbook. Your Member Handbook tells you how to use your benefits. It will help you know what your benefits are. Do not wait until you have an emergency. Call us if you have questions. Let us know if you need help understanding your Member Handbook. Keep your Member Handbook where you can find it.

Molina Healthcare wants to help you. Call the Member Services Department if you have questions. You can call us Monday - Friday (except on holidays). Our hours are 8:00 a.m. to 5:00 p.m.

- In Albuquerque: (505) 342-4681
- Toll free: (800) 580-2811
- Fax: (505) 342-0595
- (800) 659-8331

Molina Healthcare has Member Service Representatives who speak your language. We can help you with translation services for any language. We can help answer your questions. We can answer questions you have about your Member Handbook. We can answer questions about other Member materials you may get.

If you need Member materials, such as this Member Handbook, in another format or language, call Member Services. Tell us what you need. If you have special medical needs, please call Member Services. We will help you.

If you are deaf or hard of hearing and you use a TTY system, you can still call Member Services. Molina Healthcare uses the Relay New Mexico service (Relay

NM). First dial (800) 659-8331 toll free using the TTY system. A Relay NM operator will come on the line. Give the Relay NM operator Molina Healthcare's toll free telephone number. It is (800) 580-2811. This will connect you with Molina Healthcare's Member Services Department.

Behavioral health care services are offered through OptumHealth New Mexico (OptumHealth). If you have questions about your behavioral health needs, call OptumHealth. If you want to talk to someone about your behavioral health needs, call OptumHealth. You can reach OptumHealth toll free at (866) 660-7185.

## **Quality Care Services**

Molina Healthcare wants to give you high quality care. We work with our practitioners/providers and Members to do this. We look at how we can make our services better. We make sure that you:

- Have access to health care services and doctors;
- Are happy with your health care and services;
- Have doctors and hospitals that are qualified to give you quality services;
- Stay healthy by giving you the tools and education you need;
- Get the help you need to get well quickly; and
- Get the tools, education and services to take care of your chronic conditions.

Molina Healthcare is accredited by the National Committee for Quality Assurance (NCQA). NCQA is a group that makes sure we continue to improve the health care and services you get.

Molina Healthcare is committed to taking care of you and your family. If you want to know more about Molina Healthcare's Quality Improvement programs, please call us or visit our website. You can call us in Albuquerque at (505) 342-4660, extension 182618. Or you can call us toll free at (800) 377-9594, extension 182618. You can visit our website at [www.molinahealthcare.com](http://www.molinahealthcare.com).

**Thank you for choosing Molina Healthcare. We are happy to help. We are glad you are a Molina Healthcare Member.**

*Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811.*

# Introduction

## MEMBER SERVICES

### What can Member Services do for you?

Member Services can answer your questions. We are here to help you get answers.

You can call or write to Member Services at:

**Molina Healthcare of New Mexico, Inc.**

**Attention: Member Services**

**P.O. Box 3887**

**Albuquerque, NM 87190-9859**

**In Albuquerque: (505) 342-4681 or toll free: (800) 580-2811**

### Translation and TTY Services

If you speak a language other than English, call Member Services. We can help you if you need help in another language. Member Services will help you with your translation needs.

Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811.

If you are deaf or hard of hearing and you use a TTY system, you can still call Member Services. Molina Healthcare uses the Relay New Mexico service. To use this service, first dial toll free (800) 659-8331. Then dial toll free (800) 580-2811.

If you need your Member materials in another format, call Members Services. Tell us what you need.

### If You Move

If you move, you must update your address. You must contact your local Income Support Division (ISD) office or HSD. They will help you change your records. Please call Member Services to update your address as well.

### New Medical Equipment and Treatments

Molina Healthcare wants to make sure that our Members get the best care. On a regular basis we look at procedures and technology relating to healthcare. When we learn about something new, we take this information into consideration.

We try to make sure it is the best thing for our Members. A committee of practitioners reviews and tells us about new treatments. Molina Healthcare then decides if it is a service our Members can get. If you want to know how Molina Healthcare makes these decisions, call Member Services.

### **Handicapped Access**

Molina Healthcare practitioners must have handicapped access for Members. If you have another special need, please call Member Services.

### **Filing a Claim**

It is the practitioner's/provider's job to file a claim when you get services. They must do this when Molina Healthcare is the primary insurance. They must send the claim within ninety (90) days from the date you get the service. You must pay your co-payment if one applies. You do not have to pay for the services if you get a referral before you get services. You do not have to pay for the services if your practitioner/provider gets a prior authorization before you get services. You do not need to file a claim to Molina Healthcare. This is the practitioner's/ provider's job.

### **Coordination of Benefits**

Please call Member Services to tell us if you:

- Have medical insurance through your workplace;
- Have been hurt at work or have a worker's injury claim;
- Are in a car accident;
- Have filed a medical malpractice lawsuit or personal injury claim; or
- Have other coverage or insurance.

## **MEMBER RIGHTS AND RESPONSIBILITIES**

### **Member Rights (Patient Bill of Rights)**

1. Members or their legal guardians have a right to get information about Molina Healthcare, its policies and procedures about products, services, contracted practitioners/providers, grievance procedures, benefits provided and Members' rights and responsibilities.
2. Members have a right to be treated with courtesy and kindness, and with respect and recognition of their dignity, need and right for privacy.

# Introduction

3. Members or their legal guardians have a right to choose a PCP within the limits of the covered benefits and plan network, and the right to refuse care of specific practitioners or to notify the provider if changes need to be requested.
4. Members or their legal guardians have a right to get from the Member's practitioner(s), in terms that the Member or legal guardian(s) understands, an explanation of their complete medical condition, and recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives, regardless of the health care insurer's or Molina Healthcare's position on treatment options. If the Member is not able to understand the information, the explanation shall be provided to their next of kin, guardian, agent or surrogate, if available, and noted in the Member's medical record.
5. Members have a right to get health care services in a non-discriminatory fashion.
6. Members who do not speak English as their first language have the right to get translation services at no cost for communication with Molina Healthcare.
7. Members who have a disability have the right to get information in an alternative format in compliance with the Americans with Disabilities Act.
8. Members or their legal guardians have a right to participate with their health care practitioners/providers in decision making in all aspects of their health care, including the treatment plan development, acceptable treatments and the right to refuse treatment.
9. Members or their legal guardians shall have the right to informed consent.
10. Members or their legal guardians shall have the right to choose a surrogate decision-maker to be involved as appropriate and to help with care decisions.
11. Members or their legal guardians shall have the right to get a second opinion by another practitioner/provider in the Molina Healthcare network when Members need more information about recommended treatment or believe the practitioner/provider is not authorizing the care requested.
12. Members have a right to an open and honest discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
13. Members or their legal guardians have a right to voice complaints, grievances or appeals about Molina Healthcare, the handling of complaints, or the care provided and make use of Molina Healthcare's complaint process and the HSD's hearing process, at no cost, without fear of retaliation.
14. Members or their legal guardians have a right to file a complaint or appeal with Molina Healthcare or the HSD Administrative Hearings Bureau, for

Medicaid Members, and to get an answer to those complaints or appeals within a reasonable time.

15. Members or their legal guardians have a right to choose from among the available practitioners/providers within the limits of Molina Healthcare's network and its referral and prior authorization requirements.
16. Members or their legal guardians have a right to make their decisions known through advance directives about health care decisions (i.e., living wills, right to die directives, "do not resuscitate" orders, etc.) consistent with federal and state laws and regulations.
17. Members or their legal guardians have a right to the privacy of medical and financial records kept by Molina Healthcare and its practitioners/providers, in accordance with existing law.
18. Members or their legal guardians have a right to access the Member's medical records in accordance with the applicable federal and state laws and regulations.
19. Members have the opportunity to allow or deny the release of identifiable medical or other information by Molina Healthcare, except when such release is required by law.
20. Members have a right to ask for an amendment to their Protected Health Information (PHI) if the information is believed to be incomplete or wrong.
21. Members or their legal guardians have a right to get information about Molina Healthcare, its health care services, how to get those services and the network practitioners/providers.
22. Members or their legal guardians have a right to be given information about Molina Healthcare's policies and procedures regarding products, services, practitioners/providers, appeal procedures, allowing use of Member medical information, allowing Members access to their medical records, and protecting access to Member medical information and other information about Molina Healthcare and the benefits provided.
23. Members or their legal guardians have a right to know, upon request, of financial arrangements or provisions between Molina Healthcare and its practitioners/providers, which may limit referral or treatment options or limit the services offered to the Members.
24. Members or their legal guardians have a right to be free from harassment by Molina Healthcare or its network practitioners/providers concerning contractual disputes between Molina Healthcare and practitioners/providers.
25. Members or their legal guardians have a right to available and accessible services when medically necessary as determined by the PCP or treating

# Introduction

practitioner/ provider in consultation with Molina Healthcare, twenty-four (24) hours per day, seven (7) days per week for urgent or emergency care services and for other health care services as defined by the contract or evidence of coverage.

26. Members have a right to adequate access to qualified health professionals near where the Member lives or works, within the service area of Molina Healthcare.
27. Members have a right to affordable health care, with limits on out-of-pocket expenses, including the right to get care from a non-participating practitioner/provider and an explanation of a Member's financial responsibility when services are given by a non-participating practitioner/provider, or given without required pre-authorization.
28. Members or their legal guardians have a right to prompt notification of termination or changes in benefits, services or provider network.
29. Members have a right to get care from a non-participating practitioner/provider and to be told of their financial responsibility if they get services from a non-participating practitioner/provider, or get services without required prior authorization.
30. Members have the right to continue an ongoing course of treatment for a period of at least thirty (30) days. This shall apply if the Member's practitioner/provider leaves the provider network, or if a new Member's practitioner/provider is not in the provider network.
31. Members have the right to make recommendations about the organization's Member rights and responsibilities policies.
32. Members have a right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
33. Members or their legal guardians shall have the right to select an MCO and exercise switch enrollment rights without threats or harassment.
34. Members have a right to detailed information about coverage, maximum benefits and exclusions of specific conditions, ailments or disorders, including restricted benefits and all requirements that an enrollee must follow for prior approval and utilization review.
35. Members or their legal guardians have all the rights afforded by law, rule, or regulation as a patient in a licensed health care facility, including the right to refuse medication and treatment after possible consequences of this decision have been explained in language the Member understands.
36. Members or their legal guardians have the right to a complete explanation of why care is denied, an opportunity to appeal the decision to Molina Healthcare's internal review, the right to request a fair hearing with the Human Services Department once Molina's internal interview process is exhausted

37. Members or their legal guardians have the right to get information, when they ask, that HSD determines is important during the Member's first contact with the MCO. This information can include a request for information about the MCO's structure, operation and/or practitioners or senior staff's incentive plans.

### **Member Responsibilities**

1. Members or their legal guardians have a responsibility to give, to the extent possible, information that Molina Healthcare and its practitioners/providers need in order to care for him/her.
2. Members or their legal guardians have a responsibility to understand the Member's health problems and to help in developing treatment goals that everyone can agree to.
3. Members or their legal guardians have a responsibility to follow the plans and instructions for care that they have agreed on with their practitioner/provider or to notify providers if changes are requested.
4. Members or their legal guardians have a responsibility to keep, reschedule or cancel an appointment rather than to simply not show-up.
5. Members or their legal guardians have a responsibility to look at their Member Handbook or Evidence of Coverage and if there are questions call the Member Services Department for clarification of benefits, limitations and exclusions. The Member Services telephone number is located on the Member's Identification Card.
6. Members or their legal guardians have a responsibility to follow Molina Healthcare's policies, procedures and instructions for getting services and care.
7. Members or their legal guardians have a responsibility to show their Member Identification Card each time they go for medical care and to tell Molina Healthcare right away of any loss or theft of their identification card.
8. Members or their legal guardians have a responsibility to tell a participating practitioner/provider of their coverage with Molina Healthcare at the time of service. Members may have to pay for services if they do not tell the participating practitioner/provider of their coverage.
9. Members or their legal guardians have a responsibility to pay for all services they get before the effective date with Molina Healthcare and after the termination or cancellation of coverage with Molina Healthcare, if they did not have insurance. Members that are covered with Fee-for-Service Medicaid, another MCO or by another insurance company before the effective date or after termination or cancellation with Molina Healthcare should tell the practitioner/provider about their other coverage.



# Introduction

10. Members or their legal guardians have a responsibility to tell their ISD Caseworker if there is a change in name, address, telephone number or changes in their family.
11. Members or their legal guardians have a responsibility to tell HSD and Molina Healthcare if they get other medical coverage.
12. Members or their legal guardians have a responsibility to pay for all required co-payments and/or coinsurance at the time services are rendered.

## **Your Rights about Your Medical Care (Advance Directives)**

All adults have the right to make choices about their medical care in case of terminal illness or emergency. This means you can get medical care or choose not to get medical care. The choice you make for any limitations about the use of advance directives is a matter of conscience.

Your practitioner will have Advance Directive forms in his/her office. You can fill out the form. The form will tell your family, practitioners and those who need to know how you want to be cared for during an illness or medical emergency. The form will tell how you want to be cared for even when you can no longer speak for yourself. After you complete the form, it will be put in your medical file. You can end or change the advance directive at any time. You just need to communicate your wish to do so. If you want to know more about this, call Member Services. We will help you.

## **PRIMARY CARE PRACTITIONER (PCP)**

Your Primary Care Practitioner (PCP) plans and directs all your medical care. Your PCP will help you get the care you need. Your PCP can help you get other services you may not be able to get in the PCP's office. You may be able to get some services at the local health department or from other practitioners. Your PCP can be different for each family Member. Do not get care without asking your PCP first. You might have to pay the bill if you do.

## **How to Pick Your PCP**

A Molina Healthcare Provider Directory CD is included in your Member packet. You can use the Provider Directory to choose your PCP. The Provider Directory lists the PCPs you may choose from. The Provider Directory is also on the internet at [www.molinahealthcare.com](http://www.molinahealthcare.com). If you prefer a paper directory, you can tear out and mail the postcard from the front of this handbook. You can also call Member Services to ask for a paper directory. We will be happy to mail one to you.

1. You can pick a PCP from the list. You can call Member Services for help. Member Services will check to make sure the PCP you want is taking new Members. You can pick a PCP from the following:
  - General/Family practitioner: a practitioner for people of all ages;
  - Pediatrician: a practitioner for infants, children and teenagers;
  - Internal Medicine: a practitioner for adults and sometimes teenagers; or
  - OB/GYN: a practitioner who treats women for pregnancy and female health issues.
2. You can fill out the PCP Selection Form in your Member packet. Send this form to Molina Healthcare. Use the postage paid envelope that is in your Member packet.
3. You can also pick a PCP online. Go to Molina Healthcare's website at [www.molinahealthcare.com](http://www.molinahealthcare.com).

### How to Change Your PCP

If you want to pick a different PCP:

1. Choose a new PCP from the Molina Healthcare Provider Directory. You can also visit [www.molinahealthcare.com](http://www.molinahealthcare.com) to view the Provider Directory.
2. Call Member Services. Ask to change your PCP. Ask Member Services to check to make sure the PCP you want is taking new Members.
3. Molina Healthcare will send you a new identification (ID) card after you pick your PCP. The card will have your new PCP's name, address and telephone number. You will receive your new ID card within fourteen (14) days of your request.
4. If you pick your new PCP by the twentieth (20th) of the month, the change will start on the first (1<sup>st</sup>) of the following month.
5. If you pick your new PCP after the twentieth (20th) of the month, the change will start the first (1<sup>st</sup>) day of the second (2<sup>nd</sup>) month following the request.
6. When you get your ID card, call your PCP for an appointment.

### How to Make Appointments

To make an appointment with your PCP:

1. Call your PCP. The telephone number is listed on your Molina Healthcare ID card.
2. Tell the office what kind of problem you are having.
3. Tell them if you need a check-up.
4. Write down the date and time you are scheduled to see your PCP.

# Introduction

5. Make sure you go to your visit. If you cannot go, call your PCP at least twenty-four (24) hours before the visit to cancel. You should then call to make a new appointment.
6. Your PCP may send you to an urgent care center or to the emergency room if they feel you need this kind of care.

Remember to call your PCP for advice before you get care anywhere else. Call 911 for medical emergencies. Call Member Services if you have questions. Let us know if you need help with appointments.

## Member Identification (ID) Card

After you pick your PCP, Molina Healthcare will send you an identification (ID) card. The ID card will have your name and ID number on it. It will also have your PCP's name, address and telephone number. If the information on your card is wrong or if your card was lost or stolen, call Member Services. We will send you a new ID card.

All family members will have their own ID card. Only the person on the ID card can use it for services. If you think someone has used your ID card, please call Member Services or HSD.

Carry your ID card with you when you go to see your PCP. Carry your ID card with you when you get a prescription filled. This card has important information about Molina Healthcare. You should also carry your blue Medicaid card sent to you by HSD. After you get your ID card, call your PCP for an appointment.

Your PCP will:

- See you for routine checkups;
- See you when you are sick or injured;
- Tell you when you need to see a specialist; and
- Arrange for care at night, on the weekend or during a holiday.

If you need care before you get your ID card, please call Member Services.

## Choosing a Specialist as a PCP

If you have a serious illness and are seeing a specialist, your specialist may be able to act as your PCP. The specialist must agree to meet the minimum requirements of Molina Healthcare's PCP care. Call Member Services to ask about this.

Members may be approved to have a specialist act as their PCP. These decisions are based on continuity of care. They must be approved by Molina Healthcare's Medical Director. The Member must get a written note from the specialist whom they want as a PCP. The specialist must agree to act as a PCP for that Member. The note must include the reason for using the specialist as a PCP. The specialist must send the note to Molina Healthcare's Utilization Management department at:

**Molina Healthcare of New Mexico, Inc.**

**ATTN: Utilization Management**

**P.O.Box 3887**

**Albuquerque, NM 87190-9859**

The specialist can fax the note toll free to (888) 802-5711.

The request will be denied if the specialist does not want to be your PCP. The request will be denied if the note does not show why the specialist must be your PCP. You and the specialist will be notified of the denial by telephone. This call will happen within twenty-four (24) hours of the denial decision. You and the specialist will also be notified in writing. You will get this notice within two (2) working days after the denial decision. You will also be told of your appeal rights. You will be told of your right to select a different PCP.

### **If Your PCP leaves the Network**

If your PCP leaves the Molina Healthcare network, we will send you a letter telling you about this right away. We will pick a new PCP for you and we will send you a new ID card. You can keep this PCP. You can also call Member Services to pick a PCP of your choice from the Molina Healthcare network.

If the PCP is outside of the Molina Healthcare network, please call Member Services. They will tell you if you can still see that PCP. If you see a PCP outside the Molina Healthcare network, you may have to pay the bill.

### **How to Get Information about Providers**

Call Member Services if you have any questions about your PCP. Call Member Services if you have questions about providers that are contracted with Molina Healthcare.

# Benefits & Services

## BASIC BENEFITS AND SERVICES

### **Some of the services that Salud! covers:**

- PCP services (In-Plan);
- Well-Child health check-ups;
- Family planning;
- Home health services;
- Durable Medical Equipment (DME);
- Dental services;
- Emergency ambulance rides;
- Emergency services; and
- Some types of transportation.

### **Some of the services that Salud! does not cover, but are covered by Fee-For-Service (FFS) Medicaid:**

- Long-term nursing facility care;
- Emergency services for non-eligible Members; and
- Adult Personal Care Option services.

### **Services you can get without a referral from your PCP**

You may get vision, dental, family planning, OB/GYN and behavioral health services without seeing your PCP. You can get these services without getting a referral. You can get these services by calling:

- Routine Vision – Call March Vision Care (MVC) toll free at (888) 493-4070;
- Routine Dental – Call Molina Healthcare toll free at (800) 580-2811;
- OB/GYN – Women can self-refer for family planning services;
- Behavioral Health services – Call OptumHealth toll free at (866) 660-7185;
- Emergency Services – Dial 911 or go to the nearest emergency room. A prior authorization (approval) is not needed.

### **Family Planning Services**

Members can get family planning services in or out-of-network. They can do this without asking their PCP. This includes adolescents. Female Members have the right to refer themselves to a Women's Health specialist for routine and preventive women's health services. The specialist may be in or out of the Molina Healthcare network.

Examples of services covered under family planning are:

- Tests to help with choice of birth control; and
- Follow-up care for problems with birth control.

For more information about family planning services, call Member Services.

### Services for Native American Members

Native American Members can self-refer to Indian Health Services (IHS) or 638 Tribal Healthcare facilities. They can do this for any service. They do not need to ask their PCP for permission. Members that are registered as Native American Members with the Income Support Division (ISD) do not have co-payments for any services.

Native American Members can access a traditional medicine benefit once a year as part of their health care. For more information, call Member Services. To get a copy of the application, call Member Services.

### Summary of Most Common Services and Co-payments

<b>Summary of Benefits</b> Salud!, CHIPRA (Children's Health Insurance Program Reauthorization Act) and WDI (Working Disabled Individuals)			
<b>Service</b>	<b>Salud!</b>	<b>CHIPRA</b>	<b>WDI</b>
Physician/Provider Visits	\$0	\$5	\$7
Pre/Post Natal Care	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Hospital Inpatient Medical/Surgical	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Inpatient Maternity	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Outpatient Medical/Surgical	\$0	\$5	\$7
Home Health	\$0	\$5	\$7

# Benefits & Services

Physical, Occupational and/or Speech Therapy	\$0	\$5	\$7
Diagnostic Services (excluding routine lab and x-ray)	\$0 included in office visit	\$0 included in office visit	\$0 included in office visit
Durable Medical Equipment (DME)/Supplies	\$0	\$0	\$0
Emergency Services	\$0	\$15/per visit, waived if admitted to a hospital within 24 hours	\$20/per visit, waived if admitted to a hospital within 24 hours
Urgent Care	\$0	\$5	\$7
Prescription Drugs: Generic/Brand	\$0/per prescription	\$2/per prescription	\$5/per prescription
Behavioral Health and Substance Abuse	Behavioral Health and Substance Abuse services are offered by OptumHealth New Mexico. Call them toll free at (866) 660-7185.		
Transportation	Transportation services are offered by Integrated Transport Management (ITM). Please call ITM toll free at (888) 593-2052.		
Vision	Routine vision services are offered by March Vision Care (MVC). Please call MVC toll free at (888) 493-4070.		
Dental	Routine dental services are offered by DentaQuest. Please call Molina Healthcare Member Services toll free at (800) 580-2811.		

Co-payments do not apply to Native American children or Native American Working Disabled Individuals.

All benefits are subject to plan limitations and plan prior authorization requirements.

## Standard Covered Services

Some services may need a prior authorization (approval). Call Member Services to find out which services need a prior authorization. Do this before you get the service.

Some Salud Covered Services include:

- Primary Care Practitioner (PCP) services: office visits, home visits, routine care, physical exam, office procedures and shots;
- Routine and diagnostic X-rays and clinical laboratory tests, routine electrocardiograms (EKGs) and electroencephalograms (EEGs);
- Inpatient and outpatient surgery;
- Inpatient professional care services - including pathologists, radiologists and anesthesiologists;
- Inpatient hospital services - These services need prior authorization. They also need your PCP's referral. These services include:
  - 1 Semi-private room and board accommodations, including general duty nursing care;
  - 2 Private room and board accommodations when medically necessary;
  - 3 In-hospital therapeutic and support care, services supplies, and appliances, including care in specialized intensive and coronary care units;
  - 4 Use of all hospital facilities, including operating, delivery, recovery and treatment rooms and equipment;
  - 5 Laboratory tests, x-rays, electrocardiograms (EKGs), electroencephalograms (EEGs) and other diagnostic tests done in combination with a Member's admission to a hospital;
  - 6 Anesthetics, oxygen, medications and other biologicals;
  - 7 Dressings, casts and special equipment when given by the hospital for use in the hospital;
  - 8 Inpatient meals and special diets;
  - 9 Inpatient radiation therapy and/or inhalation therapy;
  - 10 Rehabilitative services – physical, occupational and speech therapy;
  - 11 Administration of whole blood, blood plasma and components; and
  - 12 Discharge planning and coordination of services.
- Maternity Care;
- Outpatient hospital services that can reasonably be given on an outpatient basis;
- Surgeries, including use of operating, delivery, recovery and treatment rooms, equipment and supplies including anesthesia, dressings and medications;
- MRI, CT Scans and Positron Emission Tomography (PET) tests;
- Radiation therapy and chemotherapy;
- Holter monitors and cardiac event monitors;
- Rehabilitative services – including heart and short-term, physical, occupational and speech therapies;



# Benefits & Services

- Emergency and post stabilization care - including twenty-four (24) hour emergency medical care and emergency room service;
- Same day care or urgent care and urgently needed health services;
- Women's health services;
- Mammography and cytological screening;
- Services related to the diagnosis, treatment and appropriate management of osteoporosis;
- Prenatal and post partum care;
- Non-hospital births;
- Preventive health services including physical exams and periodic tests;
- Family planning services (including birth control pills, supplies and devices, surgical procedures to cause sterility or prevent pregnancy);
- Dialysis services;
- Inpatient physical rehabilitation services;
- Home health services;
- Ambulance service (emergencies only);
- Limited oral surgery;
- Limited reconstructive surgery;
- Prescription Drugs;
- Diabetes treatment services; equipment, supplies and appliances to treat diabetes. Benefits include:
  - 1 Blood glucose monitors, including those for the legally blind;
  - 2 Test strips for blood glucose monitors;
  - 3 Visual reading urine and ketone strips;
  - 4 Lancets and lancet devices;
  - 5 Insulin (limit two [2] vials per co-payment);
  - 6 Injection aids, including those adaptable to meet the needs of the legally blind;
  - 7 Syringes;
  - 8 Prescriptive oral agents for controlling blood sugar levels; and
  - 9 Medically necessary podiatric appliances to help prevent foot complications related to diabetes. This includes therapeutic molded or depth inlay shoes, functional orthotic appliances, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment; and Glucagon emergency kits.
- Durable Medical Equipment (DME) (wheelchairs, walkers, oxygen, etc.) (See Limitations);
- Prosthetics and Orthotics (See Limitations);

- Organ Transplants; and
- Health Education.

### **How to Get a Second Opinion**

A second opinion is when you ask to see another Molina Healthcare practitioner/provider about your medical condition. You can get a second opinion from another practitioner/provider. If a qualified practitioner/provider is not available in the network, you have the right to get a second opinion. You can get a second opinion from a qualified practitioner/provider outside of the network. If you think you need a second opinion, call Member Services.

### **How to Get Hospice Care**

Hospice is a service to care for a patient with a terminal illness. The patient usually has a life expectancy of six (6) months or less. Licensed hospice programs in the state of New Mexico give support and comfort to the patient and the family during the final months of life. Hospice services offer palliative care, which gives relief from pain and other symptoms, rather than curative treatment. The goal of hospice is to make sure that a patient's remaining time is as pain-free and peaceful as possible.

Hospice care improves the quality of life for the patient. It gives a personalized plan of care that focuses on the patient's comfort and dignity. Hospice staff respects the wishes of the patient. They encourage communication among family members and the medical team.

Members who have a terminal illness can get hospice care. If you have questions about hospice care, call Member Services.

## **BEHAVIORAL HEALTH SERVICES**

Behavioral health care services are provided through OptumHealth New Mexico (OptumHealth). If you have questions about your behavioral health needs, call OptumHealth. If you need to talk to someone, call OptumHealth. You can reach OptumHealth toll free at (866) 660-7185. If you need help with your OptumHealth referral, call Member Services.

Call Member Services if you have questions about covered or non-covered services. We will answer your questions. A detailed listing of covered services,

# Benefits & Services

limitations and non-covered services (exclusions) is included in this Member Handbook. Salud! covers all medically necessary services that are offered. Medically necessary means that a service is needed to prevent, diagnose or treat a medical condition.

## ADDITIONAL BENEFITS AND SERVICES

### How to Get Dental Care

Taking care of your teeth can help keep you healthy. Molina Healthcare works with DentaQuest. They will take care of your dental needs. If you are pregnant, dental care is very important to your health and your baby's health. Good dental care may help prevent premature birth.

You may have dental coverage for the following care when it is medically necessary:

- Preventive dental care, such as cleanings and x-rays. These services help to keep your teeth healthy;
- Restorative care, such as fillings, root canals and crowns. These services help to fix dental problems you may have;
- Prosthetics such as bridges and dentures. These services help to replace lost teeth;
- Periodontia is a service to take care of your gums; and
- Orthodontia (braces). Braces are covered when teeth are so crooked that they cause medical problems. They are not covered for cosmetic purposes. (A Member must reach a score of thirty (30) points on the Handicapping Labio-Lingual Deviations (HDL) scoring tool to qualify for braces.)

### How to Get Vision Care

Regular eye exams are important. These exams allow your March Vision Care (MVC) doctor to find and treat eye problems before they start. This can happen even before you notice any problems. Follow these simple steps when you are ready to use your MVC benefit:

- 1 Find a MVC doctor
  - Call a MVC representative toll free at (888) 493-4070. Or TTY/TDD (for the hearing impaired) toll free at (877) 627-2456;

- Find a MVC doctor by using your MVC provider directory; or
  - Visit the MVC website at [www.marchvisioncare.com](http://www.marchvisioncare.com).
- 2 Call a MVC doctor
- Make an appointment;
  - Tell the doctor you are a MVC Member;
  - Give your identification number to the doctor (this number is on your Member identification card); and
  - Your MVC doctor will check with MVC to see if you can get services. If you cannot get services, your MVC doctor will let you know.
- 3 After your Eye Exam
- Your MVC doctor will discuss your eyewear and/or treatment options with you.

If you have diabetes, you should have an annual dilated eye exam. This is not the same as an eye exam for glasses.

## **MEDICAID BIRTHING OPTIONS PROGRAM**

If you are pregnant and eligible for Medicaid, you have a choice of who will provide care for you. You can also choose where your baby will be born.

Women in New Mexico have choices about where to give birth:

- A birth center;
- A hospital; or
- Your own home.

Many health care practitioners/providers offer pregnancy-related services.

Many times they work together to provide care for you and your baby:

- Certified Nurse-Midwives\*;
- Family Practice Physicians;
- Licensed Midwives\*;
- Nurse Practitioners;
- Obstetricians; and
- Physician Assistants.

Services for pregnant women may include:

- Prenatal care;
- Case Management;
- Childbirth education;
- Doula services (where available);
- Birthing services for Labor and Delivery;
- Postpartum care;

# Benefits & Services

- Breastfeeding counseling;
- Reproductive Health; and
- Family planning.

If you would like to select out-of-hospital services provided by a midwife\*, please send the following information by mail:

- Your name;
- Your address;
- Your telephone number;
- Name of midwife; and
- Telephone number for the midwife you have chosen.

Mail this information to the following address:

Pregnancy-Related Services Benefits Bureau HSD-MAD  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

Or call the Medical Assistance Division toll free at (888) 997-2583.

For more information about the services that are provided by midwives\*, please contact:

## **New Mexico Midwives Association\***

Toll free at (888) 332-4784 or in Albuquerque at (505) 924-2169.

<http://www.newmexicomidwifery.org>

## **American College of Nurse-Midwives New Mexico Chapter**

<http://nmmidwives.org/practices.php>

## **Maternal Health Program Department of Health**

In Albuquerque at (505) 476-8908.

*\*These services are only covered if they are provided by healthcare providers who have an approved Provider Agreement with the Human Services Department/ Medical Assistance Division.*

## TRANSPORTATION

### Does Salud! pay for Transportation?

Members who can transport themselves must do so. If you have been taking yourself to your practitioner/provider visits, you must continue to do so. Transportation based on medical necessity is a covered benefit in the Salud! Program. It is for Members who have no other means of transportation.

The provider for transportation is Integrated Transport Management (ITM). You can contact ITM to let them know if there are special needs with your case.

Transportation can only be used to go to medical or behavioral health visits. The service is only good to see the practitioner/provider that has been approved by Molina Healthcare. The Salud! Program does not cover transportation to the store or to see a friend.

ITM will call Molina Healthcare and check to see that your medical visit has been approved. This must be done before they can approve transportation. For non-emergency transportation, you must give ITM at least two (2) working days notice.

### What are ITM's Hours of Operation?

ITM has regular business hours Monday - Friday from 7:00 a.m. to 5:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m.

ITM is open twenty-four (24) hours a day, seven (7) days a week for urgent calls.

### What is ITM's Telephone Number?

The toll free number is (888) 593-2052.

### How do I Get Routine Transportation?

ITM must be notified two (2) working days before your visit. It takes time to arrange for transportation. ITM needs to know:

- Your address and telephone number;
- Your ID number;
- Where you are going;

# Benefits & Services

- Who you are seeing;
- The practitioner/provider address and telephone number; and
- The day and time of your visit.

After ITM has this information, they will call the practitioner/provider. ITM will confirm the visit. ITM will then set-up the transportation. ITM will call you back with the time of pick-up.

## **Will Molina Healthcare pay me to use my own car for transportation?**

Yes, Molina Healthcare can pay for this. But only if certain things are done first:

- ITM must approve the visit before you go;
- You must keep receipts for gas;
- Your visit must match the day you are asking Molina Healthcare to pay you back; and
- ITM must confirm you went to the visit before Molina Healthcare can pay for the trip.

## **What if I have been using my car and the day of my appointment the car breaks down?**

Call ITM and tell them what the problem is. Just like with routine transportation, ITM needs this information:

- Your address and telephone number;
- Your ID number;
- Where you are going;
- Who you are seeing;
- The practitioner/provider address and telephone number; and
- The day and time of your visit.

ITM will set up the transportation once they have this information. ITM will call you back with the time of pick-up.

## **Does Salud! pay for housing and food?**

The transportation benefit may also pay for housing and food. This is if you go out of town for a medical or behavioral health visit. This is only if the trip is longer than four (4) hours one-way by ground transportation. ITM will tell you if you can do this.

You must keep your receipts for housing and food. There are limits to the amount of housing and food that Salud! will pay for. Copies of these receipts must go to ITM. ITM can directly pay for food and housing in advance. ITM can tell you how much they are allowed to pay for. ITM is happy to help you with questions about housing.

### **What if I need transportation outside of the State of New Mexico?**

ITM does not contract for transportation or housing outside of the state. If the Molina Healthcare Medical Director has approved the need to go out of state, a care coordinator/complex medical case manager will make the arrangements.

### **What if I have a need for urgent or same-day transportation?**

ITM will ask you a series of questions. This is to decide how urgent the transportation need is. They are trying to figure out if you need an ambulance or a cab. ITM is open twenty-four (24) hours a day, seven (7) days a week for urgent calls. Below are examples of questions they may ask:

- Do you have a fever?
- Are you on oxygen?
- Do you use a wheelchair or walker? or
- Are you coughing?

An example would be a child who has a high fever. He/she needs to go to the hospital, but he/she does not need an ambulance. This is an example of an urgent call.

### **What if the transportation is a true emergency?**

While ITM is talking to you and if the case sounds like a true emergency, ITM will tell you to hang up the telephone and call 911. ITM will take care of paying for the ambulance later. Do not call ITM first if you think a problem is a true emergency. Please call 911.



# Benefits & Services

## **What if my underage child needs to go to a medical appointment and I cannot go?**

ITM will need you to sign a waiver saying that it is okay for them to transport the child. It is very important that you make every effort to go with your child. This will help you to understand your child's problem. Many practitioners/providers will not treat a child without a parent there. If you do not sign a waiver, or go with your child, there is a chance the driver will not transport your child.

## **What if I have a problem with transportation?**

Sometimes problems happen with transportation. We want to know if there is a problem. Please call Member Services with any concerns.

We are always trying to improve our service to you. We cannot make services better if we do not know about a problem. Please call Member Services if ITM cannot help you with your questions or problems.

## **SERVICES REQUIRING PRIOR AUTHORIZATION (Approval)**

A prior authorization is a review of the service that has been asked for. The service will need to be looked at by the Medical Director. The Medical Director will decide if the test, equipment or procedure meets the criteria for "medically necessary" care or treatment. Within one (1) to five (5) days, both the patient and the PCP will be told if an authorization or a denial is given. If a denial is given, the patient and/or provider can appeal the decision.

The following is a list of tests and procedures that will need a prior authorization:

Heart station procedures:

- Dobutamine ECHO

Radiology/imaging procedures:

- MRIs;
- PET Scanning;
- Interventional Radiology; and
- CT Scans.
- Elective inpatient admission;
- Neuropsych testing;
- Physical, Occupational and Speech therapies (after initial consultation and

- treatment visit);
- Inpatient rehabilitation services;
- Home health services;
- Durable Medical Equipment;
- Oral and reconstructive surgery;
- Inpatient behavioral health and detoxification;
- Pain Management services; and
- Sleep Studies.

### Service Limitations

Covered services are subject to the following conditions and limitations:

1. Medically Necessary services are clinical and rehabilitative, physical, mental or behavioral health services that are:
  - A. Necessary to prevent, diagnose or treat medical conditions;
  - B. Necessary to allow the Member to reach, maintain or recover;
  - C. Given in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the Member;
  - D. Given within professionally accepted standards of practice and national guidelines; and
  - E. Needed to meet the physical, mental and behavioral health needs of the Member and are not primarily for the convenience of the Member, the provider or the payer.
2. Choice of Provider. For the purpose of coverage under this policy, Molina Healthcare has the right to decide which practitioner/provider can be used to provide the covered services.
3. Contact Lenses or Eyeglasses. Following Cataract Surgery One (1) complete set of contact lenses or eyeglasses is covered following surgery for the removal of cataracts from one or both eyes. Coverage is limited to either one (1) set of contact lenses or eyeglasses per Member per surgery. The maximum amount of coverage for materials (contact lenses or eyeglasses) is limited to \$300 per surgery. Coverage for contact lenses or eyeglasses is limited to ninety (90) calendar days following surgery for the removal of cataracts. Contact lenses or eyeglasses obtained after the ninety (90) calendar day period are not covered.

# Benefits & Services

4. **Dental Services.** In cases of accidental injury to sound natural teeth, the jawbones or surrounding tissues, treatment for injury is covered when initial treatment for the injury is sought within seventy-two (72) hours of the injury. Teeth with crowns or restorations are not considered to be sound natural teeth. The injury must be properly noted during the initial treatment. Services must be completed within twelve (12) months of the date of injury.
5. **Home Health Services.** If home health services can be provided in more than one medically appropriate setting, the MCO may choose the setting for providing the care.
6. **Major Disasters.** In the event of any major disaster, epidemic, or other circumstance beyond its control, Molina Healthcare will provide or attempt to arrange covered services with participating practitioners/providers as practical using its best judgment and within the limitations of facilities, supplies, pharmacies and personnel available. Such events include:
  - Complete or partial disruption of facilities;
  - War;
  - Riot;
  - Civil uprising;
  - Disability of participating providers; and
  - Act of terrorism.
7. **Maternity Transportation.** Coverage for transportation is given when medically necessary to protect the life of the infant or mother. This includes air transport if needed, for medically high-risk pregnant women with an impending delivery of an infant, to the nearest available care center.
8. **Mastectomy and Lymph Node Dissection.** Length of inpatient stay: not less than forty-eight (48) hours inpatient stay following a mastectomy and not less than twenty-four (24) hours of inpatient care following a lymph node dissection when deemed medically appropriate by physician and patient.
9. **Orthotic Appliances and Prosthetic Devices.** Repair or replacement of orthotic appliances and prosthetic devices due to normal wear.
10. **Physical, Speech and Occupational Therapy.** Physical, occupational and speech therapy services which are reasonable and necessary for the treatment of the Member's specific condition.
11. **Post Mastectomy Supplies.** Bras required in combination with reconstructive surgery are limited to two (2) per Member per benefit year.
12. **Prescription Drugs.** Prescription drugs are limited to generic drugs and name brand prescription drugs. They are listed on the drug formulary. For each co-payment amount, quantities are limited to a thirty (30) calendar day supply or one hundred (100) tablets, whichever is less, per prescription or refill. All other units will be given in a thirty (30) calendar day supply.

13. Transplants. The following transplants are covered as long as the indications are not considered experimental or investigational:

- Heart;
- Lung;
- Heart/Lung;
- Liver;
- Kidney;
- Bone marrow; and
- Cornea.

Molina Healthcare has the right to require that transplants be performed at contracted Centers of Excellence if one is available.

### Services Not Covered (Exclusions)

Molina Healthcare does not cover services or supplies that are not specifically listed as a covered service. If a service is not a covered service, then all services performed in conjunction with the non-covered service are not covered as well. The list of exclusions below is not a complete listing, but is meant to be of help to Members. If a service is not listed as a covered service, then it is not covered regardless of medical necessity. Other services that are not covered are:

1. Services not coordinated through a Member's PCP or lacking a prior Authorization (approval). Health services and supplies are not covered if they are not provided by or under the direction of:
  - A. The Member's PCP or a practitioner/provider to whom the Member has been referred by his PCP;
  - B. A non-participating practitioner/provider to whom the Member has been referred by his PCP, and a prior authorization is in place for those services; or
  - C. A service or supply that requires a prior authorization if a prior authorization is not obtained.
2. Services not medically necessary, not standard medical practice or experimental. The following services are not covered:
  - A. A treatment, procedure, facility, equipment, drug, drug use, device or supply that is not medically necessary. Molina Healthcare only pays for medically necessary services given by approved providers to eligible Members. Molina Healthcare does not cover experimental or investigational medical, surgical or other health care procedures or treatments, including the use

# Benefits & Services

of drugs, biological products or other products or devices, except routine patient costs associated with certain Phase I, II, III and IV cancer clinical trials.

- B. Drugs and devices that are not Federal Drug Administration (FDA) approved for the proposed use or which have been voluntarily removed from the market.
  - C. Medical, surgical, and/or behavioral health procedures, pharmacological regimes, and/or related health services, if they are experimental, under investigation or generally not standard medical practice.
3. Acupuncture and Chiropractic Services. These services are not covered.
  4. Assistant Surgeon Services. Payment for assistant surgeon services when Molina Healthcare does not approve an assistant surgeon is not covered.
  5. Cosmetic Services. Cosmetic services are not covered, including but not limited to:
    - Surgery, services or procedures to change family characteristics or conditions due to aging;
    - Dermabrasion;
    - Scar reconstruction or revision;
    - Acne surgery (including excision of scarring & cryotherapy);
    - Tattoo removal;
    - Orthognathic jaw surgery;
    - Services performed in connection with the enlargement, reduction, implantation or change in appearance of a portion of the body;
    - Surgical excision or reformation of sagging skin on any part of the body including, but not limited to eyelids, face, neck, abdomen, arms, legs or buttocks;
    - Microphlebectomy;
    - Sclerotherapy;
    - Liposuction;
    - Rhinoplasty;
    - Otoplasty;
    - Services related to a cosmetic service or needed as a result of a non-covered cosmetic service;
    - Surgery needed as a result of a non-covered procedure (such as a non-covered organ or tissue transplant or a sex change operation); or
    - Breast augmentation, reduction mammoplasty or nipple reconstruction except as related to reconstructive surgery.
  6. Court Ordered Care .Court mandated evaluations and treatment that would not comply with the terms and conditions of the Salud! contract are not covered.
  7. Coverage Out of the Service Area. Coverage while away from the service area, except for emergency health services and urgently needed health

services, is not included, unless otherwise covered.

8. Bariatric (weight loss) Surgery. Bariatric surgery and related expenses.
9. Custodial Care. Custodial or home (domestic) care, including services and supplies that can be performed by non-licensed medical personnel to help a Member meet the normal activities of daily living, are not covered for adults over twenty-one (21) years of age. Personal Care Services are available to Individuals with Special Healthcare Needs who are twenty-one (21) years of age or younger. Examples of custodial care that are not covered are:
  - A. Bathing;
  - B. Feeding;
  - C. Preparing meals; and
  - D. Performing housekeeping tasks.

Call Member Services for questions about covered and non-covered services. Molina Healthcare will also tell you if your benefits have changed.

## EMERGENCY/URGENT SERVICES

### Emergency Care

An emergency is when you need care right away. You need emergency care because you have an injury or sudden illness. A prior authorization is not required for emergency services.

Here are some examples of emergencies:

- Broken bones;
- Bleeding that does not stop;
- Heart attacks;
- Major burns; or
- Drug overdoses.

### What to do if you have an emergency

Call 911 if you have a serious health problem or accident. You can also go the nearest emergency room (ER). Tell the ER person who your PCP is. Call your PCP as soon as you can to let him/her know about your emergency.

**Follow-up care is not an emergency.** You should call your PCP's office to set up follow-up care if you need it. You can also call Member Services for help setting follow-up care.

# Benefits & Services

Do not go to the emergency room for care you can get in your PCP's office. Call the Molina Healthcare 24-Hour Nurse Advice line if you have questions about using the emergency room.

The Molina Healthcare 24-Hour Nurse Advice line is available twenty-four (24) hours a day, seven (7) days a week. You can use it if you are sick, injured or not feeling well. Qualified nurses will speak with you. They will help direct you to the right care.

If you are not able to reach your PCP or speak with the practitioner on-call, you can contact Molina Healthcare's 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or call toll free (866) 648-3537 for a Spanish-speaking representative.

Here are some examples of when you should not use the emergency room:

- Sore throats;
- Cold or flu;
- Back pain; or
- Tension headaches.

Do not wait until after office hours to get care for you or your family.

## **Getting Emergency Care While Traveling**

Go to the nearest emergency room if you are very sick. Go if you are badly injured and need treatment right away.

Call your PCP within forty-eight (48) hours after getting emergency care. Tell him/her what kind of care you got.

Member Services or Molina Healthcare's 24-Hour Nurse Advice Line can help you with medical care information. We can do this when you are traveling.

## **How to Get Services when you are outside the State of New Mexico**

Emergency services are the only services that will be paid when you are outside of New Mexico. A prior authorization (approval) is not needed before you get emergency care. If you have an emergency, go to the nearest emergency room. Tell them you are covered by Molina Healthcare. Show them your Molina Healthcare ID card.

After Emergency care, call your PCP within forty-eight (48) hours. Tell him/her what kind of care you got.

If you are sick but it is not an emergency, call the Molina Healthcare 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

### **Urgent Care**

Urgent care is when you must get treatment within eighteen (18) to twenty-four (24) hours. Check with your PCP first before you get urgent care. Your PCP should see you if the urgent need is during regular office hours. If they cannot see you, they will send you to an Urgent Care office or to the emergency room (ER). Call Member Services if there are problems getting in to see your PCP. We will try to help you be seen.

### **How to Get Services After Hours**

Call your PCP if you think you need urgent medical care. If you cannot reach your PCP or the practitioner/provider on-call, call the Molina Healthcare 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

### **Contact with your PCP**

If you get emergent or urgent care, you should tell your PCP within forty-eight (48) hours. Your PCP may need to see you for follow-up care.

Your PCP will need to get copies of the records from the emergency room or urgent care visit. Sometimes hospitals do not send these records right away or the records may get lost. This will make it very hard for the PCP to be able to help you or your family member. Remember that practitioners/providers and nurses need this information to help you. You might have to help get the records.

### **Information to take to the Emergency Room**

It is important to take information about yourself to the Emergency Room. You should have information about:

- Medications you are taking (including over the counter medication);



# Benefits & Services

- Allergies;
- Diagnoses;
- PCP or specialist names and telephone numbers;
- Medical equipment provider (if you have one);
- Pharmacy; and
- Home care provider (if you have one).

## **What to do if you have an Emergency need for Durable Medical Equipment (DME)**

Some DME, like oxygen or a ventilator, is very important. It can be serious if the machine breaks or the oxygen tank runs out. Call your DME provider for help if you have an emergency with your DME. Keep their telephone number where you can find it. You can put the telephone number on the equipment. You can put the telephone number on your refrigerator. This will help you find the number in an emergency.

Call 911 if you are in immediate danger. You can get emergency DME from your DME provider. You do not have to contact Molina Healthcare. Your DME provider will get approval later.

Reorder supplies you use on a regular basis. Order them from your DME provider. Supplies can be ordered during regular business hours. Molina Healthcare can give a prior approval for some DME supply refills. These referrals may last as long as one (1) year. Call your DME provider if your DME is not working as it should. Call them during regular business hours for help.

Call Member Services if you cannot get the help you need from your DME provider. We have someone on call twenty-four (24) hours a day, seven (7) days a week, for urgent or emergency needs. We will help you get the DME supplies and equipment that cannot wait until the next day.

## **NURSE ADVICE LINE**

### **Molina Healthcare's 24-Hour Nurse Advice Line**

Nurses can help you by telephone. You can reach them twenty-four (24) hours a day, seven (7) days a week. You can reach them on holidays. They can help you with health questions. They can tell you what medical care you may need. If you cannot

reach your PCP or talk with the practitioner/provider on-call, you can call Molina Healthcare's 24-Hour Nurse Advice Line. Call them toll free at (888) 275-8750 or TTY/TDD (866) 735-2929 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

## PHARMACY SERVICES

### Filling Prescriptions

There may be times when your practitioner or provider prescribes a medication for you. The prescriptions for your medications can be filled at most retail pharmacies.

Molina Healthcare has a list of drugs that can be prescribed for you by your practitioner/provider. This list is given to PCPs and specialists. Your PCP can tell you if the drug you need is on the list. If the drug is not on the list (Formulary), your PCP has to get approval. Your PCP must submit an authorization form to Molina Healthcare. The authorization form (also called a prior authorization) should explain why you need a drug that is not on the list.

You can access our website to view a list of drugs that are on our approved list. The website is [www.molinahealthcare.com](http://www.molinahealthcare.com). At the website, select 'Member' and the State of 'New Mexico'. Select the tab labeled 'Drug Formulary'. On this page, you can select either 'Brand Name' or 'Over-the-Counter Formularies'. You can look at the website to find a Pharmacy provider by selecting 'Find a Pharmacy'. If you have questions, please call Member Services.

Call Molina Healthcare if you have questions about the drug list or prior authorizations. The toll free number is (800) 580-2811. After business hours or on holidays, call the toll free Nurse Advice Line for questions about the drug list or for pharmacy information. To talk to a nurse in English call toll free (888) 275-8750. To talk to a nurse in Spanish call toll free (866) 648-3537. Your Provider Directory also has pharmacy location information.

### Medication Refills

The pharmacy can give you a refill on your medication. You can get a refill if your doctor has ordered one. The pharmacy cannot refill your medication

# Benefits & Services

more than five (5) days before the refill date. They cannot refill it before three-fourths (3/4) of your medication has been used.

## Questions about Medication

The pharmacist can answer questions you have about your medication. Make sure you know how to take your medication. Tell the pharmacist if you have allergies to medication or foods. Tell your PCP and pharmacist about other medications, vitamins or herbal remedies you are taking.

If you are having problems with your medication, talk to your practitioner/provider right away. Your practitioner/provider needs to know if you are having problems.

## Exceptions to Denied Medications

Molina Healthcare uses a special list of drugs. It is called a Drug Formulary. Your doctor can ask Molina Healthcare to cover a drug that is not on this list. This is called an “exception”.

Your doctor can ask for a prior authorization. They ask Molina Healthcare for the prior authorization. If your doctor’s request for an exception is not approved, you have a right to appeal that decision. You have a right to get another review. You will get a denial letter from Molina Healthcare. Your doctor will get a denial letter from Molina Healthcare. The letter will tell you how to ask for an appeal.

## INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS (ISHCN)

### How do I know if My Child or I are Individuals with Special Health Care Needs?

The State of New Mexico says Individuals with Special Health Care Needs (ISHCN):

- Have or are at more risk for an ongoing physical, developmental, or behavioral/emotional condition;
- Need health and related services that are different from the services needed by most individuals; or
- Need help getting through the health care system.

This is the list Molina Healthcare uses to identify Individuals with Special Health Care Needs. It helps us decide who needs Care Coordination/Complex Medical

Case Management (CC/CMCM) services.

- Children or adults who are eligible for Social Security Insurance as disabled under Title XVI;
- Children who are in the Department of Health (DOH) Title V children's Medical Service Program;
- Children or adults taking part in the Home and Community Based Waivers;
- Children who get foster care or adoption assistance support through Title IV-E;
- Other children in foster care or out-of-home replacement;
- Children or adults who are mentioned in the Individuals with Disabilities Education Act; or
- Other individuals whose clinical reviews show that they have special health care needs.

You can ask for CC/CMCM services. Call Member Services.

### **ISHCN Information Packet**

The packet will tell you:

- How to get CC/CMCM;
- Places in the community to get help;
- Logs to keep track of practitioner/provider visits;
- Logs to keep track of medicines you are taking;
- How to set up transportation; and
- How to get durable medical equipment (DME) in an emergency.

You can get the packet from Molina Healthcare. To ask for a packet, call Member Services. Ask for an ISHCN Coordinator.

### **ISHCN Educational Programs**

Molina Healthcare has many educational programs for the caregivers of ISHCN. Ask for an ISHCN Coordinator. They can give you information about the program.

### **Choosing a Specialist as a PCP (ISHCN)**

An Individual with Special Health Care Needs can have a specialist act as their PCP. The Member must get a written note from the specialist they want as a PCP. The specialist must agree to act as a PCP for that Member. The specialist

# Benefits & Services

must send a note to Molina Healthcare's Utilization Management Department. The note must include the reason for using the specialist as a PCP.

Send the written note to:

**Molina Healthcare of New Mexico, Inc.**  
**ATTN: Utilization Management**  
**P.O. Box 3887**  
**Albuquerque, NM 87190-9859**

The specialist can fax the note toll free to (888) 802-5711. If you need a specialist as a PCP, the specialist must agree to meet the minimum requirements of Molina Healthcare's PCP care.

When Molina Healthcare gets the note from the specialist, it is sent to the Medical Director for review. The Medical Director reviews the note for medical need.

The specialist must write that they are willing to act as your PCP. The note must show there is a medical need for the specialist to act as your PCP. The request will be denied if the specialist does not want to be your PCP. The request will be denied if the note does not show why the specialist must act as a PCP. You and the specialist will be told of the denial by telephone. The call will happen within twenty-four (24) hours of the denial decision. You and the specialist will also be told in writing. You will get this notice within two (2) working days after the denial decision. You will also be told of your appeal rights. You will be told of your right to select a different PCP.

## **Behavioral Health Services for Individuals with Special Health Care Needs (ISHCN)**

Behavioral health services are provided through OptumHealth New Mexico (OptumHealth). If you have questions, you can call OptumHealth. You can talk to OptumHealth about your behavioral health needs. Call OptumHealth toll free at (866) 660-7185.

## **How to Arrange for Transportation for Individuals with Special Health Care Needs (ISHCN)**

Members who can transport themselves should do so. If you have been taking yourself or your dependent to the practitioner/provider, you must continue to do so. Medically necessary transportation is a covered benefit in the Salud! Program. It is for Members who have no other means of transportation. This is talked

about more in the transportation section of the Member Handbook. Molina Healthcare provides transportation for behavioral health.

### **What to do if an Individual with Special Health Care Needs has an emergency**

An emergency is when you feel you or your dependent's life or limb is immediately threatened. Call 911 if this is the case. The Salud! Program pays for true emergencies. You can get this service without an approval from Molina Healthcare. It is important to get treatment first and take care of paperwork later.

## **HEALTH CARE SERVICES (HCS) INFORMATION AND SERVICES**

### **What is Health Care Services (HCS)?**

We want to make sure you are getting the right kind of medical care. Our (HCS) staff work hard to make sure you do.

There are times when the care you need requires prior approval from Molina Healthcare. This is when our (HCS) staff looks at your medical needs. This is to make sure the kind of medical care being asked for is the best care for you. Only a Medical Director can decide if your medical care will not be approved. This is based on medical necessity. Our practitioners/providers and nurses do not get any money or compensation for denying services or payment for care.

After you get medical care, Molina Healthcare looks at your records. This is to make sure you got the medical care you needed. This (HCS) review helps us make sure that you got the right care. If you have questions, call Member Services between 8:00 a.m. and 5:00 p.m., Monday – Friday (except holidays).

### **What are Prior Authorizations (Approvals) and Specialist Referrals?**

Some services and prescriptions need a Approval. Molina Healthcare gives a Prior Approval to you and your provider for certain services. For example:

- You will need a Approval from Molina Healthcare for all services performed by an out of plan provider; and
- You will need a Approval from Molina Healthcare for all non-medically necessary services.

# Benefits & Services

Your PCP or specialist will decide if you need this type of service. Your PCP or specialist will ask Molina Healthcare for the approval. Molina Healthcare must approve the services before you get them. If you get services that Molina Healthcare does not approve, you may have to pay the bill.

A referral is from your PCP to a Molina Healthcare specialist. This does not need to be approved by Molina Healthcare.

If you have questions about services that need an Approval or referral, call Member Services. Call us in Albuquerque at (505) 342-4681 or toll free at (800) 580-2811.

## **How to Get PCP, Specialist or Hospital Services**

You should make an appointment with your PCP when you pick one. It is important to meet your PCP. Make an appointment even if you are not sick. This will help your PCP get to know you.

The PCP will check your medical history. The PCP does this to help keep you healthy. The visit is part of your preventive benefit. You need to see your PCP if you think you need hospital care that is not an emergency.

Your PCP must refer you if you need to see a specialist. Your PCP will give you a referral form. You must take the referral form with you when you go to see the specialist.

You must make sure the specialist is part of the Molina Healthcare network. You can do this by calling Member Services. Do not get care without asking your PCP first. You may have to pay the bill if you do.

## **Care Coordination/Complex Medical Case Management**

Care Coordination/Complex Medical Case Management is a benefit offered to Members with chronic or complex problems or special needs. The CC/ CMCM Program have nurses and other trained staff. They are trained in different areas. They are there to help you with your care and to get you the care you may need. They can help with social issues. They know of agencies that may help you if a service is not covered.

If you have special health care needs, you may be able to get CC/CMCM. Call Member Services for more information. You do not have to go through your PCP to get these services.

CC/CMCM works closely with you and your PCP. During their first call to you, an initial review is done. This review helps them find out what your needs are. This review helps the CC/CMCM and the PCP and/or specialist start a plan of care for you. The plan of care is made with your input. The CC/CMCM will put the plan of care into action. They will make changes if needed.

### **What is Care Coordination?**

Care Coordination is a service offered to all Members of Molina Healthcare. It may be helpful to Individuals with Special Health Care Needs. A Care Coordinator is a licensed nurse or social worker or other paraprofessional. They can help you in locating services. They can help you get through the health care system. They can help you get the services you need to ensure your good health.

Some of the services offered by Care Coordination are:

- Medical care;
- Emotional care;
- Social work;
- Nutrition programs;
- Food banks;
- Education agencies;
- Medical equipment;
- Medications;
- Tests or procedures;
- Transition of care from one health plan to another; and
- Support groups.

Nurses and social workers oversee Care Coordinators.

### **Who needs Care Coordination?**

If you are having a hard time getting the care you need, you can ask for Care Coordination. A Care Coordinator can help you get services from other agencies. A Care Coordinator can help you if:

- Your child has a developmental delay. The delay is not medical in nature. The delay is educational in nature. This type of delay is not covered under the Salud! Program. But there are government agencies that help care for this type of problem. The Care Coordinator can help you get into these programs;



# Benefits & Services

- Your teenage child has a behavior problem. Your teenager has been in trouble with the school. This is because of his/her behavior. Your child also has diabetes. He/she does not care for it. The Care Coordinator can help you get psychology services for your teenager. The Care Coordinator can help your child get diabetic training;
- You are an adult who is disabled and is having a hard time getting in to the practitioner/provider for a visit; or
- You are a new Member with the health plan and information from your previous health plan is needed to coordinate your care.

These are just a few examples of how a Care Coordinator can help you.

## Goals of Care Coordinators

Care Coordinators are here to support you. They respect your dignity as a human being. The goal of Care Coordination is to help our Members. Our goal is to promote these values:

- Support you in your right to make your own choices;
- Provide services that are sensitive to your cultural needs;
- Not impose personal values on you;
- Support you in becoming more independent;
- Allow you the support systems and relationships to be included in planning;
- Provide services during your transition from another health plan;
- Give you Care Coordination that helps with your needs and supports building personal strengths; and
- Give you help at all times.

## How do I get Care Coordination?

To get Care Coordination, call the Care Coordination Intake Specialist (Intake Specialist). Call them toll free at (800) 377-9594 extension 181120. You can also call in Albuquerque at (505) 342-4660 extension 181120. The Intake Specialist will ask you some questions. It will help them know if Care Coordination is a service that will be helpful to you.

## When do I call my Care Coordinator?

Our normal hours of operation are Monday - Friday from 8:00 a.m. to 5:00 p.m. If you think you need emergency treatment, please get help first. Tell your Care Coordinator after you get care.

## The Woman's Health & Cancer Rights Act

Molina Healthcare has benefits for mastectomy-related medical conditions. This is part of the Women's Health and Cancer Rights Act of 1998. Call Member Services if you have questions.

## HEALTH IMPROVEMENT SERVICES

### Staying Healthy

We want to help you stay healthy. We have many health education programs for you. They cover topics such as:

- Asthma;
- Parenting;
- Helmet safety;
- Diabetes;
- Heart health;
- Chronic Obstructive Pulmonary Disease (COPD);
- Cardiovascular disease;
- Nutrition;
- Pregnancy and car seat safety;
- Quitting smoking; and
- Weight management.

Call the Health Improvement Hotline for a list of classes and services you can get. In Albuquerque, call (505) 342-4660, extension 182618. Or call toll free (800) 377-9594, extension 182618.

### Preventive Health Guidelines/Well-Child Health Check

The well child health check, or EPSDT Program, stands for Early and Periodic Screening, Diagnostic and Treatment. It is a special program for Salud! Members. It is available from birth through twenty-one (21) years of age. The program gives your child regular well-child check-ups, immunizations and medical care to keep them healthy.

Please see the Preventive Health Guideline charts. They are included at the end of this handbook. They tell you when you should see your practitioner/provider for preventive care. They let you know the tests and care you should get during each visit. Visits can be for a child, adolescent, adult or pregnant woman.

# Benefits & Services

## Rewards for Healthy Choices

Did you know that you can get a gift card for taking care of your health? Gift cards are given to Molina Healthcare Members when they get certain preventive health check-ups and screenings completed. To download the reward coupons, go to our website at [www.molinahealthcare.com](http://www.molinahealthcare.com). Or you can call the Health Improvement Hotline in Albuquerque at (505) 342-4660, extension 182618 or toll free at (800) 377-9594, extension 182618. Your PCP can fax or mail the coupons to:

**Molina Healthcare of New Mexico, Inc.**

**Attn: Health Improvement**

**P.O. Box 3887**

**Albuquerque, NM 87190-9859**

**Fax: (505) 798-7315**

Health Screening/ Test	Description	Incentive	Target
Diabetes – Part 1	Members who have diabetes who complete the following: <ul style="list-style-type: none"> <li>• Retinal Eye Exam</li> <li>• Nephropathy screening (Kidney)</li> <li>• LDL Cholesterol screen</li> </ul>	\$20 Walmart Gift Card	Molina Salud Molina SCI Molina UNM SCI
Diabetes - Part 2	Members who have diabetes who complete the following: <ul style="list-style-type: none"> <li>• Blood pressure screen</li> <li>• HbA1c</li> </ul>	\$20 Walmart Gift Card	Molina Salud Molina SCI Molina UNM SCI
Asthma Care	Members who have asthma who complete the following: <ul style="list-style-type: none"> <li>• Doctor's visit for asthma care that includes:               <ul style="list-style-type: none"> <li>▪ Asthma Action Plan</li> <li>▪ Asthma medication (long term controller)</li> <li>▪ Peak Flow Meter</li> </ul> </li> </ul>	\$20 Walmart Gift Card	Molina Salud
Mammo-gram	Members who complete a mammogram every year or as recommended by their doctor	\$20 Walmart Gift Card	Molina Salud Molina SCI Molina UNM SCI
Postpartum Check Up	Members who receive a postpartum check up within 3 to 8 weeks after delivering their newborn.	Toddler (Convertible) Car Seat	Molina Salud Molina SCI Molina UNM SCI
Well Child Check Up 3 – 6 Years Old	Members who are 3 to 6 years old who get their yearly well child check up that includes physical exam, immunizations, vision and hearing screening and dental.	\$20 Walmart Gift Card	Molina Salud

## Care Management Services

Molina Healthcare has Care Management services for you. We can help you if you have diabetes, asthma or heart disease. We can help you if you are pregnant. Molina Healthcare wants you to know all you can to help you stay healthy. These programs can help you better manage your condition. You may be enrolled in a program automatically based on claims by your provider/practitioner. You can also enroll yourself. Or your provider/practitioner can send a referral. It is your choice to be in these programs. If you don't want to be in any of the programs let us know.

Call us to learn more about these programs. You can call us toll free at (800) 377-9594, extension 182618. In Albuquerque, you can call us at (505) 342-4660, extension 182618.

### *breathe with ease*<sup>™</sup> Asthma Program

Molina Healthcare has classes and educational materials to help you if you have asthma. We also have peak flow meters and other services to help you if you have asthma.

Children ages five (5) to eleven (11) who are enrolled in the *breathe with ease*<sup>™</sup> Asthma Program and who complete the Asthma Action Plan can qualify for an incentive. Enroll your child today for this education program.

You can start taking control of your asthma. Learn about:

- What triggers your asthma;
- What you can do about your asthma triggers;
- What to do for asthma attacks;
- How to use your medicines; and
- How to make an asthma action plan with your practitioner/provider.

### *Healthy Living with Diabetes*<sup>™</sup>

Molina Healthcare has classes and educational materials to help you if you have diabetes. We also have other services if you have diabetes. Diabetes is a common but serious disease. It makes it hard for your body to use food as energy.

# Benefits & Services

If you have diabetes, it is important for you to learn:

- What diabetes is;
- How it changes the way your body turns food into energy;
- How to control your diabetes with blood sugar monitoring;
- How to control your diabetes by eating the right foods and exercising;
- How to take medicines if your PCP orders them;
- How to take care of your body and prepare for special situations;
- How to cope with your emotions; and
- Where to turn when you need support.

## ***Heart Healthy Living Cardiovascular Disease Program***

Molina Healthcare's cardiovascular disease (CVD) program helps adults eighteen (18) years and older with support and education. This includes education, case management and resources to help manage heart disease.

## ***Healthy Living with COPD (Adult Chronic Obstructive Pulmonary Disease)***

Molina Healthcare has a program for adults age thirty-five (35) years or older to help manage COPD, including education, case management and support. Care managers work with Members and their PCP to develop action plans, manage medications and reduce triggers for healthy control.

## ***motherhood matters*<sup>™</sup> Pregnancy Program**

Molina Healthcare has a program for pregnant Members. The program is called the *motherhood matters* Pregnancy Program. We care about the health of our pregnant Members and their new babies. You get support and care when you are in our *motherhood matters* Pregnancy Program. You will be given extra education, guidance and resources. Pregnant Members who enroll can qualify for a free infant car seat. Call before your thirty fifth (35th) week of pregnancy to register.

## ***Positive Parenting Program***

Molina Healthcare offers parents of small children useful tools to help improve their parenting skills. Tools are provided to help set limits, deal with anger and discipline issues, praise children and communicate with teens.

## ***Helmet Safety Program***

Molina Healthcare offers a helmet safety education program for children to help them learn more about being safe and staying healthy as they ride their bike, scooter, skateboard or roller blades. Members will receive a free bike helmet.

### **QUIT NOW® Tobacco Cessation Program**

Are you a Molina Healthcare Member who is ready to quit smoking? We can help you. The Quit Now program can help you quit tobacco and stay healthy. A quit coach will help you make good decisions about medications. They will help you develop new skills to help you get ready to quit smoking. They will teach you how to act differently in situations that involve tobacco so you can stay quit. Call Quit Now at (800)QUIT NOW or (800)784-8669.

### **Healthy Weight Programs**

Molina Healthcare has online weight management resources to help Members stay healthy.

- **SparkPeople.com** offers free online health, nutrition and fitness resources.
- **Babyfit.com** is for pregnant mothers to help stay healthy during pregnancy and after delivery. This includes breastfeeding information and parenting tips.
- **SparkTeens.com** is for teens thirteen (13) to seventeen (17) years old and offers healthy weight tools including nutrition and exercise tips.

## **COVERAGE AND ELIGIBILITY**

HSD decides eligibility for enrollment in Salud!. All Medicaid clients must enroll in Salud! except for the following:

- Clients eligible for both Medicaid and Medicare (dual eligibles);
- Institutionalized clients who are expected to reside in a nursing facility for long-term care or permanent placement;
- Clients living in an intermediate care facility for the mentally retarded;
- Clients who are enrolled in Coordination of Long Term Services (CoLTS) Program;
- Clients participating in the Health Insurance Premium Payment (HIP) program;
- Children and adolescents in out-of-state foster care or adoption placements;
- Native Americans may choose to enroll in Salud! or be covered through Medicaid Fee-for-Service;
- Clients eligible for Family Planning Services Only;
- Clients approved for the Disabled and Elderly Home and Community Based Waiver;

# Benefits & Services

- Clients approved for adult Personal Care Options (PCO) services; and
- Adults ages nineteen (19) – sixty-four (64) approved for State Coverage Insurance.

## **Switching to another Managed Care Organization (MCO)**

Your enrollment with Molina Healthcare runs for a twelve (12) month cycle. During the first ninety (90) days of enrollment with Molina Healthcare, you have the right to switch to a different Managed Care Organization (MCO). If you choose to switch, you will have another ninety (90) days to decide if you want to switch to another plan. If you switch plans and return to Molina Healthcare then you will stay enrolled with Molina Healthcare until the end of the twelve (12) month cycle.

If you ask to switch to another MCO, you can do this at renewal or recertification of your eligibility with the ISD office. At any other time you can switch to another MCO “for cause” as defined by the Human Services Department (HSD). You must ask for this switch in writing. Make your request to HSD. Some reasons for switching from Molina Healthcare include:

- Maintaining continuity of care;
- Allowing family members to all belong to the same MCO;
- Correcting a clerical error that caused you to be enrolled with the wrong MCO;
- Traveling an unreasonable distance for primary health care;
- Problems getting the services you need in the Molina Healthcare network;  
or
- Experiencing poor quality of care by Molina Healthcare providers.

You must call or send a written request to HSD to switch from Molina Healthcare. HSD will review the request and give you a written response no later than the first (1<sup>st</sup>) day of the second (2<sup>nd</sup>) month following the month in which you asked for the change. If HSD does not respond in time, then the request is approved. For help with the dis-enrollment process you can call Member Services. If your request is approved, Molina Healthcare will work with you to transfer your care to the new MCO.

Send your written request to:

**HSD Client Services Bureau**  
**P.O. Box 2348**  
**Santa Fe, NM 87504-2348**  
**Or call: (888) 997-2583 toll free**

Your request must have the following information:

- The name of the MCO you want to switch to;
- Your name, social security number and identification number;
- Your full mailing address and telephone number;
- The reason for the change – it if involves a doctor, you need to give the doctor's name and telephone number; and
- Your signature.

HSD will send a letter to you if the MCO switch is denied. The letter will tell you about your right to appeal the decision or to ask for a Fair Hearing.

### **Disenrollment from Salud!**

Most Medicaid eligible clients must enroll in the Salud! Program. You can ask to be switched from enrollment in the Salud! Program to the Medicaid Fee-for-Service (FFS) Program if:

- You move out of the Salud! service area;
- Salud! will not cover a healthcare service for moral or religious reasons;
- You need a combination of healthcare services that Salud! cannot provide;
- You are getting poor quality of care;
- You are having problems getting covered services; or
- You are having problems getting a provider that understands your health needs.

You must send a written request to HSD telling the reasons you want to switch. You can call toll free (888) 997-2583 to ask for information about switching. You must ask for the change in writing. HSD will review the request and give you a written response no later than the first day of the second month following the month in which you asked for the change. If HSD does not respond in time, then the request is approved. If the switch is approved,



# Benefits & Services

you will get your physical and behavioral health care through the Medicaid FFS Program. You will remain enrolled with Molina Healthcare until a final decision is made.

Send your written request to:

**HSD Client Services Bureau**  
**P.O. Box 2348**  
**Santa Fe, NM 87504-2348**

HSD will send a letter to you if the MCO switch is denied. The letter will tell you about your right to appeal the decision or to ask for a Fair Hearing.

## **Renewing Your Coverage**

Every twelve (12) months you will need to renew your eligibility. If you have questions, you can call Member Services. You can also call your local Income Support Division (ISD) office.

## **Losing Your Coverage**

You will no longer be covered by Molina Healthcare if you:

- Lose your Medicaid eligibility;
- Give false information on your enrollment form; or
- Move out of the state.

If you lose your Medicaid benefits while you are getting care, Molina Healthcare can tell you about other services in your area. We can also tell you about other programs in your area. These programs may help you to keep getting care. If you lose your coverage, you should call your local ISD office. They can look at your case. Remember to visit your local ISD office when you need to recertify for benefits.

## **Other Insurance Coverage**

Call Member Services to tell us if you have:

- Medical insurance through your workplace;
- Been hurt at work;
- A worker's injury claim;

- A car accident;
- Filed a medical malpractice lawsuit;
- A personal injury claim; or
- Other coverage or insurance.

This information is important to have. It will help us make sure we manage your services right.

### **Out-of-Pocket Costs**

Working Disabled Individual (WDI) - The total amount of co-payments you will have to pay each year is limited.

- If your earned and unearned income is below one-hundred (100%) percent of the Federal Poverty Level, the highest amount of co-payments you will have to pay is \$600; or
- If your earned and unearned income is between one-hundred (100%) and two-hundred fifty (250%) percent of the Federal Poverty Level, the highest amount of co-payments you will have to pay is \$1500.

You will need to keep the receipts for the co-payments you have paid. Once you have paid the highest amount listed above, you must tell the Medical Assistance Division. You will need to continue to make co-payments until they tell you when you can stop making co-payments. You will not have to make co-payments for the rest of that calendar year.

Children's Health Insurance Program Reauthorization Act (CHIPRA) - The total amount of copayments you will have to pay each year is limited.

If your family income is between one-hundred eighty-five (185%) and two-hundred (200%) percent of the Federal Poverty Level, the highest amount of co-payments you will pay is three (3%) percent of your family income;

- If your family income is between two-hundred one (201%) and two-hundred fifteen (215%) percent of the Federal Poverty Level, the highest amount of copayments you will pay is four (4%) percent of your family income; or
- If your family income is between two-hundred sixteen (216%) and two-hundred thirty-five (235%) percent of the Federal Poverty Level,

# Benefits & Services

the highest amount of co-payments you will pay is five (5%) percent of your family income.

You will need to keep the receipts for the co-payments you have paid. Once you have paid the highest amount listed above, you must tell the Medical Assistance Division. You will need to continue to make co-payments until they tell you when you can stop making co-payments. You will not have to make co-payments for the rest of that calendar year.

## CONSUMER ADVISORY BOARD

Molina Healthcare has a Consumer Advisory Board (CAB). It is made up of Members and their families. It also has providers and advocacy groups. They help us understand some of the issues that face our Members. One of the things the CAB does is find ways to make sure all Members get the health care they need.

The Molina Healthcare CAB works hard to improve Member and provider satisfaction. This includes the satisfaction of advocacy groups. The CAB Members give ideas to Molina Healthcare. Ideas can be about things like customer service, quality improvement, Member education and outreach materials or other aspects of the plan's daily operations. Molina Healthcare looks at these ideas. We put the ideas in place when it is the right thing to do.

Molina Healthcare has CAB meetings every three (3) months. These meetings are held all over the state. These meetings allow for a wide range of Member involvement. This allows Members to tell us about their opinions and suggestions.

Molina Healthcare wants Members to take part in the CAB meetings. Call Member Services if you want to join. You can also call Member Services if you have ideas for the CAB to consider.

## ON-LINE SERVICES

### Web Portal (formerly ePortal) Services

Molina Healthcare has an on-line service you can use. It is called an Web Portal. All Members can use it. There is no charge.

Molina Healthcare's web-based ePortal is a secure site. It has real-time information. You can use it twenty-four (24) hours a day, seven (7) days a week.

### Web Portal Registration

To use the ePortal you will need a Molina Healthcare identification (ID) number. If you do not have an ID number, you can call Member Services. In Albuquerque call us at (505) 342-4681 or toll free at (800) 580-2811. We will help you. To register, follow all the steps on the Molina Healthcare website at [www.molinahealthcare.com](http://www.molinahealthcare.com). It is simple and easy to do.

- Go to [www.molinahealthcare.com](http://www.molinahealthcare.com);
- Click on "Member";
- Click on "New Mexico";
- Click on "Member Self Services";
- Click on "Login";
- Under Select Usage click on "Member Online Services";
- Click on "New Member Registration";
- Complete the personal information (Note: Fields with an "\*" must be completed);
- Enter the "User ID". This is your Member ID number. If you do not know this number, call Member Services;
- Create a "User ID" and "Password". The password you create will be sent to your e-mail address. This is the e-mail address you gave while you were registering;
- Click on "Register"; and
- Congratulations! You can now use all of the services on ePortal. You are responsible for keeping your User ID and Password confidential. After you register, you can do the following functions on ePortal:
  - Change your PCP;
  - Ask for an address or telephone number change;
  - Ask for an ID card or print a temporary ID card; and/or
  - Ask questions about your plan.

Other types of services you can use:

- Provider Directory: Look for contracted providers by name, specialty or zip code;
- Pharmacy: Find a contracted pharmacy in the area where you live;

# Benefits & Services

- **Transportation:** Find information on how to ask for transportation services if you do not own a vehicle; and
- **Drug Formulary:** Look at the drug formulary list to see if the drug your doctor prescribed is covered.

If you have questions about this service, call Member Services.

## PRIVACY AND PROTECTED HEALTH INFORMATION (PHI)

### Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares your information to provide you with health benefits. Molina Healthcare wants to let you know how we may share or use your information. **“PHI”** means *“protected health information.”* PHI is your health information that includes your name, Member number or other things that can be used to identify you, and is used or shared by Molina Healthcare.

### Why does Molina Healthcare use or share your PHI?

- To provide your health care;
- To pay for your health care;
- To review the quality of the care you get;
- To tell you about your choices for care;
- To run our health plan; and
- To use or share PHI for other purposes as required or permitted by law.

### When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

### What are your privacy rights?

- To look at your PHI;
- To get a copy of your PHI;
- To change your PHI;
- To ask us to not use or share your PHI in certain ways; and
- To ask for a list of certain people or places we have given your PHI.

## How does Molina Healthcare protect your PHI?

Molina Healthcare has many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or PHI in a computer. Below are some ways Molina Healthcare protects PHI.

Molina Healthcare:

- Has policies and rules to protect PHI;
- Limits who may see PHI. Only Molina Healthcare staff with a need to know may use and share PHI;
- Staff is trained on how to protect and secure PHI;
- Staff must agree in writing to follow the rules and policies that protect and secure PHI; and
- Secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

## What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint; or
- File a complaint with the U.S. Department of Health and Human Services.

We will not hold anything against you. Your action will not change your health benefits in any way.

The above is only a summary. Our *Notice of Privacy Practices* has more details about how we use and share our Members' PHI. Our *Notice of Privacy Practices* is included in your New Member packet and is on our web site. You can call Member Services and ask for a copy of our *Notice of Privacy Practices*.

## COMPLAINTS, APPEALS AND GRIEVANCES

### When you may have to pay for other charges

There may be times when Molina Healthcare will not pay a bill from a practitioner/provider. This may be because the service is not covered. Or maybe the practitioner/provider is not contracted with Molina Healthcare.

If Molina Healthcare does not pay the bill, the practitioner/provider will send

# Benefits & Services

the bill to you. They will send the bill to you if you:

- Did not show your Molina Healthcare ID card when you got the service;
- Saw a practitioner/provider who is not contracted with Molina Healthcare and the practitioner/provider did not get an approval; or
- Agreed in writing to pay for the service before the service was provided, this includes going to the Emergency Room for something that is not an emergency.

If you think the practitioner/provider sent the bill to you by mistake, you have ninety (90) calendar days to file an appeal with the Molina Healthcare Appeals Department. You can call or write to file an appeal.

**Molina Healthcare of New Mexico, Inc.**

**Attn: Appeals Department**

**P.O.Box 3887**

**Albuquerque, NM 87190-9859**

**Albuquerque: (505) 342-4681 or Toll free: (800) 580-2811**

To learn more about how to file a complaint or appeal, please see these sections of your Member Handbook:

- How Complaints and Appeals work;
- How to File a Complaint, Appeal or Expedited Appeal; or
- How to Request an Administrative Hearing.

## How Complaints and Appeals Work

You have a right to file a complaint or appeal. You can do this using the Molina Healthcare complaint/appeal process.

A complaint, also called a grievance, is an oral or written statement you can make saying you are unhappy about a part of Molina Healthcare or its operations.

An appeal is an oral or written request. This request asks for a review or reconsideration of a Molina Healthcare action. This can be related to limiting or denying approval for a service you asked for. This can be related to not paying for a service.

An expedited appeal is for certain situations. These are situations that can harm your health. If we decide the normal review time might harm your life or health, an expedited review will take place. This happens within seventy-two (72) hours of receiving the request.

## How to File a Complaint, Appeal or Expedited Appeal

You can call or fax or write to file a complaint or appeal.

You can call the complaint and appeal telephone numbers. You can call them twenty-four (24) hours a day, seven (7) days a week.

In Albuquerque: (505) 342-4663

Toll free: (800) 723-7762

Fax: (505) 342-0583 Attn: Appeals Department

**Molina Healthcare of New Mexico, Inc.**

**Attn: Appeals Department**

**P.O. Box 3887**

**Albuquerque, NM 87190-9859**

## Who Can File a Complaint or Appeal?

You can file a complaint or appeal. Or a complaint or appeal can be filed by:

- A legal guardian if you are incapacitated;
- Someone of your choice if you approve in writing; or
- Your practitioner/provider if you approve in writing.

You can speak for yourself in a complaint, appeal or Fair Hearing. You have the right to have another person speak for you. You have the right to have legal counsel. You must pay for the cost of being represented. Molina Healthcare will let you, your representative, or your estate representative be parties to an appeal.

Filing a complaint or appeal will not change the way you are treated. Asking for a Fair Hearing will not change the way Molina Healthcare treats you. It will not change how Molina Healthcare's network practitioners/providers or the Human Services Department (HSD) treats you.



# Benefits & Services

Everything about your complaint or appeal is private. We do not give out your information about a complaint. We cannot do this without your approval in writing unless we are required by law. The filing limit for asking for a complaint or appeal is ninety (90) calendar days. This is from the date of the occurrence.

Molina Healthcare wants to give you the best care possible. Call Member Services if you are having problems. We want to fix the problem. Member Services can help if you need help in another language. We will help you with the translation service.

The Appeals Department can help you through the complaint or appeal process. Let us know if you need help making a written request. We try to fix issues as fast as we can. If the issue cannot be taken care of on the same day we get it; a formal grievance or appeal process will take place. There will be a careful investigation. The filing limit to ask for a grievance or appeal is ninety (90) calendar days. This is from the date of occurrence.

Molina Healthcare will give you written notice that the complaint or appeal was received. When we get the complaint or appeal, the notice will be sent within five (5) working days after we get the request. The notice will have the timeframe we expect to resolve the complaint or appeal. It will have information on the complaint and appeal process. You and/or your representative can look at the case file before and during the complaint/appeal process. This includes medical records and other documents used during the complaint/appeal process that are not private or privileged information.

A health care professional with suitable clinical experience will take part in the review of medically related complaints and/or appeals. Formal complaints and/or appeals are normally resolved within thirty (30) calendar days. An extension of up to fourteen (14) calendar days can be given if you ask for it. An extension can be given by the Human Services Department (HSD) to Molina Healthcare. We will tell you if there is a delay.

A written decision will be made for all formal complaint and appeal requests. The written response for a **complaint** will have the:

- Reason for the complaint;
- Information used in the investigation;

- Findings and conclusions based on the investigation; and
- Outcome of the complaint.

The written response for an **appeal** will have the:

- Reason for the appeal;
- Result of the appeal resolution; and
- Date the appeal was completed.

If the appeal results in a continued denial, the written notice will have the:

- Reason for the action being taken by Molina Healthcare;
- Specific references and citations supporting the decision as taken from the Medical Assistance Division (MAD) and/or Molina Healthcare policies and procedures;
- Next level of appeal review available to you through Molina Healthcare or HSD (for appeal issues) if you are not happy with the decision. This information will have Molina Healthcare's internal hearing process as it applies;
- Information on your right to ask for an Administrative Fair Hearing of an appeal denial within ninety (90) calendar days of the decision. You are not responsible for the cost of an Administrative Fair Hearing through HSD;
- Right to ask for benefits while the hearing is pending. We will let you know how to ask for this; and
- Information that you may have to pay for the cost of continuing benefits. This is if the hearing decision upholds Molina Healthcare's denial.

### **How to Request an HSD Administrative Hearing (Fair Hearing)**

You have a right to ask for an Administrative Hearing. You can do this when Molina Healthcare makes a decision to modify, change or terminate your benefits. You can do this when Molina Healthcare makes a decision to suspend, reduce, deny payment for service, or deny your benefits. You do not have to pay for the cost of an Administrative Hearing. You and/or your spokesperson will work with Molina Healthcare in the Hearing.

You have a right to ask for an Administrative Hearing to appeal a Molina Healthcare decision. You ask for the appeal to the HSD Hearings Bureau. You

# Benefits & Services

have to do this within ninety (90) calendar days of the final Molina Healthcare decision. You can contact HSD by writing or calling:

**New Mexico Human Services Department**

**Fair Hearings Bureau**

**P.O. Box 2348**

**Santa Fe, NM 87504-2348**

**In Santa Fe: (505) 476-6213 Toll free:(800) 432-6217, then press #6**

Molina Healthcare cannot ask for an Administrative Hearing for you. Your practitioner/provider cannot ask for an Administrative Hearing for you. You must give your approval in writing directly to HSD.

Under some circumstances, we will not stop your services until after a ruling from the HSD fair hearing. Your request for an Administrative Hearing must be received by HSD within thirteen (13) calendar days from Molina Healthcare's final decision.

This does not require Molina Healthcare to start any treatment or services. This does not require Molina Healthcare to increase the level of any current treatment or services. You may have to pay the cost of treatment or services you get while the Administrative Hearing is pending. You will have to pay the cost of services you get if the denial is upheld at the hearing.

If the request for an Administrative Hearing is not received within thirteen (13) calendar days, Molina Healthcare may stop providing treatment or services related to the appeal.

## **ANTI-FRAUD PROGRAM**

Health care fraud, waste and abuse are major problems. They can make taxes go up. They can cause quality of care issues. Molina Healthcare works with state and federal agencies to detect, prevent and put a stop to these kinds of crimes.

State and federal laws require Molina Healthcare to report fraud, waste and abuse. Cases are sent to the government and/or law enforcement for investigation.

## Why is it important to have an Anti-Fraud Program?

Health care fraud, waste and abuse is against the law. The Anti-Fraud Program looks at these issues. They can harm the Salud! Program. They can impact our ability to care for you. The role of the Anti-Fraud program is to:

- Detect;
- Prevent;
- Investigate; and
- Report.

## What is Fraud?

Fraud is an unfair or unlawful act. Fraud is done on purpose to get something of worth.

## What is Waste?

Health care spending that is not necessary for appropriate quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes doing more than what is needed, delays, and processes that are not needed.

## What is Abuse?

Abuse happens when things are not done in line with good financial, business or medical practices. This can result in unnecessary costs and can result in payment for services that are not medically necessary. It can result in services that fail to meet professionally recognized standards for health care.

## Who commits Fraud, Waste and Abuse?

Anyone can commit fraud, waste or abuse. This can include providers and Members.

## Provider Fraud, Waste and Abuse examples

- Altering claims, electronic forms and/or medical records in order to get a higher payment;
- Asking for, offering, or getting a kickback, bribe or rebate;
- Balance billing happens when a provider bills a Member for all charges not paid for by the health plan;

# Benefits & Services

- Billing a procedure that does not match the diagnosis or problem;
- Billing for services that did not happen;
- Billing for services using a provider's name that did not provide care;
- Billing the wrong place of service in order to get payment or get a higher payment;
- False coding in order to get payment or get a higher payment;
- Charging Members for drug samples;
- Having Members come in for office visits more often than is needed;
- Not billing coding modifiers the right way in order to get payment or get a higher payment;
- Questionable prescription practices;
- Questionable transportation services;
- Unbundling services in order to get more payment. This involves splitting a procedure into parts and charging for each part rather than using a single code;
- Underutilization means failing to provide services that are medically necessary;
- Upcoding happens when a provider does not bill the right code for the service and uses a code for a like services that costs more; and
- Waiving co-payments.

## **Member Fraud, Waste and Abuse examples**

- Abusing transportation benefits (e.g. using ambulance services for non-emergencies);
- Doctor shopping in order to get services that are not needed;
- Drug seeking behavior;
- Drug trafficking;
- Forgery;
- Giving false information;
- Identity theft;
- Not paying co-payments;
- Not giving information to Molina Healthcare about other insurance coverage;
- Theft; and
- Using someone else's medical card.

## Reporting Fraud, Waste and Abuse

Anyone with information about possible fraud, waste and abuse can make a referral. Referrals are sent to the Anti-Fraud Program. You can make a referral without giving your name. Information reported to the Anti-Fraud Program will remain confidential to the extent possible as allowed by law.

Molina Healthcare does not allow or tolerate retaliation against those, who in good faith, report potential fraud, waste and abuse to the Anti-Fraud Program.

You can report suspicious activity. You can do this in writing or by telephone.

**Molina Healthcare of New Mexico, Inc.**

**ATTN: Anti-Fraud Program Manager**

**P.O. Box 3887**

**Albuquerque, NM 87190-9859**

**[mhnm.compliance@molinahealthcare.com](mailto:mhnm.compliance@molinahealthcare.com)**

**Toll free Compliance & Anti-Fraud Hotline: (800) 827-2973**

**In Albuquerque: (505) 341-7469 Toll free fax: (866) 472-4580**

Give us as much information as you can when making a referral. The Anti-Fraud Program needs to know:

- Who is the suspect?
- What is the suspect's name?
- When did the possible fraud, waste and abuse happen?
- Where did the possible fraud, waste and abuse happen?
- Why do you think the possible fraud, waste and abuse happened?
- How did the possible fraud, waste and abuse happen?

The more details you can give the Anti-Fraud Program, the better. This improves the chances the issues will be successfully reviewed and resolved.

# Benefits & Services

You can also report fraud, waste and abuse to:

**Medical Assistance Division**

Quality Assurance Bureau

P.O. Box 2348

Santa Fe, NM 87504-2348

[NMMedicaidFraud@state.nm.us](mailto:NMMedicaidFraud@state.nm.us)

Toll free: (888) 997-2583 In Santa Fe: (505) 827-3100

**Medicaid Fraud Control unit**

111 Lomas NW, Suite 300

Albuquerque, NM 87102

Toll free: (800) 678-1508

In Albuquerque: (505) 222-9000

**New Mexico Human Services Department**

Office of Inspector General

Toll free: (800) 228-4802

In Albuquerque: (505) 827-8141

[HSDOIGFraud@state.nm.us](mailto:HSDOIGFraud@state.nm.us)





# Definitions & Guidelines

**Abuse:** Abuse happens when things are not done in line with good financial, business or medical practices. This can result in unnecessary costs and can result in payment for services that are not medically necessary. It can result in services that fail to meet professionally recognized standards for health.

**Advance Directive:** Adult Members can make choices about their medical care. An advance directive form tells how the Member wants to be cared for while sick or in an emergency.

**Appeal:** An oral or written request for review or reconsideration of a Molina Healthcare action. This request can be for limiting or denying approval for a requested service. The request can be for not paying for a service.

**Benefit Period:** The period of time you have health insurance.

**Benefits (also referred to as Services):** The health care and other services you can get as a Member of Molina Healthcare. This is defined by the State of New Mexico.

**Client:** A person that is Medicaid eligible but not yet enrolled in Salud!.

**Complaint (also known as a Grievance):** An oral or written statement about any aspect of Molina Healthcare or its operations. Complaints can be voiced or filed by a:

1. Member.
2. Legal guardian for an incapacitated Member.
3. Member's authorized representative as selected in writing.
4. Practitioner/provider acting on behalf of the Member with the Member's written consent.

**Co-Payment:** The Member's share of costs for covered services. The amount is normally paid to the attending provider at the time care is given. There are specific co-payment amounts that apply to covered services. These are listed in the Member Handbook.

**Covered Services (Benefits):** The benefits offered in the Salud! Program. The benefits are offered by the State of New Mexico Human Services Department.

**Durable Medical Equipment (DME) and Medical Supplies:** Equipment that is:

1. Primarily and commonly used to serve a medical purpose.
2. Designed for repeated use.

This equipment is needed to give mechanical substitution or help to the Member. It will help prevent further worsening of the Member's medical condition. It is not ordinarily useful to a person without illness or injury. DME includes items such as wheelchairs, hospital beds, oxygen and oxygen supplies.

**Emergency Health Services:** An emergency condition is a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body function or serious dysfunction of any bodily organ or part.

**Family Planning:** Health education that helps you make the right choices about birth control.

**Fraud:** Fraud is an unfair or unlawful act. Fraud is done on purpose to get something of worth.

**Grievance (also known as a Complaint):** See Complaint

**HIPAA:** Refers to the "Health Insurance Portability and Accountability Act." A set of rules that helps keep patient health information secure and private.

**Home Health Care:** Medical services and care that are given in the home.

**Hospice:** Care for a Member who might not live more than six (6) months.

**Hospital:** An eligible, licensed and approved acute care facility.

**Human Services Department (HSD):** The official department in New Mexico in charge of overseeing the Medicaid Program. HSD may also indicate the department's designee (Molina Healthcare).

# Definitions & Guidelines

**Identification Card (ID):** A card issued to a Member. The card is issued when approval is given by HSD. The card has important information about your Salud! coverage.

**Immunizations:** These help protect you from disease and illness.

**Managed Care Organization:** A company that gives or arranges basic health care services to Members.

**Medicaid Birthing Options Program:** A program for pregnant women who are eligible for Medicaid. This program is provided by the New Mexico Human Services Department.

**Medical Director:** The physician employed by Molina Healthcare to serve as the Medical Director of the Plan.

**Medically Necessary:** (a) Medically necessary services are clinical and rehabilitative physical or behavioral health services that:

- (i) are essential to prevent, diagnose or treat medical conditions or are essential to enable the individual to attain, maintain or regain functional capacity;
- (ii) are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the individual;
- (iii) are provided within professionally accepted standards of practice and national guidelines; and
- (iv) are required to meet the physical and behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider or the payer.

**Member:** A person enrolled in the Salud! Program (Molina Healthcare).

**Member Responsibilities:** Your duties as a Member.

**Member Rights:** Your rights as a Member.

**Molina Healthcare:** Molina Healthcare of New Mexico, Inc. A corporation organized under the laws of the State of New Mexico.

**Network Provider:** A practitioner/provider that works with Molina Healthcare. They give medical care to Members.

**Non-Participating Provider:** A practitioner/provider who does not have a contract with Molina Healthcare. If you get services from a Non-Participating Provider without Molina Healthcare's authorization, you will have to pay the bill.

**Non-Covered Services (Benefits):** Services that are not covered. This is decided by the State of New Mexico. Molina Healthcare will not pay for services that are not covered. If you get a non-covered service without Molina Healthcare's authorization, you will have to pay the bill.

**Out-of-Pocket:** The amount a Member may have to pay a practitioner/provider for a service. This amount is separate from the payment Molina Healthcare may pay.

**Practitioner:** A licensed clinician contracted with Molina Healthcare.

**Preventive Care:** Health services to help avoid illness, disease and serious injury. These services can include immunizations, screening or other health maintenance programs.

**Primary Care Practitioner (PCP):** The practitioner you have picked from the list that was sent to you.

**Prior Approval (Authorization):** The process to get an approval before a Member can get certain covered services.

**Protected Health Information (PHI):** PHI is your health information. It includes your name, Member number or other things that can be used to identify you. PHI is used or shared by Molina Healthcare.

**Referral:** When your PCP sends you to see another practitioner/provider for care.

**Second Opinion:** When you or your PCP ask another practitioner's/provider's opinion about your illness, injury or condition.

# Definitions & Guidelines

**Urgent Care Services:** Medical health services needed to treat an unforeseen illness or injury. The illness or injury is less serious than an emergency but needs prompt treatment to prevent serious decline of the Member's health.

**Waste:** Health care spending that is not necessary for appropriate quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes doing more than what is needed, delays, and processes that are not needed.

**Well-Child Check-ups:** Well-Child Health Checks are good for babies, children and teens to prevent illness. Care your child's PCP gives at the visit can help keep them from getting sick.





# Preventive Health Guidelines for Adolescents

	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
<b>HISTORY</b>	●	●	●	●	●	●	●	●	●
<b>NUTRITIONAL SCREENING</b>	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>									
Length/Height & Weight/BMI%ile	●	●	●	●	●	●	●	●	●
Blood Pressure	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>									
Vision	○	◇	◇	○	◇	◇	○	◇	◇
Hearing/Speech	○	◇	◇	○	◇	◇	○	◇	◇
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH ASSESSMENT</b>	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAM</b>	●	●	●	●	●	●	●	●	●
<b>DENTAL EXAM</b>	●	●	●	●	●	●	●	●	●
<b>PROCEDURES-General</b>									
Urinalysis	●								
Tuberculin Test	All teens screened for risk factors; testing based on individual risk								
Pelvic Exam	Initially at 21 years or younger if sexually active								
STD Screen	All sexually active teens								
Cholesterol	All teens screened for risk factors; testing based on individual risk								
<b>IMMUNIZATIONS <sup>1</sup></b>									
Tetanus, Diphtheria and Pertussis <sup>3</sup>	Tdap	Tdap booster as needed							
Measles, Mumps, Rubella	MMR <sup>2</sup>								
Varicella	Var <sup>2</sup>								
Hepatitis A	Hep A <sup>2</sup>								
Hepatitis B <sup>2</sup>	Complete series if necessary								
Influenza (yearly)	Yearly for high-risk groups								
Meningococcal <sup>4</sup>	MCV								
Human Papillomavirus <sup>5</sup>	HPV (3 doses)								
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●

**Key**  
 ● To be performed  
 ◇ Subjective by history  
 ○ Objective by standard testing method

Shading indicates range during which service should be performed

● range during which service should be provided with preferred age indicated

<sup>1</sup> Per the Recommended Childhood and Adolescent Immunization Schedule - United States. Advisory Committee on Immunization Practices (www.cdc.gov).

<sup>2</sup> Vaccines to be assessed and given if indicated and not previously given

<sup>3</sup> Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)  
 • Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.  
 • Persons aged 13 through 18 years who have not received Tdap should receive a dose.  
 • A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

<sup>4</sup> Meningococcal conjugate vaccine (MCV).  
 • Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.  
 • Administer to previously unvaccinated college freshmen living in a dormitory.  
 • MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See MMWR 2005;54(No. RR-7).  
 • Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

<sup>5</sup> Human papillomavirus vaccine (HPV). (Minimum age: 9 years)  
 • Administer the first dose to females at age 11 or 12 years.  
 • Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).  
 • Administer the series to females at age 13 through 18 years if not previously vaccinated.

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## Recommended Developmental and Behavioral Health Assessment for Teens (HEADSS)

### HOME

- Where do you live? Who do you live with? How are things going at home? How do you get along with family members?
- What would you like to change about your family's lifestyle if you could?
- Have you or anyone in your family been involved with the criminal justice system in the last 12 months?
- If living with 1 parent: how often do you see the parent who does not live with you? How do you feel about this arrangement?
- If planning to leave home: how are you and your parent(s) dealing with your plans to leave home?
- If already living away from home: how are you and your parent(s) dealing with your living away from home?

### EDUCATION

- Are you going to school? Working?
- Tell me some of the things you do best at school/work.
- What is hard for you in school/at work?
- If not in school or work: How is the school/job search going?

### ACTIVITIES

- What do you do for fun or in your spare time?
- Tell me about your best friend(s). What do you like to do together?
- Outside school, work and family, what activities are really important to you?
- How easy or hard is it for you to make friends?

### DRUGS AND ALCOHOL

- Many young people experiment with drugs, alcohol, or tobacco. Do your friends smoke? Chew tobacco? Drink? Take drugs?
- Tell me about your own smoking, drinking, drug use.
- Are you worried about any friends or family members and how much they drink or use drugs?
- Do you think your family is concerned about your smoking, drink-ing, or drug use?
- Are you concerned about your smoking, drinking, or drug use?

### SOCIAL & EMOTIONAL DEVELOPMENT

- Are there things that make you very worried, sad or angry? Who can you talk to about these things?
- Have you ever thought about running away or leaving home?
- Have you ever felt really down and depressed? What did you do?
- Have you ever thought about hurting or killing yourself? Have you tried? Tell me about that...
- Do you know if any of your friends or relatives have tried to hurt or kill themselves?
- Have you ever been in trouble at school or with the law?
- If you could change anything in your life, what would you change?
- Do you own a gun or is one kept in your house? Can you handle it if you like or is it locked away?
- Do you feel safe at home and at school? If not, why not?

- Has anyone ever tried to harm you physically or sexually?
- Is violence a part of your relationships with other people?

### SEXUALITY

- Have you started dating?
- An interest in sex is normal and healthy at your age. Do you have any worries or questions about sex?
- Have you ever had sex? If no, praise abstinence. Offer support, services if needed later. If yes, do you have sex with males, females, or both?
- Would you say that you have had sex when you really didn't want to? What can you do if that situation happens again?
- Have you ever been pregnant or gotten someone pregnant?
- Have you ever had any sexually transmitted diseases?
- Do you use any kind of birth control? What kind? Do you always use it or sometimes forget?

### 2 or more of the following characteristics may indicate a need for additional screening

- Teen parent
- Death of family member or good friend in past year
- Parental mental retardation, mental illness, substance abuse, incarceration, involvement with criminal justice system
- Current or historical abuse or neglect
- Chronic unemployment or homelessness

## Tips for Good Parenting

- Spend time with your teens, even older teens. Keep open and comfortable communication.
- Be a good role model. Show healthy habits like eating properly, exercising, using seat belts, not smoking.
- Have family rules, with clear limits and consequences for breaking the rules. Include the teen in setting expectations and rules. Some rules are not negotiable.
- Encourage responsibility, independence and working toward goals.
- Allow the teen to make age-appropriate decisions.
- Know about your teen's friends, school, and activities.
- Talk about ways to solve problems without violence.
- Tell your teens that drug use and underage drinking are not acceptable. Set a good example.
- Focus on encouraging positive behavior with constructive criticism and praise instead of just nagging. Be proud of your teen.
- Talk about sexuality and the family's expectations. Emphasize abstinence and responsible sex.
- Talk with your teen's health care practitioner if you have concerns about health, depression, school, social or other problems.

## Anticipatory Guidance for Teens

### Work on Having Healthy Habits

- Get enough sleep.
- Exercise vigorously at least 3 times each week.
- Limit TV time to an hour or less per day. Limit computer and video game time.
- Eat 3 meals a day, especially breakfast. Brush and floss your teeth.
- Choose healthy foods: lots of fruits and veggies, whole grains, low-fat dairy products, lean meats. Limit candies, chips, sugared soft drinks.
- Do not use tobacco, alcohol, marijuana, or other drugs including diet pills or body building steroids.
- Sexual abstinence is the best way to prevent pregnancy and diseases. If you are having sex, have an exam, educate yourself about birth control and safer sex and use condoms every time you have sex.

### Work on Preventing Injuries and Violence

- Use seatbelts, helmets, protective sports gear, and sunscreen.
- Do not carry or use a weapon of any kind.
- Develop skills in conflict resolution, negotiation, and dealing with your anger constructively.
- Get help if you are physically or sexually abused or fear you are in danger.

### Work on Being a Competent, Responsible Person

- Spend time with your family doing something you all enjoy.
- Respect your family's rules and consequences for unacceptable behaviors.
- Respect the rights and needs of others.
- Discuss gay and lesbian issues, abstinence and other issues related to sexuality.
- Practice handling negative peer pressure. Use your family's rules to help you.
- Recognize and learn to deal with stress.
- Identify your talents and interests and make plans for the future.
- Participate in school, social, religious, cultural, volunteer and recreational activities.
- Talk with someone if you are often stressed, nervous, sad or things are not going right.

Adapted from the Guide to Clinical Preventive Services (2ndEd.) Bright Futures ([www.brightfutures.org](http://www.brightfutures.org)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)) Recommendations for Preventive Pediatric Health Care, AAP Guidelines for Health Supervision III; American Medical Association Guidelines for Adolescent Preventive Services, Advisory Committee on Immunization Practices (ACIP) ([www.cdc.gov/nip](http://www.cdc.gov/nip)) and State of New Mexico Department of Health ([www.health.state.nm.us](http://www.health.state.nm.us)). These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation.



# Pautas de salud preventiva para adolescentes

	12 años	13 años	14 años	15 años	16 años	17 años	18 años	19 años	20 años
<b>ANTECEDENTES</b>	●	●	●	●	●	●	●	●	●
<b>EVALUACIÓN NUTRICIONAL</b>	●	●	●	●	●	●	●	●	●
<b>MEDIDAS</b>									
Longitud/Altura y Peso/ Porcentaje de IMC	●	●	●	●	●	●	●	●	●
Presión arterial	●	●	●	●	●	●	●	●	●
<b>EVALUACIÓN SENSORIAL</b>									
Visión	○	◇	◇	○	◇	◇	○	◇	◇
Audición/Habla	○	◇	◇	○	◇	◇	○	◇	◇
<b>EVALUACIÓN DE LA SALUD EVOLUTIVA/CONDUCTUAL</b>	●	●	●	●	●	●	●	●	●
<b>EXAMEN FÍSICO</b>	●	●	●	●	●	●	●	●	●
<b>EXAMEN DENTAL</b>	●	●	●	●	●	●	●	●	●
<b>PROCEDIMIENTOS-General</b>									
Análisis de orina	●								
Evaluación de Tuberculosis	Todos los adolescentes evaluados por los factores de riesgo; evaluación basada en el riesgo individual								
Examen pélvico	Inicialmente a los 21 años o menos si es sexualmente activo								
Evaluación de Enfermedades de Transmisión Sexual (STD)	Todos los adolescentes sexualmente activos								
Colesterol	Todos los adolescentes evaluados por los factores de riesgo; evaluación basada en el riesgo individual								
<b>VACUNACIONES <sup>1</sup></b>									
Tétanos, difteria y tos convulsa <sup>3</sup>	Tdap	Refuerzo de Tdap según sea necesario							
Sarampión, paperas y rubéola	MMR <sup>2</sup>								
Varicela	Var <sup>2</sup>								
Hepatitis A	Hep A <sup>2</sup>								
Hepatitis B <sup>2</sup>	Completar las series, de ser necesario								
Influenza (anual)	Anualmente para grupos de alto riesgo								
Meningocócica <sup>4</sup>	MCV								
Papilomavirus humano <sup>5</sup>	HPV (3 dosis)								
<b>CONSEJOS DE PREVISIÓN</b>	●	●	●	●	●	●	●	●	●

## Clave

- A realizarse
- ◇ Subjetivo según los antecedentes
- Objetivo según el método de evaluación estándar

El sombreado indica el período durante el cual se debería realizar el servicio

● período durante el cual se debería suministrar el servicio para la edad de preferencia indicada

<sup>1</sup> Conforme el Programa de Vacunación Infantil y Adolescente Recomendado - Estados Unidos. Junta Consultiva para la Administración de Vacunas ([www.cdc.gov](http://www.cdc.gov)).

<sup>2</sup> Vacunas a ser evaluadas y administradas si se indican y si no fueron aplicadas anteriormente

<sup>3</sup> Vacuna de toxoides de tétanos y difteria y tos ferina acelular (Tdap). (Edad mínima: 10 años para BOOSTRIX® y 11 años para ADACEL®)

- Administrar a los 11 ó 12 años de edad para quienes hayan completado la serie de vacunación infantil recomendada de DTP/DTaP y que no recibieron una dosis de refuerzo de toxoides de tétanos y difteria (Td).
- Las personas de 13 a 18 años de edad que no recibieron Tdap deberían recibir una dosis.
- Se recomienda un intervalo de 5 años desde la última dosis de Td cuando la Tdap se aplica como una dosis de refuerzo; no obstante, puede haber un intervalo más corto de ser necesaria la inmunización para la tos ferina.

<sup>4</sup> Vacuna meningocócica conjugada (MCV).

- Administrar a la edad de 11 ó 12 años de edad, o a la edad de 13 a 18 años si no fue vacunado previamente.
- Administrar a los estudiantes universitarios de primer año no vacunados anteriormente que viven en dormitorios estudiantiles.
- La MCV se recomienda para niños de 2 a 10 años con deficiencia de componente de complemento terminal, asplenia anatómica o funcional y otros grupos en alto riesgo determinados. Ver MMWR 2005;54(No. RR-7).
- Las personas que recibieron MPSV 5 o más años previamente y permanecen en alto riesgo de padecer una enfermedad meningocócica deben vacunarse nuevamente con MCV.

<sup>5</sup> Vacuna para el papilomavirus humano (HPV). (Edad mínima: 9 años)

- Administrar la primera dosis a mujeres de 11 ó 12 años de edad.
- Administrar la segunda dosis 2 meses después de la primera dosis y la tercera dosis 6 meses después de la primera dosis (al menos 24 semanas después de la primera dosis).
- Administrar las series a mujeres de 13 a 18 años de edad si no fueron previamente vacunadas.

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## Evaluación de Salud Evolutiva y Conductual Recomendada para Adolescentes (HEADSS)

### DOMICILIO

- ¿Dónde vive? ¿Con quién vive? ¿Como andan las cosas en casa? ¿Como se lleva con los miembros de la familia?
- ¿Qué le gustaría cambiar del estilo de vida de su familia si pudiera?
- ¿Usted o alguien de su familia han estado involucrados con el sistema de justicia penal en los últimos 12 meses?
- Si vive con uno de sus padres: ¿con qué frecuencia visita al padre con quien no vive? ¿cómo se siente sobre este arreglo?
- Si está planificando dejar el hogar: ¿cómo acepta(n) su(s) padre(s) sus planes de dejar el hogar?
- Si ya vive fuera del hogar: ¿cómo acepta(n) su(s) padre(s) que viva fuera del hogar?

### EDUCACIÓN

- ¿Asiste a la escuela? ¿Trabaja?
- Mencione algunas de las cosas que mejor hace en la escuela/trabajo.
- ¿Qué le resulta difícil en la escuela/trabajo?
- Si no está en la escuela o trabajo: ¿Cómo está resultando su búsqueda de escuela/trabajo?

### ACTIVIDADES

- ¿Qué hace para divertirse o en su tiempo libre?
- Comente acerca de su(s) mejor(es) amigo(s). ¿Qué les gusta hacer juntos?
- Además de la escuela, el trabajo y la familia, ¿qué otras actividades son realmente importantes para usted?
- ¿Cuán fácil o difícil le resulta hacer amigos?

### DROGAS Y ALCOHOL

- Muchos jóvenes experimentan las drogas, el alcohol o el tabaco. ¿Sus amigos fuman? ¿Masticar tabaco? ¿Beben? ¿Consumen drogas?
- Comente si fuma, bebe o consume drogas.
- ¿Está preocupado por algún amigo o miembro de la familiar y cuánto bebe o consume drogas?
- ¿Cree que a su familia le preocupa que fume, beba o consuma drogas?
- ¿Está preocupado porque fuma, bebe o consume drogas?

### DESARROLLO SOCIAL Y EMOCIONAL

- ¿Hay cosas que lo preocupan, entristecen o enojan mucho? ¿Con quién puede hablar de estas cosas?
- ¿Alguna vez pensó en huir o dejar su hogar?
- ¿Alguna vez se sintió verdaderamente triste y deprimido? ¿Qué hizo?
- ¿Alguna vez pensó en dañarse o quitarse la vida? ¿Lo intentó? Comente al respecto...
- ¿Sabe si alguno de sus amigos o familiares han intentado dañarse o quitarse la vida?
- ¿Alguna vez tuvo problemas en la escuela o con la ley?
- Si pudiera cambiar algo de su vida, ¿qué cambiaría?
- ¿Posee un arma propia o hay una en su casa? ¿Podría acceder a ella si quisiera o está bajo llave?
- ¿Se siente seguro en su hogar o en la escuela? De ser negativo, ¿por qué no?
- ¿Alguien ha tratado de dañarlo física o sexualmente?

- ¿La violencia es parte de sus relaciones con las demás personas?

### SEXUALIDAD

- ¿Ha comenzado a salir a citas?
- Es normal y saludable que se interese en el sexo a su edad. ¿Tiene preguntas o preocupaciones acerca del sexo?
- ¿Alguna vez ha mantenido relaciones sexuales? De ser negativo, elogíe la abstinencia. Ofrezca apoyo, servicios de ser necesarios más adelante. De ser afirmativo, ¿tiene relaciones con hombres, mujeres o ambos?
- ¿Podría decir si ha tenido relaciones sexuales cuando en realidad no quería hacerlo? ¿Qué puede hacer si la misma situación se repite?
- ¿Alguna vez ha estado embarazada o ha embarazado a alguien?
- ¿Alguna vez tuvo una enfermedad de transmisión sexual?
- ¿Utiliza alguna clase de control de la natalidad? ¿Que clase? ¿Siempre usa o algunas veces lo olvida?

### 2 o más de las siguientes características podrían indicar la necesidad de mayor evaluación

- Padre adolescente
- Muerte de un miembro de la familia o amigo cercano en el último año
- Retraso mental de los padres, enfermedad mental, abuso de sustancias, encarcelación, relación con el sistema de justicia penal
- Abuso o negligencia actual o pasada
- Desempleo crónico o falta de vivienda

## Consejos para una buena crianza

- Pase tiempo con sus hijos adolescentes, incluso con los adolescentes mayores. Mantenga una comunicación abierta y confortable.
- Sea un buen ejemplo en su rol. Muestre hábitos saludables como comer adecuadamente, hacer ejercicios, use los cinturones de seguridad, no fumar.
- Establezca reglas familiares, con límites claros y consecuencias cuando se rompan las reglas. Incluya las expectativas y las reglas para el adolescente intercaladamente. Algunas reglas no tienen discusión.
- Fomente la responsabilidad, la independencia y el trabajar en pro de las metas.
- Permita que el adolescente tome las decisiones apropiadas para su edad.
- Interiorícese acerca de los amigos, la escuela y las actividades de sus adolescentes.
- Discuta las maneras de resolver los inconvenientes sin violencia.
- Dígale a sus hijos adolescentes que el uso de drogas y el alcohol en menores de edad no son admisibles. Dé un buen ejemplo.
- Concéntrese en fomentar una conducta positiva con críticas constructivas y elogios en lugar de únicamente regaños. Está orgulloso de sus adolescentes.
- Hable sobre la sexualidad y las expectativas de la familia. Enfatique la abstinencia y las relaciones sexuales responsables.
- Hable con el profesional de la salud de su adolescente si tiene dudas acerca de los problemas de salud, de depresión, escolares, sociales u otros.

## Consejos de Previsión para Adolescentes

### Haga el esfuerzo por tener hábitos saludables

- Duerma lo suficiente.
- Haga ejercicios enérgicamente al menos 3 veces a la semana.
- Limite la televisión a una hora o menos por día. Limite el tiempo de uso de la computadora y los videojuegos.
- Tenga 3 comidas diarias, especialmente el desayuno. Cepílese los dientes y utilice hilo dental.
- Elija alimentos saludables: muchas frutas y verduras, granos enteros, productos reducidos en grasas, carnes magras. Reduzca los dulces, las patatas fritas, los refrescos con azúcar.
- No consuma tabaco, alcohol, marihuana u otras drogas incluyendo pastillas para adelgazar o esteroides para aumentar la masa corporal.
- La abstinencia sexual es la mejor manera de evitar el embarazo y las enfermedades. Si mantiene relaciones sexuales, realícese un examen, instrúyase acerca del control de natalidad y las relaciones sexuales seguras y utilice preservativos cada vez que tenga relaciones sexuales.

### Haga el esfuerzo para evitar las lesiones y la violencia

- Utilice los cinturones de seguridad, cascos, indumentaria deportiva de protección y filtro solar.
- No lleve ni utilice armas de ninguna clase.
- Desarrolle habilidades para la resolución de un conflicto, la negociación y el tratamiento de su ira de manera constructiva.
- Solicite ayuda en caso que sea abusado física o sexualmente o si teme estar en peligro.

### Haga el esfuerzo por ser una persona competente y responsable

- Pase tiempo con su familia haciendo algo que todos disfruten.
- Respete las reglas familiares y las consecuencias de las conductas inadmisibles.
- Respete los derechos y necesidades de los demás.
- Trate los temas de la homosexualidad y el lesbianismo, la abstinencia y demás asuntos relacionados con la sexualidad.
- Practique cómo lidiar con la presión negativa de sus pares. Utilice sus reglas familiares para hacerlo.
- Reconozca y aprenda a tratar el estrés.
- Identifique sus talentos e intereses y haga planes para el futuro.
- Participe en actividades escolares, sociales, religiosas, culturales, voluntarias y recreativas.
- Hable con alguien si a menudo se siente estresado, nervioso, triste o si las cosas no salen bien.



# Preventive Health Guidelines for Adults

YEARS OF AGE	21	25	30	35	40	45	50	55	60	65	70	75+
<b>SCREENING</b>												
Alcohol Use/Substance Abuse and Tobacco Use	First doctor visit. Discuss re-screening frequency with your doctor.											
Blood Pressure	At least every 2 years - more often if at risk.											
<b>COLORECTAL (INTESTINE) CANCER</b> Fecal Occult Blood Test (FOBT), Sigmoidoscopy or Colonoscopy												Discuss with your doctor which of the following tests work best for you: Yearly Every 3 to 5 years Every 10 years
Depression	First doctor visit. Discuss re-screening frequency with your doctor.											
Obesity (Height, Weight, and BMI)	Yearly											
Tuberculosis	At risk only. Discuss with your doctor.											
Type 2 Diabetes	At risk only. Discuss with your doctor.											
Vision and Hearing												Discuss needs with your doctor.
<b>WOMEN</b>												
Breast Cancer (Mammography)												Every 1 to 2 years
Cervical Cancer (Pap Smear)	Every 1 to 3 years as recommended by your doctor.											
Chlamydia (an STD that can lead to infertility)	Yearly - All sexually active women, age 25 years and younger and other women at risk. Discuss with your doctor.											
Cholesterol												At least every 5 years
Rubella blood test	For women of childbearing age.											
<b>MEN</b>												
Cholesterol												At least every 5 years
<b>IMMUNIZATIONS</b>												
Influenza (Flu)	Yearly - At risk only. Discuss with your doctor.						Yearly					
Pneumococcal												Once
Zoster Vaccination												Once
Tetanus/Tetanus-Diphtheria	Every 10 Years											
Varicella (Chicken Pox)	At risk only. Discuss with your doctor.											
<b>COUNSELING - Your doctor can help you improve your health by providing advice on topics such as:</b>												
Bicycle, motorcycle, skate board and ATV helmet use	Not using/Quitting tobacco				Unintended pregnancy				Household, recreational, and motor vehicle injuries			
Dental health	Regular physical activity				Household, recreational, and motor vehicle injuries				Parenting skills			
Family planning	Risks and benefits of prostate cancer screening (men)				Parenting skills				Stress management			
Healthy diet	Seat belt use				Stress management							
Menopausal health (women) including osteoporosis and heart disease	Sexually Transmitted Disease (STD) and HIV infection											
These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation.												
Sources: 1) Report of the U.S. Preventive Task Force, "Guide to Clinical Preventive Services", 3rd Edition, 2003; 2) State of New Mexico Medical Assistance Division, New Mexico Administrative Code 8.305.16, "Standards For Preventive Health Services". (revised 12/2010)												

# Pautas de salud preventiva para adultos

AÑOS DE EDAD	21	25	30	35	40	45	50	55	60	65	70	75+
<b>PRUEBA DE DETECCIÓN</b>												
Consumo de alcohol/abuso de sustancias y consumo de tabaco	Primera visita al doctor. Consulte a su doctor sobre la frecuencia de las nuevas pruebas de detección.											
Presión arterial	Al menos cada 2 años - más frecuentemente si se encuentra en riesgo.											
<b>CÁNCER COLORRECTAL (DE INTESTINO)</b> Análisis de sangre oculta en heces (FOBT), Sigmoidoscopia o Colonoscopia												Consulte a su doctor acerca de cuáles de las siguientes evaluaciones son más apropiadas para usted: Anualmente Cada 3 a 5 años Cada 10 años
Depresión	Primera visita al doctor. Consulte a su doctor sobre la frecuencia de las nuevas pruebas de detección.											
Obesidad (Altura, Peso e IMC)	Anualmente											
Tuberculosis	Solamente si está en riesgo. Consulte a su doctor.											
Diabetes de tipo 2	Solamente si está en riesgo. Consulte a su doctor.											
Visión y audición												Consulte a su doctor las necesidades.
<b>MUJERES</b>												
Cáncer de mama (Mamografía)												Cada 1 a 2 años
Cáncer cervical (Papanicolaou)	Cada 1 a 3 años según lo recomiende su doctor.											
Clamidia (Una ETS que Puede Causar Infertilidad)	Anualmente - Todas las mujeres sexualmente activas de 25 años o menos y otras mujeres en riesgo. Consulte a su doctor.											
Colesterol												Al menos cada 5 años
Análisis de sangre por rubéola	Para mujeres en edad de tener hijos.											
<b>HOMBRES</b>												
Colesterol												Al menos cada 5 años
<b>INMUNIZACIONES</b>												
Influenza (Gripe)	Anualmente - Solamente si está en riesgo. Consulte a su doctor.						Anualmente					
Neumocócica												Una vez
Vacunación contra el herpes Zoster												Una vez
Tétanos Tétanos-Difteria	Cada 10 años											
Varicela	Solamente si está en riesgo. Consulte a su doctor.											
<b>CONSEJERÍA - Su doctor puede ayudarle a mejorar su salud proporcionando información sobre temas como:</b>												
Uso de casco para bicicleta, motocicleta, patineta y vehículos todo terreno	No consumir/dejar el cigarrillo						Enfermedad de transmisión sexual (ETS) e infección de VIH					
Salud odontológica	Actividad física regular						Embarazo no deseado					
Planificación familiar	Riesgos y beneficios de la prueba de detección de cáncer de próstata (hombres)						Lesiones en el hogar, en vehículos de recreación y motorizados					
Dieta saludable	Uso de cinturones de seguridad						Habilidades de crianza					
Salud menopáusica (mujeres) incluyendo osteoporosis y enfermedad cardíaca							Control del estrés					
Estas recomendaciones están destinadas a servir de guía. En algunos casos podría ser necesario adaptar las recomendaciones para satisfacer las necesidades del paciente y su situación individual.												
Fuentes: 1) Report of the U.S. Preventive Task Force, "Guide to Clinical Preventive Services", 3rd Edition, 2003; 2) State of New Mexico Medical Assistance Division, New Mexico Administrative Code 8.305.16, "Standards For Preventive Health Services".												
												(revisado 12/2010)



# Preventive Health Guidelines for Pregnancy

	Preconception	6-8 Weeks	14-16 Weeks	24-28 Weeks	32 Weeks	36 Weeks	38 Weeks	39 Weeks	40 Weeks	41 Weeks	Postpartum <sup>1</sup>
<b>HISTORY</b>											
Medical	●										
Psychosocial	●										
Update Medical/Psychosocial		●	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAM</b>											
General	●										
Blood Pressure/Pulse	●	●		●	●	●	●	●	●	●	●
Height	●										●
Weight	●	●	●	●	●	●	●	●	●	●	●
Height/Weight Profile	●										●
Pelvic Exam/Pelvimetry	●	●									●
Breast Exam	●	●									●
Fundal Height			●	●	●	●	●	●	●	●	●
Fetal Position/Heart Rate			●	●	●	●	●	●	●	●	●
Cervical Exam										●	●
Postpartum Visit 3-8 Weeks After Delivery											●
<b>LAB TESTS</b>											
Hemoglobin or Hematocrit	●	●		●							●
RH Factor	●										
Pap Test	●										●
Diabetic Screen				●							
MSAFP			●								
Urine Dipstick	●										
Protein	●										
Sugar	●										
Urine Culture		●									
Infections											
Rubella Titer	●										●
Anti-D Immune Globulin											●
Syphilis Test	●										
Gonococcal Culture	●	●									
Hepatitis B	●										
HIV	●	●									
Strep B						●					
Illicit Drug Screen	●										
<b>INFLUENZA<sup>2</sup></b>			●	●	●	●	●	●	●	●	●
<b>RISK ASSESSMENT*</b>	●	●	●	●	●	●	●	●	●	●	
<b>HEALTH PROMOTION*</b>	●	●	●	●	●	●	●	●	●	●	

\*See companion chart listing guidelines for Risk Assessment and Health Promotion. <sup>1</sup>Guidelines For Perinatal Care, 5th Edition, American Academy of Pediatrics & The American College of Obstetrics and Gynecology, October 2002. <sup>2</sup>The Advisory Committee for Immunization Practices (ACIP) recommends that pregnant women in their second or third trimester during influenza season should be vaccinated (December 2003). Adapted from "Caring for Our Future: The Content of Prenatal Care - A report of the Public Health Service Expert Panel on the Content of Prenatal Care, 1989; Public Health Service Department of Health and Human Services" (Rev 12/2010)

# Normas Preventivas para la Salud durante el Embarazo

	Preconcepción	De 6 a 8 Semanas	De 14 a 16 Semanas	De 24 a 28 Semanas	32 Semanas	36 Semanas	38 Semanas	39 Semanas	40 Semanas	41 Semanas	Después del parto <sup>1</sup>
<b>ANTECEDENTES</b>											
Médica	●										
Psicosocial	●										
Poner al Día lo Médico y lo Psicosocial		●	●	●	●	●	●	●	●	●	●
<b>EXAMEN FÍSICOS</b>											
En General	●										
Presión Arterial y Pulso	●	●		●	●	●	●	●	●	●	●
Estatura	●										●
Peso	●	●	●	●	●	●	●	●	●	●	●
Características Generales de Estatura y Peso	●										●
Examen Pélvico y Pelvimetría	●	●									●
Examen de los Senos	●	●									●
Medida del Fondo del Utero			●	●	●	●	●	●	●	●	
Posición Fetal y Velocidad de los Latidos del Corazón			●	●	●	●	●	●	●	●	
Examen Cervical										●	●
Visita de Después del parto, de 3 a 8 Semanas después de Dar a Luz											●
<b>PRUEBAS DE LABORATORIO</b>											
Hemoglobina o Hematócrito	●	●		●							●
Factor RH	●										
Prueba del Cáncer Cervical ["Papanicolaou"]	●										●
Examen de Detección Diabética				●							
MSAFP			●								
Prueba de la Orina con Tira Reactiva	●										
Proteína	●										
Azúcar	●										
Urocultivo		●									
Infecciones											
Concentración de Rubéola	●										●
Globulina de Inmunidad Anti-D											●
Prueba de Sífilis	●										
Cultivo Gonococal	●	●									
Hepatitis B	●										
VIH	●	●									
Estreptococo B						●					
Examen de Detección de Drogas Ilícitas	●										
<b>INFLUENZA<sup>2</sup></b>			●	●	●	●	●	●	●	●	●
<b>EVALUACIÓN DE LOS RIESGOS*</b>	●	●	●	●	●	●	●	●	●	●	
<b>PROMOCIÓN DE LA SALUD*</b>	●	●	●	●	●	●	●	●	●	●	

\* Refiérase a la tabla acompañante que enumera las normas para la "Evaluación de los Riesgos y la Promoción de la Salud"

<sup>1</sup> Normas para la Atención Perinatal ["Guidelines For Perinatal Care"], 5a Edición, Academia Americana de Pediatría y Colegio Americano de Obstetricia y Ginecología, octubre de 2002.

<sup>2</sup> El Comité Consultivo de las Prácticas de Inmunización (CCPI) recomienda que las mujeres en su segundo o tercer trimestre de embarazo se vacunen durante la temporada de la gripe o influenza (diciembre de 2003). Adaptado de "Caring for Our Future: The Content of Prenatal Care - A report of the Public Health Service Expert Panel on the Content of Prenatal Care," [Cuidando Nuestro Futuro: El Contenido del Cuidado Prenatal: Un Informe del Panel de Expertos sobre el Servicio de la Salud Pública referente al Cuidado Prenatal]1989; Oficina del Servicio de la Salud Pública, Departamento de Servicios Humanos y de Salud

(Revisado y ampliado 12/2010) 6111NM0111



# Preventive Health Guidelines for Children

	INFANCY						EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE									
	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	
<b>HISTORY</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>NUTRITIONAL SCREENING</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																										
Length/Height & Weight/BMI%ile	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•																
Blood Pressure											•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b>																										
Vision	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇	◇
Hearing/Speech	○	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇	◇
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH ASSESSMENT <sup>1</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PHYSICAL EXAM</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>DENTAL EXAM <sup>5</sup></b>							•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PROCEDURES-General</b>																										
State Metabolic Screen <sup>2</sup>	•																									
Vitamin K	•																									
Eye Prophylaxis	•							•																		
Hematocrit/Hemoglobin						•												•								
Lead Screen							•			•																
Urinalysis													•							•						
<b>PROCEDURES-Pts at Risk</b>																										
Tuberculin Test	Testing should be done upon recognition of high risk factors																									
Pelvic Exam	Initially at 21 years or earlier if sexually active																									
STD Screen	All sexually active teens																									
Cholesterol	Testing should be done upon recognition of high risk factors																									

*Continued on back...*

# Preventive Health Guidelines for Children

	INFANCY						EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE								
	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
<b>IMMUNIZATIONS <sup>3</sup></b>																									
Hepatitis A <sup>7</sup>							Hep A (2 doses)					Hep A (for certain high risk groups)													
Hepatitis B	#1	#2					#3					OR doses 1-3													
Diphtheria, Pertussis, Tetanus <sup>9</sup>			DTaP	DTaP	DTaP		DTaP					DTaP	Tdap booster as needed												
Polio			IPV	IPV		IPV					IPV														
Measles, Mumps, Rubella						MMR					MMR	MMR <sup>4</sup>													
Haemophilus Influenza B			HIB	HIB	HIB	HIB																			
Varicella <sup>13</sup>						Var					Var														
Pneumococcal (PCV and PPV) <sup>8</sup>			PCV	PCV	PCV	PCV					PPSV (for certain high risk groups)														
Influenza (yearly) <sup>6</sup>						Influenza yearly (for high risk groups)																			
Meningococcal <sup>10</sup>																	MCV								
Human Papillomavirus <sup>11</sup>																	HPV (3 doses)								
RotaVirus (RV) <sup>12</sup>			RV	RV	RV																				
<b>ANTICIPATORY GUIDANCE <sup>1</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

**Key**  
 ● To be performed  
 ✦ Subjective by history  
 ○ Objective by standard testing method

Shading indicates range during which service should be performed

● range during which service should be provided with preferred age indicated

<sup>1</sup> See guidelines for Development/Behavioral Assessment and Anticipatory Guidance

<sup>2</sup> State of New Mexico Metabolic Screen includes:

- Biotinidase Deficiency
- Galactosemia
- Hemoglobinopathies
- Congenital Hypothyroidism
- PKU

<sup>3</sup> The immunization schedule reflects the current ACIP schedule. If the ACIP schedule changes, immunizations should be given according to the most current ACIP schedule

<sup>4</sup> Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)  
 • Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

<sup>5</sup> The American Dental Association Position Statement (2000-454), the American Academy of Pediatrics Policy Statement (May 2003), & the American Academy of Pediatric Dentistry Policy (revised 2003) regarding Early Childhood Caries uniformly recommends the "initiation of a child's first dental visit to occur within 6 months of eruption of the first tooth and no later than 12 months of age.

<sup>6</sup> Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes, and household members of person ingroups at high risk; see MMWR2002;51(RR-3); 1-31), and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6–23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations. Children aged ≤ 12 years should receive vaccine in a dosage appropriate for their age. Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

<sup>7</sup> Hep A recommended for all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.  
 • Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.  
 • Hep A also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2006;55(No. RR-7).

<sup>8</sup> (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV]) February 2010: ACIP recommends PCV13 for all children aged 2–59 months. ACIP also recommends PCV13 for children aged 60–71 months with underlying medical conditions that increase their risk for pneumococcal disease or complications. PCV13 is recommended as a 4-dose series at ages 2, 4, 6, and 12–15 months. Infants receiving their first dose at age ≤ 6 months should receive 3 doses of PCV13 at intervals of approximately 8 weeks (the minimum interval is 4 weeks). The fourth dose is recommended at age 12–15 months, and at least 8 weeks after the third dose.

Infants and children who have received 1 or more doses of PCV7 should complete the immunization series with PCV13 (HYPERLINK "http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm" \ "tab3" Table 3). Children aged 12–23 months who have received 3

doses of PCV7 before age 12 months are recommended to receive 1 dose of PCV13, given at least 8 weeks after the last dose of PCV7. No additional PCV13 doses are recommended for children aged 12–23 months who received 2 or 3 doses of PCV7 before age 12 months and at least 1 dose of PCV13 at age ≥ 12 months.

Refer to <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm> for further guidance.

<sup>9</sup> Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)  
 • The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.  
 • Administer the final dose in the series at age 4 through 6 years Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)  
 • Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.  
 • Persons aged 13 through 18 years who have not received Tdap should receive a dose.  
 • A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may

be used if pertussis immunity is needed.  
<sup>10</sup> Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])  
 • Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See MMWR 2005;54(No. RR-7).  
 • Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

<sup>11</sup> Human papillomavirus vaccine (HPV). (Minimum age: 9 years)  
 • Administer the first dose to females at age 11 or 12 years.  
 • Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).  
 • Administer the series to females at age 13 through 18 years if not previously vaccinated.  
<sup>12</sup> Rotavirus vaccine (RV). (Minimum age: 6 weeks)  
 • Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).  
 • Administer the final dose in the series by age 8 months 0 days.

• If Rotarix® is administered at ages 2 and 4 months, a dose at 6 months is not indicated.  
<sup>13</sup> Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.  
 • For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

Adapted from the Guide to Clinical Preventive Services (2nd Ed.), Bright Futures ([www.brightfutures.org](http://www.brightfutures.org)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)) Recommendations for Preventive Pediatric Health Care, Advisory Committee on Immunization Practices (ACIP) ([www.cdc.gov/nip](http://www.cdc.gov/nip)), and State of New Mexico Department of Health ([www.health.state.nm.us](http://www.health.state.nm.us)). Recommended Childhood and Adolescent Immunization Schedule – United States, 2003. Approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. February 2000 American Dental Association Policy Statement. These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation. (Sources: Recommended Childhood and Adolescent Immunization Schedule – United States, 2003, Approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. February 2000 American Dental Association Policy Statement)



# Pautas de salud preventiva para niños

	INFANCIA						NIÑEZ TEMPRANA					NIÑEZ INTERMEDIA					ADOLESCENCIA								
	Naci- miento	1 mes	2 me- ses	4 me- ses	6 meses	9 me- ses	12 meses	15 meses	18 meses	24 meses	3 años	4 años	5 años	6 años	8 años	10 años	12 años	13 años	14 años	15 años	16 años	17 años	18 años	19 años	20 años
<b>ANTECEDENTES</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>EVALUACIÓN NUTRICIONAL</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEDIDAS</b>																									
Longitud/Altura y Peso/ Porcentaje de IMC	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Perímetro de la cabeza	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Presión arterial											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>EVALUACIÓN SENSORIAL</b>																									
Visión	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇
Audición/Habla	○	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇
<b>EVALUACIÓN DE LA SALUD EVOLUTIVA/CONDUCTUAL <sup>1</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>EXAMEN FÍSICO</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>EXAMEN DENTAL <sup>5</sup></b>							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDIMIENTOS-General</b>																									
Evaluación Metabólica del Estado <sup>2</sup>	●																								
Vitamina K	●																								
Profilaxis ocular	●								●																
Hematocrito/Hemoglobina						●												●							
Prueba de detección de plomo							●			●															
Análisis de orina													●							●					
<b>PROCEDIMIENTOS-Pts en riesgo</b>																									
Evaluación de Tuberculina	Las evaluaciones deberían hacerse luego de identificar los factores de alto riesgo																								
Examen pélvico																	Inicialmente a los 21 años o menos si es sexualmente activo								
Evaluación de Enfermedades de Transmisión Sexual (STD)																	Todos los adolescentes sexualmente activos								
Colesterol	Las evaluaciones deberían hacerse luego de identificar los factores de alto riesgo																								

Continúa al dorso...

# Pautas de salud preventiva para niños

	INFANCIA					NIÑEZ TEMPRANA					NIÑEZ INTERMEDIA					ADOLESCENCIA									
	Nacimiento	1 mes	2 meses	4 meses	6 meses	9 meses	12 meses	15 meses	18 meses	24 meses	3 años	4 años	5 años	6 años	8 años	10 años	12 años	13 años	14 años	15 años	16 años	17 años	18 años	19 años	20 años
<b>VACUNACIONES <sup>3</sup></b>																									
Hepatitis A <sup>7</sup>							Hep A (2 dosis)					Hep A (para determinados grupos de alto riesgo)													
Hepatitis B	#1	#2					#3					O dosis 1-3													
Difteria, Tos convulsa, Tétanos <sup>9</sup>			DTaP	DTaP	DTaP		DTaP					DTaP					Tdap	Refuerzo de Tdap según sea necesario							
Poliomielitis			IPV	IPV		IPV					IPV														
Sarampión, paperas y rubéola						MMR					MMR					MMR <sup>4</sup>									
Influenza Hemofilia B			HIB	HIB	HIB	HIB																			
Varicela <sup>13</sup>						Var					Var														
Neumocócica (PCV y PPV) <sup>8</sup>			PCV	PCV	PCV	PCV					PPSV (para determinados grupos de alto riesgo)														
Influenza (anual) <sup>6</sup>						Influenza anualmente (para grupos de alto riesgo)																			
Meningocócica <sup>10</sup>																	MCV								
Papilomavirus humano <sup>11</sup>																	HPV (3 dosis)								
Rotavirus (Rota) <sup>12</sup>			RV	RV	RV																				
<b>CONSEJOS DE PREVISIÓN <sup>1</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

**Clave**  
 ● A realizarse  
 ○ Subjetivo según los antecedentes  
 ◊ Objetivo según el método de evaluación estándar

El sombreado indica el periodo durante el cual se debería realizar el servicio

● periodo durante el cual se debería suministrar el servicio para la edad de preferencia indicada

<sup>1</sup> Ver las instrucciones para la Evaluación Evolutiva/Conductual y Consejos de Previsión

<sup>2</sup> La Evaluación Metabólica del Estado de New Mexico incluye:  
 ● Deficiencia de biotinidas  
 ● Galactosemia  
 ● Hemoglobinopatías  
 ● Hiperitroidismo congénito  
 ● Fenilcetonuria (PKU)

<sup>3</sup> El programa de vacunación refleja el programa actual de la ACIP. Si el programa de la ACIP se modifica, las vacunas deberían aplicarse conforme el programa más actualizado de la ACIP.

<sup>4</sup> Vacuna contra el sarampión, paperas y rubéola (MMR). (Edad mínima: 12 meses)  
 ● Administrar la segunda dosis desde los 4 hasta 6 años de edad. No obstante, la segunda dosis puede administrarse antes de los 4 años, siempre que hayan transcurrido 28 días desde la primera dosis.

<sup>5</sup> La Declaración de Posición de la Asociación Dental Americana (2000:454), la Declaración de Política de la Academia Americana de Pediatría (mayo 2003), y la Política de la Academia Americana de Odontología Pediátrica (revisada en 2003) con respecto a los Caries en la Niñez Temprana uniformemente recomiendan que "el inicio de la primera visita dental del niño sea a los 6 meses de la aparición del primer diente y no luego de los 12 meses de edad."

<sup>6</sup> La vacuna contra la influenza se recomienda anualmente para los niños mayores de 6 meses con ciertos factores de riesgo (incluyendo, pero no limitándose a: asma, enfermedad cardíaca, drepanocitosis, VIH, diabetes y miembros de la familia del círculo de la persona que corren alto riesgo; (ver MMWR2002,51(RR-3); 1-31), y puede administrarse a todos los que deseen estar inmunes. Además, se estimula a que los niños saludables de entre 6 y 23 meses reciban la vacuna contra la influenza si es posible, debido a que los niños de este grupo están considerablemente en creciente riesgo de ser

hospitalizados por enfermedades vinculadas a la influenza. Los niños menores de 12 años deberían recibir la vacuna en un dosis apropiada para su edad. Los niños menores de 8 años que reciben la vacuna contra la influenza por primera vez deberían recibir dos dosis a intervalos de 4 semanas como mínimo.

<sup>7</sup> La Hep A se recomienda para todos los niños de 1 año de edad (es decir, entre los 12 y 23 meses de edad). Administrar 2 dosis al menos con 6 meses de diferencia.

● Los niños que no reciban todas las vacunaciones antes de los 2 años pueden ser vacunados en las próximas visitas.  
 ● La HepA también se recomienda para niños mayores de 1 año que viven en áreas donde los programas de vacunación son para niños mayores o corren alto riesgo de infección. Ver MMWR 2006;55(No. RR-7).

<sup>8</sup> [Edad mínima: 6 semanas para la vacuna neumocócica conjugada (PCV)]; 2 años para la vacuna neumocócica polisacárida (PPSV).  
 ● Febrero de 2010: ACIP recomienda la vacuna antineumocócica conjugada (PCV13) para todos los niños entre 2 y 59 meses de edad. ACIP también recomienda la PCV13 para los niños entre 60 y 71 meses de edad con condiciones médicas subyacentes que aumentan su riesgo de enfermedad neumocócica o sus complicaciones.

La vacuna PCV13 se recomienda como una serie de 4 dosis a los 2, 4, 6 y 12-15 meses de edad. Los recién nacidos que recibieron su primera dosis hasta los 6 meses de edad inclusive deberían recibir 3 dosis de PCV13 a intervalos de aproximadamente 8 semanas (el intervalo mínimo es de 4 semanas). La cuarta dosis se recomienda a la edad de 12 a 15 meses y por lo menos 8 semanas después de la tercera dosis.

● Los bebés y niños que recibieron 1 ó más dosis de PCV7 deben completar la serie de inmunización con la PCV13 (Table 3). Se recomienda que los niños de 12 a 23 meses que recibieron 3 dosis de la PCV7 antes de los 12 meses reciban 1 dosis de PCV13, esperando al menos 8 semanas después de la última dosis de PCV7. No se recomiendan dosis adicionales de PCV13 para los niños de 12 a 23 meses que recibieron 2 ó 3 dosis de PCV7 antes de los 12 meses y al menos 1 dosis de PCV13 después de los 12 meses. Consulte <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm> para más instrucciones.

<sup>9</sup> Vacuna de toxoides de difteria y tétanos y tos ferina acelular (Dtap). (Edad mínima: 6 semanas)  
 ● La cuarta dosis puede administrarse desde los 12 meses, siempre que hayan transcurrido 6 meses desde la tercera dosis.  
 ● Administrar la dosis final de la serie desde los 4 hasta los 6 años de edad.  
 Vacuna de toxoides de tétanos y difteria y tos

ferina acelular (Tdap). (Edad mínima: 10 años para BOOSTRIX® y 11 años para ADACEL®)  
 ● Administrar a los 11 ó 12 años de edad para quienes hayan completado la serie de vacunación infantil recomendada de DTP/DTaP y no recibieron una dosis de refuerzo de toxoides de tétanos y difteria (Td).  
 ● Las personas de 13 a 18 años de edad que no recibieron la Tdap deberían recibir una dosis.

● Se recomienda un intervalo de 5 años desde la última dosis de Td cuando la Tdap se aplica como una dosis de refuerzo; no obstante, puede haber un intervalo más corto de ser necesaria la inmunización para la tos ferina.

<sup>10</sup> Vacuna meningocócica. (Edad mínima: 2 años para la vacuna meningocócica conjugada (MCV) y para la vacuna meningocócica polisacárida (MPSV))  
 ● Administrar la MCV a niños de 2 a 10 años con deficiencia de componente de complemento terminal, asplenia anatómica o funcional y otros grupos en alto riesgo determinados. Ver MMWR 2005;54(No. RR-7).  
 ● Las personas que recibieron MPSV 3 o más años previamente y que permanecen en alto riesgo de enfermedad meningocócica deben vacunarse nuevamente con MCV.

<sup>11</sup> Vacuna para el papilomavirus humano (HPV). (Edad mínima: 9 años)

● Administrar la primera dosis a mujeres de 11 ó 12 años de edad.  
 ● Administrar la segunda dosis 2 meses después de la primera dosis y la tercera dosis 6 meses después de la primera dosis (al menos 24 semanas después de la primera dosis).  
 ● Administrar las series a mujeres de 13 a 18 años de edad si no fueron previamente vacunadas.

<sup>12</sup> Vacuna rotavirus (RV). (Edad mínima: 6 semanas)  
 ● Administrar la primera dosis de las 6 a las 14 semanas (edad máxima: 14 semanas y 6 días). La vacunación no debe iniciarse en niños pequeños de 15 semanas o más (es decir, 15 semanas y 0 días o más).  
 ● Administrar la dosis final de la serie antes de los 8 meses y 0 días de edad.  
 ● Si se administra Rotarix® a los 2 y 4 meses, no se indica una dosis a los 6 meses.

<sup>13</sup> Administrar la segunda dosis desde los 4 hasta 6 años de edad. No obstante, la segunda dosis puede administrarse antes de los 4 años, siempre que hayan transcurrido 3 meses desde la primera dosis.  
 ● Para los niños de 12 meses hasta 12 años el intervalo mínimo entre dosis es de 3 meses. No obstante, si se administró la segunda dosis al menos 28 días después de la primera dosis, puede tomarse como válida.

# Recommended Anticipatory Guidance

## Newborn

Infant car seat properly secured  
Crib safety  
Sleeping positions  
Water/bath safety  
Breastfeeding issues  
Never leave baby alone, with young sibling, or pet  
Fall prevention  
Dangers of second-hand smoke  
Burn prevention  
Avoid over exposure to sun  
Recognize early signs of illness  
Know what to do in case of emergency  
Infant care

## 1 week - Reinforce guidance from newborn visit PLUS

Install smoke detectors  
Prevent baby bottle tooth decay

## 1 month - Reinforce appropriate guidance from previous visits PLUS

Keep toys with small parts or other small or sharp objects out of reach  
No honey until after first birthday

## 2 months - Reinforce appropriate guidance from previous visits

## 4 months - Reinforce appropriate guidance from previous visits PLUS

Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, paints, paint solvents locked in a safe place out of baby's sight and reach  
Discuss appropriate progression of foods with your baby's doctor: formula, cereal, other solids  
Keep sharp objects out of reach  
Do not give the infant plastic bags, balloons, or small objects such as marbles  
Use safety locks on cabinets  
Do not use an infant walker at any age

## 6 months - Reinforce appropriate guidance from previous visits PLUS

Get down on the floor and check for hazards at baby's eye level  
Do not leave heavy objects or containers of hot liquids on tables with tablecloths that the baby may pull down  
Place plastic plugs in electrical sockets  
Discuss use of Syrup of Ipecac  
Post telephone number of Poison Control  
Install gates at the top and bottom of stairs; safety devices on windows  
Lower the crib mattress  
Avoid dangling electrical and drapery cords  
Keep pet food dishes out of reach. Do not permit the baby to approach the dog while the dog is eating  
Learn first aid and CPR  
Clean infant's teeth with soft brush beginning with eruption of first tooth  
(Rev. 12/2010)

## 9 months - Reinforce appropriate guidance from previous visits PLUS

Lower the crib mattress  
Drinking from a cup

## 12 months - Reinforce appropriate guidance from previous visits PLUS

Switch to a toddler car seat and make sure it is properly secured  
Put sunscreen on the toddler  
Test smoke detectors; change batteries yearly  
Turn pan handles toward back of stove  
Ensure that electric wires, outlets, and appliances are inaccessible or protected  
Keep tobacco, lighters, matches, and alcohol out of the toddler's sight and reach  
Confine the toddler's outside play to areas within fences and gates unless under close supervision  
Keep toddler away from moving machinery, lawn mowers, overhead garage doors, driveways, and streets  
Risk of choking from foods  
Drinking from a cup  
Toddlers and parents use helmets when bicycling  
Teach child caution when approaching dogs  
Choose caregivers carefully  
Begin brushing toddler's teeth with a tiny amount of fluoridated toothpaste

## 15 months - Reinforce appropriate guidance from previous visits PLUS

Exclude poisons, medications, and toxic household products from the home or keep them in locked cabinets; have safety caps on all medications  
Drinking from a cup  
Never underestimate the ability of a 15-month old to climb; ensure crib is at lowest rung  
Supervise stair climbing closely

## 18 months - Reinforce appropriate guidance from previous visits PLUS

Ensure that toddler wears life vest if boating; inflatable devices do not make a toddler safe in the water  
Never leave a toddler alone in the house or car  
Do not expect young children to supervise the toddler  
Reinforce what to do in case of falls, cuts, wounds, bites, bleeding, broken bones, etc.

## 2 years - Reinforce appropriate guidance from previous visits PLUS

Continue to use a size-appropriate car seat  
Firearm safety  
Reinforce water/pool safety  
Ensure that playgrounds are safe  
Anticipate the child's normal curiosity about his/her body parts, including genitalia  
Use correct terms for genitalia

## 3 years - Reinforce appropriate guidance from previous visits PLUS

Know where your child is at all times; 3 year olds are too young to roam the neighborhood  
Teach the child pedestrian safety skills  
Teach the child not to talk to strangers  
Teach the child to brush his/her teeth

Anticipate the child's normal curiosity about differences between boys and girls  
Introduce the notion that some areas of the body are private  
Limit TV viewing

## 4 years - Reinforce appropriate guidance from previous visits PLUS

Continue to use a car seat or properly secured booster seat  
Establish and enforce rules for safe behavior  
Teach the child to swim  
Teach the child about playground safety  
Teach the child safety rules regarding strangers  
Ensure that the child brushes teeth twice a day  
Learn how to handle dental emergencies  
Explain to the child that no one should touch his/her "private parts" without permission

## 5 years - Reinforce appropriate guidance from previous visits PLUS

Role model a healthy lifestyle  
Ensure adequate sleep  
Encourage regular physical activity  
Limit TV viewing; watch TV together  
Wear seat belts in the car  
Ensure that the child is supervised before and after school in a safe environment  
Teach the child about personal care and hygiene  
Teach the child about safety rules for the home; conduct fire drills at home  
Teach the child about safety rules for getting to and from school, bicycling, playground, interacting with strangers  
Obtain picture books on sexuality for family reading

## 6 years - Reinforce appropriate guidance from previous visits PLUS

Teach the child about sports safety, including the need to wear protective sports gear  
Continue to supervise tooth brushing  
Answer questions about sexuality at a level appropriate to the child's understanding

## 8 years - Reinforce appropriate guidance from previous visits PLUS

Supervise the child's activities with peers  
Counsel the child about avoiding the use of alcohol, tobacco, and drugs  
Reinforce important safety considerations; anticipate that the child may make errors in judgment because he/she is trying to imitate peers  
Anticipate providing less direct supervision  
Ensure that the child puts on sunscreen  
Do not allow the child to operate a power mower or motorized farm equipment  
If the child receives family life education at school, discuss it with him/her  
Prepare girls for menstruation

## 10 years - Reinforce appropriate guidance from previous visits PLUS

Discuss your child's diet history with his or her doctor  
Enforce reasonable television/music standards  
Reinforce important safety considerations; anticipate that the child may make errors in judgment due to increased risk-taking behavior  
Teach the child to avoid high noise levels, especially when using music headsets  
Helmet use for bicycling, riding a motorcycle or all-terrain vehicle, skateboards, and scooters

Assess the child's preparation for puberty and sexual development  
Parents of boys should prepare them for wet dreams  
Begin to teach the child that delaying sexual behavior is the surest form of protection against disease and pregnancy  
Explore the child's understanding of sexually transmitted disease, including HIV and AIDS

## 12 years - Reinforce appropriate guidance from previous visits PLUS

Get adequate sleep  
Exercise vigorously at least three times per week  
Discuss with health practitioner or coach athletic conditioning, weight training, fluids, and weight gain or loss  
Do not drink alcohol, especially while boating or swimming  
Wear appropriate protective gear at work and follow job safety procedures  
Do not carry or use a weapon of any kind  
Develop skills in conflict resolution, negotiation, and dealing with anger constructively  
Learn techniques to protect yourself from physical, emotional, and/or sexual abuse  
Seek help if you are physically or sexually abused or fear you are in danger  
Do not use tobacco, drink alcohol, or use drugs including diet pills or steroids  
Avoid situations where tobacco, drugs, or alcohol are easily available  
Support friends who choose not to use tobacco, alcohol, drugs including diet pills and steroids  
Identify a supportive adult who can give you accurate information about sex  
Ask your health professional any questions you have about body changes, birth control, sexually transmitted disease  
Learn ways to say no to sex  
If you do decide to have sex, use latex condoms every time and limit the number of partners

## 14 years - Reinforce appropriate guidance from previous visits

## 16 years - Reinforce appropriate guidance from previous visits PLUS

Wear a seat belt while driving or riding in a car; if driving, insist that your passengers wear seat belts; follow the speed limit  
Do not drink alcohol or use drugs, especially while driving, boating, or swimming; plan to have a designated driver if drinking or using drugs  
Helmet use for bicycling, riding a motorcycle or all-terrain vehicle, skateboards, and scooters  
Having sexual feelings is normal but having sex should be a well thought out decision; do not have sex if you do not want to  
If you are confused or concerned about your sexual feelings (for the same or opposite sex), talk to a trusted adult

## 18 years - Reinforce appropriate guidance from previous visits PLUS

Educate yourself about birth control, sexually transmitted diseases, gay and lesbian issues, celibacy, and other issues related to sexuality

## 20 years - Reinforce appropriate guidance from previous visits

Adapted from Bright Futures; Guidelines for Health Supervision of Infants, Children, and Adolescents. These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation.



# Recommended Developmental and Behavioral Health Assessment

## 1 week

Responds to sound by blinking, crying, quieting, changing respiration, or showing a startle response  
Fixates on human face and follows with eyes  
Responds to parent's face and voice  
Has flexed posture  
Moves all extremities

## 1 month

Responds to sound  
Fixates on human face and follows with eyes  
Responds to parent's face and voice  
Lifts head momentarily when prone  
Has flexed posture  
Moves all extremities  
Can sleep for 3 or 4 hours at a time  
Can stay awake for one hour or longer  
When crying, can be consoled most of the time by being spoken to or held

## 2 months

Coos and vocalizes reciprocally  
Is attentive to voices  
Shows interest in visual and auditory stimuli  
Smiles responsively  
Shows pleasure in interactions with adults, especially primary caregivers  
In prone position, lifts head, neck, and upper chest with support on forearms  
Some head control in upright position

## 4 months

Babbles, coos, smiles, laughs, and squeals  
In prone position, holds head erect and raises body on hands  
Rolls over from prone to supine  
Opens hands, holds own hands, grasps rattle  
Controls head well  
Reaches for and bats at objects  
Looks at and may become excited by mobile  
Recognizes parent's voice and touch  
May sleep for at least six hours  
Able to comfort self (fall asleep without breast or bottle)

## 6 months

Vocalizes single consonants (dada, baba)  
Babbles reciprocally

## Rolls over

Has no head lag when pulled to sit  
Sits with support  
Stands when placed and bears weight  
Grasps and mouths objects  
Shows differential recognition of parents  
Starts to self-feed  
Transfers cubes or other small objects from hand to hand  
Rakes in small objects  
Is interested in toys  
Self-comforts  
Smiles, laughs, squeals  
Turns to sounds  
May begin to show signs of stranger anxiety  
Usually has first tooth erupt

## 9 months

Responds to own name  
Understands a few words such as "no-no"  
Babbles, imitates vocalizations  
May say "dada" or "mama" non-specifically  
Crawls, creeps, moves forward by scooting on bottom  
Sits independently  
May pull to stand  
Inferior pincer grasp  
Pokes with index finger  
Shakes, bangs, throws, and drops objects  
Plays interactive games such as peek-a-boo and pat-a-cake  
Feeds self with fingers  
Starts to use cup  
Sleeps through the night but may awaken and cry  
May show anxiety with strangers

## 12 months

Pulls to stand, cruises, and may take a few steps alone  
Precise pincer grasp  
Bangs two blocks together  
Imitates vocalizations  
Drinks from a cup  
Looks for dropped or hidden objects  
Waves "bye-bye"  
Plays social games such as pat-a-cake, peek-a-boo  
Points with index finger  
Vocabulary of one to three words in addition to "mama" and "papa"  
Feeds self

## 15 months

Vocabulary of 3 to 6 words  
Can point to 1 or more body parts  
Understands simple commands  
Walks well, stoops, climbs stairs  
Indicates desires by pointing, pulling, grunting  
Stacks two blocks  
Feeds self with fingers  
Drinks from a cup  
Listens to a story

## 18 months

Walks quickly or runs stiffly  
Walks backward  
Throws a ball  
Vocabulary of 15 to 20 words  
Imitates words  
Uses 2 word phrases  
Pulls a toy along the ground  
Stacks 3 or 4 blocks  
Uses a cup and spoon  
Listens to a story, looking at pictures and naming objects  
Shows affection, kisses  
Follows simple directions  
Points to some body parts  
Imitate a crayon stroke; scribbles  
Dumps an object from bottle without demonstration

## 2 years

Can go up and down stairs one at a time  
Can kick a ball  
Can stack five or six blocks  
Has vocabulary of at least 20 words  
Uses 2-word phrases  
Makes or imitates horizontal and circular strokes with crayon  
Can follow 2-step commands  
Imitates adults

## 3 years

Jumps in place, kicks a ball, balances on 1 foot  
Rides a tricycle  
Knows own name, age, and sex  
Copies a circle and cross  
Has self-care skills; i.e., feeding, dressing  
Shows early imaginative behavior

## 4 years

Can sing a song  
Knows about things used at home; i.e., food, appliances  
Draws a person with 3 parts  
Is aware of gender (of self and others)  
Distinguishes fantasy from reality  
Gives first and last name  
Talks about his/her daily activities and experiences  
Builds a tower of 10 blocks  
Hops, jumps on 1 foot  
Rides tricycle or bicycle with training wheels  
Throws overhand ball

## 5 years

Dresses self without help  
Knows own address and phone number  
Can count on fingers  
Copies a triangle or square  
Draws a person with a head, body, arms, and legs  
Recognizes most letters of the alphabet  
Prints some letters  
Plays make-believe and dress-up  
May be able to skip

## 6 through 20 years *(See the Preventive Health Guidelines for Adolescents for more detailed information)*

Inquire and/or review child's scholastic progress  
Review copy of Individualized Education Program (IEP) if child has special needs  
Is the child having any emotional problems?  
Has your child seen or experienced any traumatic events in the past year?  
Have there been any significant changes in your child's life in the past year?

## Two or more of the following characteristics may indicate a need for additional screening:

Teen parent  
Death of family member or good friend in past year  
Parental mental retardation, mental illness, substance abuse, incarceration, involvement with criminal justice system  
Current or historical abuse or neglect  
Chronic unemployment or homelessness

# Evaluación Recomendada para la Salud del Comportamiento y del Desarrollo

## 1a semana

Responde a los sonidos parpadeando, llorando, callándose, cambiando su respiración o demostrando una respuesta sorprendida

Fija la mirada en las caras humanas y las sigue con los ojos

Responde a la cara y a la voz de los padres

Tiene una postura encorvada

Mueve todas las extremidades

## 1 mes

Responde a los sonidos

Fija la mirada en las caras humanas y las sigue con los ojos

Responde a la cara y a la voz de los padres

Levanta la cabeza por un momento cuando está prono

Tiene una postura encorvada

Mueve todas las extremidades

Tal vez duerma de 3 a 4 horas a la vez

Quizás se quede despierto durante una hora o más

Cuando llora, se puede consolar o se calla la mayoría de las veces cuando se le habla o se aguenta en los brazos

## 2 meses

Arrulla y vocaliza recíprocamente

Presta atención a las voces

Muestra interés en estímulos visuales y auditivos

Sonríe como respuesta

Demuestra agrado en las relaciones recíprocas con los adultos, especialmente con las personas que lo cuidan la mayor parte del tiempo

Cuando está boca abajo, levanta la cabeza, el cuello y el pecho superior con el apoyo de los antebrazos

Tiene algo de control sobre la cabeza en la posición vertical

## 4 meses

Balbucea, arrulla, sonrío, ríe y chilla

Cuando está boca abajo, aguanta la cabeza verticalmente y levanta el cuerpo con las manos

Se da vuelta de una posición boca abajo a una posición boca arriba

Abre las manos, aguanta sus propias manos, agarra el cascabel

Controla bien la cabeza

Se esfuerza por agarrar y le da golpes con las manos a los objetos

Mira y se puede emocionar con una decoración con partes móviles

Reconoce la voz y el tacto de los padres

Tal vez duerma por lo menos durante seis horas

Quizás puede consolar a sí mismo (se puede quedar dormido sin el pecho o la botella)

## 6 meses

Vocaliza sonidos de consonantes (dada, baba)

Balbucea recíprocamente

Se da vuelta

No se ve que le pese la cabeza cuando se pone sentado

Revisado y ampliado 12/10

Se sienta con apoyo

Se para cuando está en posición adecuada y aguanta su peso

Agarra objetos y los pone en la boca

Demuestra el reconocimiento diferencial de la madre y del padre

Empieza a darse de comer sólo

Traslada cubos u otros objetos pequeños de una mano a la otra

Barre pequeños objetos junto a él con las manos

Está interesado en los juguetes

Se consuela a sí mismo

Sonríe, ríe y chilla

Se da vuelta al oír sonidos

Tal vez empiece a demostrar señales de ansiedad junto a los desconocidos

Ordinariamente le empieza a salir el primer diente

## 9 meses

Responde a su nombre

Entiende algunas palabras como “no-no”

Balbucea, imita vocalizaciones

Quizás diga “dada” o “mama” no específicamente

Gatea, se arrastra, o se mueve para delante mientras está sentado

Se sienta independientemente

Tal vez se trate de parar aguantándose

Empieza a agarrar con los dedos con movimiento de pinzas

Empuja con el dedo índice

Sacude, tira, deja caer y da golpes con objetos

Juega juegos interactivos como esconderse y luego mostrar la cara [“peek-a-boo”] y el juego infantil de palmaditas [“pat-a-cake”]

Se da de comer con sus dedos

Empieza a utilizar una taza

Duerme la toda noche, pero es posible que se despierte y llore

Tal vez demuestre ansiedad con los desconocidos

## 12 meses

Se trata de parar, camina aguantándose y tal vez tome unos pasos sin apoyo, por sí mismo

Agarra con los dedos con precisión con movimiento de pinzas

Golpea dos bloques juntos

Imita vocalizaciones

Bebe de una taza

Busca los objetos caídos o escondidos

Dice adiós con la mano

Juega juegos sociales como esconderse y luego mostrar la cara [“peek-a-boo”] y el juego infantil de palmaditas [“pat-a-cake”]

Señala cosas con el dedo índice

Tiene un vocabulario de una a tres palabras además de “mama” y “papa”

Se da de comer

## 15 meses

Tiene un vocabulario de 3 a 6 palabras

Puede apuntar a una o más partes del cuerpo

Entiende órdenes sencillas

Camina bien, se agacha y sube escaleras

Indica lo que desea apuntando, tirando o gruñendo

Amontona dos bloques

Se da de comer con los dedos

Bebe de una taza

Presta atención a una historia

## 18 meses

Camina rápidamente o corre con cierta rigidez

Camina hacia atrás

Tira una pelota

Tiene un vocabulario de 15 a 20 palabras

Imita palabras

Utiliza frases de dos palabras

Tira un juguete por el suelo

Amontona 3 o 4 bloques

Utiliza una taza y una cuchara

Presta atención a una historia, mirando las ilustraciones y nombrando objetos

Enseña afecto, da besos

Sigue direcciones sencillas

Apunta a algunas partes de cuerpo

Imita una marca con un lápiz de color; emborrona

Saca un objeto de una botella sin que se le haya enseñado

## 2 años

Puede subir y bajar las escaleras, yendo un escalón a la vez

Puede darle una patada a una pelota

Puede amontonar 5 o 6 bloques

Tiene un vocabulario de por lo menos 20 palabras

Utiliza frases de dos palabras

Hace o imita marcas horizontales y circulares con un lápiz de color

Puede seguir órdenes que se refieren a dos acciones

Imita a los adultos

## 3 años

Salta en un lugar, da una patada a una pelota, se balancea en un pie

Anda en triciclo

Sabe su nombre su edad y su género

Copia un círculo y una cruz

Tiene habilidades de cuidarse, es decir se da de comer y se viste

Demuestra un comportamiento básico imaginativo

## 4 años

Puede cantar una canción

Conoce las cosas que se utilizan en la casa, como los alimentos y los aparatos eléctricos de la cocina

Dibuja a una persona con tres partes

Está consciente de su género (de él mismo y de otros)

Distingue entre la fantasía y la realidad

Da su primer nombre y su apellido

Habla sobre sus actividades y experiencias cotidianas

Construye torres de 10 bloques

Brinca, salta en un pie

Anda en triciclo o en bicicleta con dos ruedas adicionales

Tira una pelota de sobremano

## 5 años

Se viste sin ayuda

Sabe su dirección y número de teléfono

Puede contar con los dedos

Copia un triángulo o un cuadrado

Dibuja a una persona con una cabeza, un cuerpo, brazos y piernas

Reconoce la mayoría de las letras del alfabeto

Escribe algunas letras

Juega juegos de imaginación

Tal vez pueda hacer cabriolas

## De 6 a 20 años (Refiérase a las “Normas Preventivas para la Salud de los Adolescentes” para una información más detallada)

Averigüe cuál es el progreso escolar de su hijo(a) o examínelo

Examine una copia del Programa de Educación Individualizada [“Individualized Education Program” (IEP)], si el (la) niño(a) tiene necesidades especiales

¿Tiene el (la) niño(a) algún problema emocional?

¿Ha visto o experimentado algún acontecimiento traumático en el último año?

¿Ha habido algún cambio significativo en la vida de su hijo(a) en el último año?

## Dos o más de las siguientes características pueden indicar la necesidad de hacer pruebas adicionales

Un adolescente que es madre o padre de un niño

La muerte de un miembro de la familia o de un buen amigo en el último año

Retraso mental, enfermedad mental, abuso de sustancias adictivas, encamalamiento, complicaciones con el sistema judicial de uno de los padres, o de los dos

Abuso o desatención, ya sea en el pasado o en el presente

Vivir sin casa habitualmente o continuamente sin empleo.

Adaptado de “Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents (1994).” [Futuros Brillantes: Normas para la Supervisión de la Salud de Bebés, Niños y Adolescentes]. Estas recomendaciones son sólo para ser utilizadas como normas. En algunos casos, puede ser necesario modificar las recomendaciones para satisfacer las necesidades del paciente o de su situación individual.

# Consejos que se Recomiendan con Anticipación

## Recién Nacido

Que el asiento de bebés diseñado para los carros esté asegurado apropiadamente

La seguridad en la cuna

Las posiciones de dormir

La seguridad en el agua y en el baño

Las cuestiones sobre la lactancia materna

Nunca deje al bebé sólo, o con un hermano muy joven o con la mascota familiar

La prevención de las caídas

Los peligros del humo de segunda mano

La prevención de las quemaduras

Evitar demasiada exposición al sol

Reconocer las señales de enfermedades anticipadamente

Saber que hacer en caso de una emergencia

El cuidado para los bebés

## 1 semana – Reforzar los consejos de la visita médica de recién nacido ADEMÁS

Instalar un detector de humo

Prevenir las caries en los dientes del bebé que pueden causar los biberones

## 1 mes - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Mantenga los juguetes que tengan partes pequeñas u otros objetos pequeños o con puntas fuera de su alcance

Ninguna clase de miel hasta después de su primer cumpleaños

## 2 meses - Reforzar los consejos apropiados de las visitas médicas anteriores

## 4 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Mantenga cerradas en un lugar seguro fuera de la vista y del alcance del bebé todas las sustancias venenosas, las medicinas, los agentes de limpieza, los cosméticos, las pinturas y los disolventes de pinturas

Hable con el médico de su bebé acerca del progreso conveniente de los alimentos: de la fórmula del cereal y de otras comidas sólidas

Mantenga los objetos con puntas fuera de su alcance

No le dé al bebé bolsas plásticas, globos u objetos pequeños como las canicas

Utilice las cerraduras de seguridad en los armarios

Nunca utilice ningún andador para los bebés a ninguna edad

## 6 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Póngase en el suelo y busque los peligros que se encuentren al nivel de la vista del bebé

No deje objetos pesados o envases con líquidos calientes en las mesas que tienen manteles que el bebé puede tirar

Ponga taponeros plásticos en los enchufes eléctricos

Hable acerca del uso del Jarabe de Ipecacuana

Ponga el número de teléfono de la Organización para el Control de Venenos ["Poison Control"] en un lugar visible

Instale rejas en las partes de arriba y de abajo de las escaleras y aparatos de seguridad en las ventanas

Baje el colchón de la cuna

Evite las cuerdas colgantes, tanto las que sean eléctricas como las de las cortinas

Mantenga los platos de comidas de los animales fuera de su alcance. No deje que el bebé se acerque al perro cuando esté comiendo

Aprenda la técnica de los Primeros Auxilios y de la Resucitación Cardio Pulmonaria [CPR, las siglas en inglés]

Limpie los dientes del bebé desde el momento en que le salga el primer diente

## 9 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Baje el colchón de la cuna

Enséñele a beber de una taza

## 12 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Cambie el asiento del carro para los niños que empiezan a caminar y compruebe que está debidamente asegurado

Ponga una loción que proteja la piel del niño expuesta del sol

Pruebe los detectores del humo; cambie las pilas anualmente

Mueva las asas de las sartenes hacia la parte de atrás de la cocina

Asegúrese de que los alambres eléctricos, los enchufes y los aparatos eléctricos de la cocina no sean accesibles al niño y que estén bien protegidos

Mantenga el tabaco, los encendedores, las cerillas y el alcohol en lugares seguros y fuera de la vista y del alcance del bebé

Limite el área donde juega afuera el (la) niño(a) a lugares dentro de las cercas y de las rejas a no ser que esté bajo supervisión cuidadosa

Mantenga al (a la) niño(a) lejos de las maquinarias que se están moviendo, de las cortadoras de yerba, de las puertas de garaje que se cierran desde arriba, de las entradas de estacionamiento de los carros y de las calles

Prevenga el peligro de ahogarse con las comidas

Que beba de una taza

Que tanto el (la) niño(a) como los padres utilicen cascos cuando andan en bicicleta

Enséñele a tener cuidado cuando se acerca a los perros.

Seleccione cuidadosamente a las personas que cuiden a su hijo(a)

Empiece a limpiar los dientes del (de la) niño(a) con una cantidad mínima de pasta de dientes con floruro

## 15 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Haga desaparecer de su alcance los venenos, los medicamentos y los productos tóxicos que se encuentran en el hogar o manténgalos encerrados en los armarios; ponga tapas de seguridad en todos los medicamentos

Que beba de una taza

Nunca desestime la habilidad de un(a) niño(a) de 15 meses para subirse; asegúrese de que la cuna esté lo más baja posible

Supervise cuidadosamente cuando suba y baje las escaleras

## 18 meses - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Asegúrese de que su hijo(a) tenga puesto un chaleco salvavidas en el agua, los aparatos que se inflan no hacen que su hijo(a) esté seguro en el agua

Nunca deje al (a la) niño(a) solo(a) en la casa o en el carro

No espere que los niños muy jóvenes puedan supervisar al niño

Refuerce lo que se debe hacer en caso de caídas, cortadas, herida, mordidas, hemorragias, huesos rotos, etc.

## 2 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Siga utilizando un asiento de carro que sea apropiado para el tamaño de su hijo

Mantenga la seguridad referente a las armas de fuego

Refuerce la seguridad en el agua y en las piscinas

Asegúrese de que los campos de recreo sean seguros

Anticipe la curiosidad normal de los niños con respecto a las partes de su cuerpo incluso sus partes genitales

Utilice los términos correctos para las partes genitales

### 3 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Esté al tanto de dónde está su hijo(a) en todo momento; los niños de 3 años son demasiado jóvenes para andar solos por el vecindario

Enséñele al (a la) niño(a) las medidas de seguridad que deben observar los peatones

Enséñele al (a la) niño(a) que no le hable a los desconocidos

Enséñele al (a la) niño(a) cómo limpiarse los dientes

Anticipe la curiosidad normal de los niños con respecto a las diferencias entre los niños y las niñas

Enséñele la noción que algunas partes del cuerpo son privadas

Limite el tiempo de ver televisión

### 4 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Siga utilizando un asiento especial en el carro o un asiento para niños más grandes en el que estén propiamente seguros

Establezca y haga cumplir las reglas para un comportamiento con seguridad

Enséñele al (a la) niño(a) a nadar

Enséñele al (a la) niño(a) cómo jugar con seguridad en los campos de recreo

Enséñele al (a la) niño(a) las reglas de seguridad con respecto a los desconocidos

Asegúrese de que el (la) niño(a) se limpie los dientes dos veces al día

Aprenda cómo tratar las emergencias dentales

Explícale al (a la) niño(a) que nadie debe tocarle en sus "lugares privados" sin permiso

### 5 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Déle un ejemplo de un estilo de vida saludable

Asegúrese de que duerma suficientemente

Fomente la actividad física regular

Limite el tiempo de ver televisión; vean la televisión juntos

Póngase los cinturones de seguridad en el carro

Asegúrese de que el (la) niño(a) esté supervisado antes y después de la escuela en un ambiente seguro

Enséñele al (a la) niño(a) acerca del cuidado e higiene personal

Enséñele al (a la) niño(a) acerca de las reglas de seguridad para el hogar; realice prácticas de lo que deben hacer en el caso de un incendio

Enséñele al (a la) niño(a) acerca de las reglas de seguridad para ir y volver de la escuela, andar en bicicleta, jugar en los campos de recreo y dígame cómo debe relacionarse con los desconocidos

Obtenga libros sobre la sexualidad con ilustraciones para leerlos como familia

### 6 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Enséñele al (a la) niño(a) las reglas de seguridad en los deportes, incluso la necesidad de ponerse equipos deportivos de protección

Siga supervisando cuando se limpia los dientes

Responda sus preguntas acerca de la sexualidad al nivel apropiado para la comprensión del (de la) niño(a)

### 8 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Supervise las actividades de su hijo(a) con sus compañeros

Aconseje a su hijo(a) evitar el uso del alcohol, el tabaco y las drogas

Refuerce las consideraciones importantes sobre seguridad; anticipe que el (la) niño(a) puede equivocarse en sus juicios porque él o ella está imitando a los compañeros

Poco a poco déle menos supervisión directa

Asegúrese de que el (la) niño(a) se ponga una loción que proteja del sol

No permita que el (la) niño(a) opere una cortadora de yerba automática o equipos de cultivo motorizados

Si el (la) niño(a) recibe educación sobre la vida familiar en la escuela, háblale de eso

Prepare a las niñas para la menstruación

### 10 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Háblele a su médico acerca de la dieta de su hijo, actualmente y en el pasado

Imponga normas razonables sobre la televisión y la música

Refuerce las consideraciones importantes sobre la seguridad; anticipe que el (la) niño(a) puede equivocarse en sus juicios debido a su comportamiento de tomar mayores riesgos

Enséñele al (a la) niño(a) a evitar los sonidos muy altos, especialmente cuando utilizan audífonos

Que use los cascos para andar en bicicleta, motocicleta, vehículo de todos los terrenos, monopatin o patineta

Evalúe la preparación de su hijo(a) para la pubertad y para el desarrollo sexual

Los padres de los niños los deben preparar para los orgasmos involuntarios durante el sueño

Empiece a enseñarles a los niños que demorar el comportamiento sexual es la manera más segura de protección contra las enfermedades y los embarazos

Explore la comprensión de su hijo(a) tocante a las enfermedades transmitidas sexualmente, incluso el VIH y el SIDA

### 12 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Que duerma lo suficiente

Que haga ejercicios vigorosos por lo menos tres veces a la semana

Háblele a su profesional médico o al entrenador sobre el entrenamiento de ejercicios atléticos, de levantamiento de pesas, de la cantidad de fluidos que su hijo(a) debe beber y sobre sus aumentos y disminuciones de peso

Que no beba alcohol, especialmente mientras se anda en los barcos o se nada

Que se ponga los equipos de protección apropiados en el trabajo y siga los procedimientos de seguridad en el trabajo

Que no lleve ni utilice ningún arma de ningún tipo

Que desarrolle las habilidades para resolver conflictos, para negociar y para controlar su ira de manera constructiva

Que aprenda técnicas para protegerse del abuso físico, emocional y/o sexual

Que obtenga ayuda si abusan o han abusado él o ella física o sexualmente o si teme que esté en peligro

Que no use tabaco, ni beba alcohol, ni use drogas, incluso pastillas de dieta o los esteroides

Que evite las situaciones donde el tabaco, las drogas o el alcohol estén fácilmente a su disposición

Que apoye a los amigos que eligen no usar tabaco, ni alcohol, ni drogas, incluso pastillas de dieta o los esteroides

Que identifique a un adulto orientador que le pueda proporcionar a su hijo(a) información positiva sobre el sexo

Que le haga a su profesional médico cualquier pregunta que tenga con respecto a los cambios en el cuerpo, los anticonceptivos, y las enfermedades transmitidas sexualmente

Que aprenda formas de decir "no" al sexo

Que si decide tener relaciones sexuales, que use un condón de látex cada vez y limite el número de personas con que tenga relaciones sexuales

### 14 años - Reforzar los consejos apropiados de las visitas médicas anteriores

### 16 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Que use el cinturón de seguridad cuando esté manejando o andando en un carro, si está manejando, que insista que sus pasajeros usen los cinturones de seguridad; y que cumpla con las leyes referentes a la velocidad

Que no beba alcohol ni use drogas, especialmente cuando esté manejando, andando en barcos o nadando; y que planee tener un chofer designado si va a beber o usar drogas

Que use casco para andar en bicicleta, motocicleta, vehículo de todos los terrenos, monopatin o patineta

Tener emociones sexuales es normal, pero enséñele que antes de tener relaciones sexuales lo debe pensar bien; y que sepa rehusar las relaciones sexuales si no lo quiere hacer

Si está confundido o preocupado por sus emociones sexuales, ya sea por personas del mismo sexo o del sexo opuesto, que hable con un adulto en que pueda confiar

### 18 años - Reforzar los consejos apropiados de las visitas médicas anteriores ADEMÁS

Que aprenda sobre los anticonceptivos, las enfermedades transmitidas sexualmente, las cuestiones homosexuales, el celibato y otras cuestiones relacionadas con la sexualidad

### 20 años - Reforzar los consejos apropiados de las visitas médicas anteriores

Adaptado de "Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents (1994)." [Futuros Brillantes: Normas para la Supervisión de la Salud de los Bebés, los Niños y los Adolescentes]. Estas recomendaciones son sólo para ser utilizadas como normas. En algunos casos, puede ser necesario modificar las recomendaciones para satisfacer las necesidades del paciente o de su situación individual.

# Risk Assessment and Health Promotion for Pregnancy

Risk Assessment Activities	Preconception or First Pregnancy Visit	Routine Prenatal Visit	Routine Postpartum Care
<b>History</b>	<ul style="list-style-type: none"> <li>• Socio-demographic</li> <li>• Psychological</li> <li>• Menstrual/gynecologic</li> <li>• Contraceptive and sexual</li> <li>• Past obstetric</li> <li>• Medical and surgical</li> <li>• Genetic - individual, spouse, and family</li> <li>• Nutrition</li> <li>• Behavioral</li> <li>• Environmental and/or work hazards</li> <li>• Current pregnancy to date</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy history to date</li> <li>• Problems or danger signs since last visit</li> <li>• Ability to follow recommendations or treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Update physical and psychosocial status of mother and newborn</li> </ul>
<b>Physical Exam</b>	<ul style="list-style-type: none"> <li>• General appearance and nutrition</li> <li>• Blood pressure, pulse</li> <li>• Height to weight profile, present weight</li> <li>• Head and neck</li> <li>• Heart and lungs</li> <li>• Breasts</li> <li>• Abdomen</li> <li>• Pelvic area tenderness</li> <li>• Extremities and back</li> <li>• Neuromuscular</li> <li>• Pelvic exam</li> </ul>	<ul style="list-style-type: none"> <li>• General appearance and nutrition</li> <li>• Blood pressure</li> <li>• Weight, including pattern of weight gain</li> <li>• Abdominal assessment (see fetal evaluation)</li> <li>• Cervical check after 40 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule postpartum visit with health care practitioner 3 – 8 weeks after delivery</li> <li>• Height/Weight Profile</li> <li>• Pelvic Exam/Pelvimetry</li> <li>• Breast Exam</li> <li>• Cervical Exam</li> </ul>
<b>Lab Tests</b>	<ul style="list-style-type: none"> <li>• Hemoglobin or hematocrit</li> <li>• Blood Rh, Rh negative titer, antibody screen</li> <li>• Rubella titer</li> <li>• Serology</li> <li>• Pap smear</li> <li>• Urine protein and glucose</li> <li>• Urine screen for urinary tract infection, kidney disease</li> <li>• Gonorrheal smear</li> <li>• Hepatitis B titer</li> <li>• HIV titer</li> <li>• Drug toxicology</li> <li>• Screening as indicated for toxoplasmosis tuberculosis, herpes simplex varicella, chlamydia, hemoglobinopathies, Tay Sachs</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal serum alpha-fetoprotein</li> <li>• Repeat hematocrit or hemoglobin</li> <li>• Diabetes screen</li> <li>• Serology</li> <li>• Other tests on indication</li> </ul>	<ul style="list-style-type: none"> <li>• Rubella vaccine if susceptible to rubella virus infection</li> <li>• Postpartum measurement of hemoglobin or hematocrit</li> <li>• ABO blood group and Rh D type are known, and if indicated, the appropriate amount of anti-D immune globulin administered</li> </ul>
<b>Fetal Evaluation</b>	<ul style="list-style-type: none"> <li>• Confirm gestational age (LMP, uterine size)</li> <li>• Auscultation of fetal heart after 8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm gestational age</li> <li>• Fundal height measurements for fetal growth</li> <li>• Fetal lie, position, presentation, weight as term approaches</li> </ul>	
<b>Health Promotion Activities</b>  <b>Counseling to Promote and Support Healthful Behaviors</b>	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Smoking cessation</li> <li>• Avoidance of alcohol</li> <li>• Importance of folic acid</li> <li>• Avoidance of illicit drugs</li> <li>• Avoidance of teratogens</li> <li>• Safer sex</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Avoidance of teratogens</li> <li>• Maternal seatbelt use</li> <li>• Safer sex</li> <li>• Support for smoking cessation</li> <li>• Work counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Postpartum counseling</li> <li>• Postpartum activity and exercise</li> <li>• Common postpartum discomforts and relief measures</li> <li>• Nutrition counseling especially if breastfeeding</li> <li>• Postpartum depression <ul style="list-style-type: none"> <li>*Administer Postpartum Depression screening tool if indicated</li> </ul> </li> <li>• Newborn care counseling</li> <li>• Infant car seat use</li> <li>• Bathing newborns</li> <li>• Care of umbilical cord</li> <li>• Family support upon discharge</li> <li>• Family planning</li> </ul>





# Risk Assessment and Health Promotion for Pregnancy

Risk Assessment Activities	Preconception or First Pregnancy Visit	Routine Prenatal Visit	Routine Postpartum Care
General Knowledge of Pregnancy and Parenting	<ul style="list-style-type: none"> <li>• Physiologic and emotional changes of pregnancy</li> <li>• Sexuality counseling</li> <li>• Fetal growth and development</li> <li>• Self-help strategies for common discomforts</li> <li>• Early pregnancy classes</li> </ul>	<ul style="list-style-type: none"> <li>• Physiologic and emotional changes of pregnancy</li> <li>• Sexuality counseling</li> <li>• Fetal growth and development, activity patterns</li> <li>• General health habits</li> <li>• Self-help strategies for common discomforts</li> <li>• Promotion of breastfeeding</li> <li>• Infant car seat safety</li> <li>• Childbirth preparation classes</li> <li>• Parenting preparation classes</li> <li>• Encourage questions about labor and birth process</li> <li>• Infant care review</li> <li>• Family roles and adjustment review</li> </ul>	<ul style="list-style-type: none"> <li>• SIDS prevention</li> <li>• Family planning</li> <li>• Parenting education</li> <li>• General health habits</li> <li>• Breastfeeding support</li> <li>• Infant/children's car seat safety</li> <li>• Family roles and adjustments</li> </ul>
Information on Proposed Care	<ul style="list-style-type: none"> <li>• Need for early entry into prenatal care</li> <li>• Preparation for screening and diagnostic tests</li> <li>• Content and timing of prenatal visits needed</li> <li>• Need to report danger signs immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Pattern and content of visits</li> <li>• Laboratory tests</li> <li>• Need to report danger signs</li> <li>• Signs and symptoms of preterm labor</li> <li>• Birth plan, expectations, and goals</li> <li>• When and where to go in labor</li> </ul>	<ul style="list-style-type: none"> <li>• Review of hospital discharge plan</li> </ul>
<b>Interventions to Reduce Psychosocial Risk</b>			
Substance Abuse Counseling and Referral to Other Programs	<ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Alcohol avoidance</li> <li>• Avoidance of illicit drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Alcohol avoidance</li> <li>• Illicit drug avoidance</li> </ul>	
Nutrition Supplementation and Referral	<ul style="list-style-type: none"> <li>• Counseling to improve adequacy of diet</li> <li>• Vitamin and iron supplementation on indication</li> <li>• Supplemental food programs on indication</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling to improve adequacy of diet</li> <li>• Vitamin and iron supplementation on indication</li> <li>• Supplemental food programs on indication</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin-mineral supplement for those at nutritional risk</li> <li>• Referral to lactation consultant if breastfeeding</li> </ul>
Program of Home Visits	<ul style="list-style-type: none"> <li>• Need for home visits identified</li> <li>• Type and timing of home visit needed</li> </ul>	<ul style="list-style-type: none"> <li>• Decision on need for home visits</li> <li>• Schedule of home visits on indication</li> </ul>	<ul style="list-style-type: none"> <li>• Home visit or follow up telephone conference within 48 hours of discharge</li> </ul>
Social and Financial Resources	<ul style="list-style-type: none"> <li>• Enrollment in medical assistance program on indication</li> <li>• Assistance with housing on indication</li> <li>• Referrals for social support, counseling, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with housing on indication</li> <li>• Referrals for social support, counseling, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals for social support, counseling, etc.</li> </ul>
Other Referrals	<ul style="list-style-type: none"> <li>• Home health agency</li> <li>• Community mental health center</li> <li>• Safe shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Home health agency</li> <li>• Community mental health center</li> <li>• Safe shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Community mental health center</li> </ul>
<b>Interventions to Reduce Medical Risk</b>			
Treatment of Existing Illness			
Referral and Consultation with other specialized providers as indicated	<ul style="list-style-type: none"> <li>• Medical - internist, surgeon, etc.</li> <li>• Genetic counselor</li> <li>• Dentist</li> <li>• Home health agency, community health nurse</li> <li>• Maternal or fetal specialist</li> <li>• Pediatrician</li> </ul>	<ul style="list-style-type: none"> <li>• General medical</li> <li>• Dental</li> <li>• Community outreach program, home health</li> <li>• Perinatal or obstetric</li> <li>• Community mental health center</li> <li>• Pediatric</li> <li>• Other specialists</li> </ul>	<ul style="list-style-type: none"> <li>• General medical</li> <li>• Dental</li> <li>• Community outreach program, home health</li> <li>• Perinatal or obstetric</li> <li>• Pediatric</li> <li>• Other specialists</li> </ul>

Actividades de la Evaluación de los Riesgos	Preconcepción o Primera Visita durante el Embarazo	Visita Prenatal Rutinaria	Atención Rutinaria después del Parto
<b>Antecedentes</b>	<ul style="list-style-type: none"> <li>• Sociodemográfica</li> <li>• Psicológica</li> <li>• Menstrual/ginecológica</li> <li>• Anticonceptiva y sexual</li> <li>• Posobstétrica</li> <li>• Médica y quirúrgica</li> <li>• Genética: Individual, conyugal y familiar</li> <li>• Nutrición</li> <li>• Del Comportamiento</li> <li>• Ambiental y/o peligros en el trabajo</li> <li>• Embarazo actual hasta la fecha</li> </ul>	<ul style="list-style-type: none"> <li>• Antecedentes de embarazos hasta la fecha</li> <li>• Problemas o señales de peligro desde la última visita</li> <li>• Habilidad para seguir recomendaciones y tratamientos</li> </ul>	<ul style="list-style-type: none"> <li>• Poner al día el estado físico y psicosocial de la madre y del recién nacido</li> </ul>
<b>Examen Físico</b>	<ul style="list-style-type: none"> <li>• Nutrición y apariencia general</li> <li>• Presión Arterial, pulso</li> <li>• Perfil de altura y peso; peso actual</li> <li>• Cabeza y cuello</li> <li>• Corazón y pulmones</li> <li>• Senos</li> <li>• Abdomen</li> <li>• Sensibilidad en el área pélvica</li> <li>• Extremidades y espalda</li> <li>• Neuromuscular</li> <li>• Examen Pélvico</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrición y apariencia general</li> <li>• Presión Arterial, pulso</li> <li>• Peso, incluyendo el patrón del aumento de peso</li> <li>• Evaluación del abdomen (Vea la evaluación del feto)</li> <li>• Examen de la cerviz después de las 40 semanas</li> </ul>	<ul style="list-style-type: none"> <li>• Programar una visita después del parto con un profesional médico de 3 a 8 semanas después de dar a luz</li> <li>• Características Generales de Estatura y Peso</li> <li>• Examen Pélvico y Pelvimetría</li> <li>• Examen de los Senos</li> <li>• Examen Cervical</li> </ul>
<b>Pruebas de Laboratorio</b>	<ul style="list-style-type: none"> <li>• Hemoglobina o Hematócrito</li> <li>• Rh en la sangre, factor negativo de Rh, prueba de anticuerpos</li> <li>• Factor de la Rubéola</li> <li>• Serología</li> <li>• "Pap Smear" (prueba del cáncer en la cerviz)</li> <li>• Prueba de proteína y glucosa en la sangre</li> <li>• Prueba de gonorrea</li> <li>• Prueba de la orina para la infección del tracto urinario y para la enfermedad de los riñones</li> <li>• Título de Hepatitis B</li> <li>• Título de la VIH</li> <li>• Toxicología de las drogas</li> <li>• Pruebas según sean indicadas para toxoplasmosis, tuberculosis, herpes simple, varicella, clamidia, enfermedades en la hemoglobina y Tay Sachs</li> </ul>	<ul style="list-style-type: none"> <li>• Feto-alfaproteína y suero materno</li> <li>• Repetir la prueba de hemoglobina o hematócrito</li> <li>• Prueba de la diabetes</li> <li>• Serología</li> <li>• Otras pruebas según sean indicadas</li> </ul>	<ul style="list-style-type: none"> <li>• Vacuna de rubéola, si es susceptible a la infección del virus de la rubéola después</li> <li>• Medida de la hemoglobina o del hematócrito del parto</li> <li>• Si se conocen y se indican el tipo de Rh D y el grupo ABO de la sangre, se administra la cantidad de globulina de inmunidad anti-D</li> </ul>
<b>Evaluación del Feto</b>	<ul style="list-style-type: none"> <li>• Confirmar la edad gestacional ("LMP, tamaño del útero")</li> <li>• Auscultación del corazón del feto después de 8 semanas</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmar el tiempo de la gestación</li> <li>• Medidas de la altura fúndica para el crecimiento fetal</li> <li>• Cómo está acostado el feto, su posición, presentación y el peso del mismo, al acercarse el final del tiempo de gestación</li> </ul>	
<b>Actividades para el Fomento de la Salud</b> <b>Orientación para Fomentar y Apoyar Bebés Saludables</b>	<ul style="list-style-type: none"> <li>• Nutrición</li> <li>• Dejar de fumar</li> <li>• Evitar el alcohol</li> <li>• Importancia del ácido fólico</li> <li>• Evitar las drogas ilícitas</li> <li>• Evitar los teratógenos</li> <li>• Relaciones sexuales más seguras</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrición</li> <li>• Evitar los teratógenos</li> <li>• Utilización de los cinturones de seguridad por la madre</li> <li>• Relaciones sexuales más seguras</li> <li>• Apoyo para dejar de fumar</li> <li>• Consejos para el trabajo</li> </ul>	<ul style="list-style-type: none"> <li>• Orientación después del parto</li> <li>• Actividades y ejercicios después del parto</li> <li>• Molestias comunes después del parto y métodos de alivio</li> <li>• Orientación sobre la nutrición, especialmente si la madre está alimentando al pecho materno, es decir, lactancia materna</li> <li>• Depresión después del parto</li> <li>• *Realizar el Examen de Detección de la Depresión después del Parto, si parece indicado</li> <li>• Orientación para atender al recién nacido</li> <li>• Cómo utilizar el asiento seguridad en los carros para los bebés</li> <li>• Cómo bañar a los recién nacidos</li> <li>• Cómo cuidar el cordón umbilical</li> <li>• Apoyo familiar al darle de alta</li> <li>• Planificación familiar</li> </ul>

<b>Conocimiento General de Embarazos y de Cómo ser Mejores Padres</b>	<ul style="list-style-type: none"> <li>• Cambios fisiológicos y emocionales del embarazo</li> <li>• Consejos para la sexualidad</li> <li>• Crecimiento y desarrollo fetal</li> <li>• Estrategias de autoayuda para molestias comunes</li> <li>• Clases al principio del embarazo</li> </ul>	<ul style="list-style-type: none"> <li>• Cambios fisiológicos y emocionales durante el embarazo</li> <li>• Consejos sobre la sexualidad</li> <li>• Crecimiento y desarrollo fetal, patrones de la actividad</li> <li>• Hábitos generales de la salud</li> <li>• Estrategias de autoayuda para molestias comunes</li> <li>• Promoción de la alimentación dándole el pecho a los bebés</li> <li>• Seguridad en los asientos</li> <li>• Clases de preparación para el parto</li> <li>• Clases de preparación para ser madre o padre</li> <li>• Se hagan preguntas acerca del parto y de los dolores del parto</li> <li>• Repaso del cuidado de los bebés</li> <li>• El papel de la familia y el proceso de adaptación a la nueva situación</li> </ul>	<ul style="list-style-type: none"> <li>• Prevención de SIDS (del Síndrome de Muerte Repentina del Bebé)</li> <li>• Planificación familiar</li> <li>• Educación sobre cómo ser mejores padres</li> <li>• Hábitos generales para la buena salud</li> <li>• Apoyo a las madres lactantes</li> <li>• Seguridad usando los asientos seguridad en los carros para los bebés y los niños</li> <li>• Papeles familiares y adaptaciones</li> </ul>
<b>Información sobre los Cuidados que hay que Dar</b>	<ul style="list-style-type: none"> <li>• Necesidad de entrar anticipadamente al cuidado prenatal</li> <li>• Preparación para las pruebas específicas y diagnósticas</li> <li>• Contenido y programa de las visitas prenatales</li> <li>• Necesidad de reportar inmediatamente las señales de peligro</li> </ul>	<ul style="list-style-type: none"> <li>• Patrón y contenido de las visitas</li> <li>• Pruebas de laboratorio</li> <li>• Necesidad de reportar las señales de peligro</li> <li>• Señales y síntomas de dolores del parto antes del final del período de gestación</li> <li>• Plan del parto, expectativas y metas</li> <li>• Cuándo y dónde ir cuando empiezan los dolores del parto</li> </ul>	<ul style="list-style-type: none"> <li>• Repaso del plan para darle de alta del hospital</li> </ul>
<b>Intervenciones para Reducir los Riesgos Psicosociales</b>			
<b>Terapia de Consejos para el Abuso de Sustancias Adictivas y Referencias a Otros Programas</b>	<ul style="list-style-type: none"> <li>• Dejar de fumar</li> <li>• Evitar el alcohol</li> <li>• Evitar las drogas ilícitas</li> </ul>	<ul style="list-style-type: none"> <li>• Dejar de fumar</li> <li>• Evitar el alcohol</li> <li>• Evitar las drogas ilícitas</li> </ul>	
<b>Suplemento para la Nutrición y Referencias</b>	<ul style="list-style-type: none"> <li>• Suplementos de vitaminas y de hierro según indique el médico</li> <li>• Consejos para mejorar la suficiencia de la dieta</li> <li>• Programas de alimentos según sean necesarios y cómo indique el médico</li> </ul>	<ul style="list-style-type: none"> <li>• Consejos para mejorar la suficiencia de la dieta</li> <li>• Suplementos de vitaminas y de hierro según indique el médico</li> <li>• Programas de alimentos según sean necesarios y cómo indique el médico</li> </ul>	<ul style="list-style-type: none"> <li>• Suplementos de vitaminas y minerales para los que estén en peligro con respecto a la nutrición</li> <li>• Referencia a una consultora de lactancia si está alimentando al pecho materno</li> </ul>
<b>Programa de Visitas al Hogar</b>	<ul style="list-style-type: none"> <li>• Se identifica la necesidad para las visitas en el hogar</li> <li>• Tipo y programa de las visitas necesarias en el hogar</li> </ul>	<ul style="list-style-type: none"> <li>• Decisión sobre la necesidad de las visitas en el hogar</li> <li>• Programa de las visitas en el hogar según indique el médico</li> </ul>	<ul style="list-style-type: none"> <li>• Visita en el hogar o llamada telefónica dentro de 48 horas después de que le den de alta</li> </ul>
<b>Recursos Sociales y Económicos</b>	<ul style="list-style-type: none"> <li>• Inscripción en un programa de ayuda económica para asuntos médicos según indique el médico</li> <li>• Ayuda para encontrar alojamiento según indique el médico</li> <li>• Referencias para recibir apoyo social, consejos, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Ayuda para encontrar alojamiento según indique el médico</li> <li>• Referencias para recibir apoyo social, consejos, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Referencias para recibir apoyo social, orientación, etc.</li> </ul>
<b>Otras Referencias</b>	<ul style="list-style-type: none"> <li>• Agencia para el cuidado de la salud en el hogar</li> <li>• Centro de salud mental comunitario</li> <li>• Alojamiento seguro</li> </ul>	<ul style="list-style-type: none"> <li>• Agencia para el cuidado de la salud en el hogar</li> <li>• Centro de salud mental comunitario</li> <li>• Alojamiento seguro</li> </ul>	<ul style="list-style-type: none"> <li>• Centro para la salud mental en la comunidad</li> </ul>
<b>Intervenciones para Reducir los Riesgos Médicos</b>			
<b>Tratamiento para las Enfermedades que ya Existen</b>			
<b>Referencias y Consultas con otros proveedores especializados, si parece indicado</b>	<ul style="list-style-type: none"> <li>• Médica: Internista, cirujano, etc.</li> <li>• Consejero genético</li> <li>• Dentista</li> <li>• Pediatra</li> <li>• Agencia para el cuidado de la salud en el hogar, centro de salud mental comunitario</li> <li>• Especialista maternal o feta</li> </ul>	<ul style="list-style-type: none"> <li>• Médico general</li> <li>• Dental</li> <li>• Programa comunitario de extensión, cuidado de la salud en el hogar</li> <li>• Obstétrico o referente al nacimiento del bebé</li> <li>• Centro de salud mental comunitario</li> <li>• Pediatra</li> <li>• Otros especialistas</li> </ul>	<ul style="list-style-type: none"> <li>• Medicina general</li> <li>• Cuidados dentales</li> <li>• Programa de extensión en la comunidad y de salud en el hogar</li> <li>• Cuidados perinatales u obstétricos</li> <li>• Pediatría</li> <li>• Otros especialistas</li> </ul>



PO Box 3887  
Albuquerque, NM 87190-9859