



PRAPARE Tool Cheat Sheet

UDS Questions (Positive Responses in Red)	ICD-10 Codes for Positive Responses	Possible Responses
<p>What is your current work situation?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Employed Full-time</li> <li><input type="checkbox"/> Employed Part-time</li> <li><input checked="" type="checkbox"/> <b>Not Employed</b></li> <li><input type="checkbox"/> On Active Military Duty</li> <li><input type="checkbox"/> Retired</li> <li><input type="checkbox"/> Self-employed</li> <li><input type="checkbox"/> Unknown</li> </ul>	<p>ICD-10 Code: Z56.0 Unemployment, unspecified</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Referrals to job training, employment services, vocational guidance, financial literacy, etc.</li> <li><input type="checkbox"/> Give Food Rx Guide, Refer to DPSS (CalFresh), WIC, Community Gardens, Food Banks, NEVHC Nutrition Classes, Home Delivered Meal Programs</li> <li><input type="checkbox"/> Financial assistance programs for utility bills, phones, etc.</li> </ul>
<p>During the past year, what was the total income range for you and the family members you live with?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Less than \$15,000</b></li> <li><input checked="" type="checkbox"/> <b>\$15,001 to \$30,000</b></li> <li><input type="checkbox"/> \$30,001 to \$45,000</li> <li><input type="checkbox"/> \$45,001 to \$60,000</li> <li><input type="checkbox"/> \$60,000 to \$75,000</li> <li><input type="checkbox"/> \$75,001 to \$90,000</li> <li><input type="checkbox"/> \$90,001 to \$105,000</li> <li><input type="checkbox"/> \$105,000 &amp; above</li> </ul>	<p>ICD-10 Code: Z59.6 Low-income 100% or below FPL (Use grid to determine based on family size)</p> <p>ICD-10 Code: Z59.5 Extreme poverty 101-200%</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Referrals to job training, employment services, vocational guidance, financial literacy, etc.</li> <li><input type="checkbox"/> Give Food Rx Guide, Refer to DPSS (CalFresh), WIC, Community Gardens, Food Banks, NEVHC Nutrition Classes, Home Delivered Meal Programs</li> <li><input type="checkbox"/> Financial assistance programs for utility bills, phones, etc.</li> <li><input type="checkbox"/> Referrals to education services</li> <li><input type="checkbox"/> Refer to Neighborhood Legal Services, government assistant programs, Head Start Programs, MEND, etc.</li> </ul>
<p>Migrant Worker Status</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input checked="" type="checkbox"/> <b>Migrant</b></li> <li><input type="checkbox"/> Not a farm worker</li> <li><input checked="" type="checkbox"/> <b>Seasonal</b></li> </ul>	<p>ICD-10 Code: Z57.9 Occupational exposure to unspecified risk factor</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide mobile health services, including medical, dental, behavioral health, pharmacy, prenatal so that migrant, seasonal, agricultural workers can easily access needed care</li> <li><input type="checkbox"/> Routinely screen for depression and other mental health illnesses, and for alcohol and substance abuse</li> </ul>



		<input type="checkbox"/> Offer peer-support groups to provide opportunities to connect with others experiencing similar issues or conditions
Are you a Veteran of the US Military? <input type="checkbox"/> None <input type="checkbox"/> No <input type="checkbox"/> Not collected yet <input checked="" type="checkbox"/> Yes	ICD-10 Code: Z71.9 Counseling NOS	<input type="checkbox"/> Accommodate disabled VA by offering transportation, may qualify for additional benefits, programs, or discounts <input type="checkbox"/> Referrals to job training, employment services, vocational guidance, financial literacy, etc. <input type="checkbox"/> Consider behavioral health referrals and services.
What is your housing situation today? <input checked="" type="checkbox"/> Doubling Up <input checked="" type="checkbox"/> Homeless Status <input type="checkbox"/> Not Homeless <input checked="" type="checkbox"/> Shelter/Street <input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Unknown Unreported	ICD-10 Code: Z59.0: Homelessness	<input type="checkbox"/> Connect patients to Neighborhood Legal Services <input type="checkbox"/> Classes for first time homebuyers, financial literacy, budgeting, job skills, government assistant programs

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1. What is the highest level of school that you have finished? <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Elementary School <input checked="" type="checkbox"/> Intermediate Middle School <input type="checkbox"/> High School GED <input type="checkbox"/> College Trade School	ICD-10 Code: Z55.9 Problems related to education and literacy, unspecified	<input type="checkbox"/> Tailor teaching methods and hand outs <input type="checkbox"/> Referrals to education services <input type="checkbox"/> Identify patients who need higher levels of care management <input type="checkbox"/> Identify patients who need special forms of outreach (phone versus letter)
2. Have you stayed in the hospital overnight two or more times in the past 30 days? <input checked="" type="checkbox"/> Yes		



<input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question.		
<p>3. Please tell me how often the following statement is true:          Within the past 12 months, we (I) worried whether our food would run out before we got money to buy more.</p> <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true	ICD-10 Code: Z59.4 Lack of adequate food	<input type="checkbox"/> Give Food Rx Guide, Refer to DPSS (CalFresh), WIC, Community Gardens, Food Banks, NEVHC Nutrition Classes, Home Delivered Meal Programs
<p>4. Please tell me how often the following statement is true:          Within the past 12 month, the food we (I) bought just didn't last and we didn't have money to get more.</p> <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true	ICD-10 Code: Z59.4 Lack of adequate food	<input type="checkbox"/> Give Food Rx Guide, Refer to DPSS (CalFresh), WIC, Community Gardens, Food Banks, NEVHC Nutrition Classes, Home Delivered Meal Programs
<p>5. In the past 30 days, have you or your family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <input type="checkbox"/> Utilities <input type="checkbox"/> Medicine or any health care (medical, dental, mental health, vision) <input type="checkbox"/> Phone <input type="checkbox"/> Clothing <input type="checkbox"/> Rent or Mortgage Payment <input type="checkbox"/> Child Care <input type="checkbox"/> Other <input type="checkbox"/> I choose not to answer this question	ICD-10 Code: Z59.8 Other problems related housing and economic circumstances	<input type="checkbox"/> Refer to Neighborhood Legal Services, government assistant programs, Head Start Programs, MEND, etc. <input type="checkbox"/> Financial literacy education <input type="checkbox"/> Credit & Financial Counseling/Debt Management <input type="checkbox"/> Child Care, youth development, job skills programs <input type="checkbox"/> Financial assistance programs for utility bills, phones, etc. <input type="checkbox"/> Legal aid, immigration status <input type="checkbox"/> SNAP Benefits, classes, workshops
<p>6. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</p> <input type="checkbox"/> Yes	ICD10- Code: Counseling NOS Z71.9	<input type="checkbox"/> Identification of public transportation routes and benefits through the insurance plans (logisticare, access),



<input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question		resources available at the Health Centers (tokens/VPH)
<p>7. Do you feel physically and emotionally safe where you currently live?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Unsure <input type="checkbox"/> I choose not to answer this question	ICD-10 Code: Z63.9 Problem related to primary support group, unspecified.	<input type="checkbox"/> Refer patient to Behavioral Health if patient has been a victim of a crime or has witnessed hostilities <input type="checkbox"/> Refer to Neighborhood Legal Services <input type="checkbox"/> Provide transportation services <input type="checkbox"/> Ensure patient fills and p/u Rx at on-site pharmacy while at the health center
<p>8. Are you worried about losing your housing?</p> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer	ICD-10 Code: Z59.8 Other problems related to housing	<input type="checkbox"/> Identifies need for resources to prevent eviction or foreclosure <input type="checkbox"/> Referrals for homeless patients to housing services, Neighborhood Legal Services
<p>9. In the past year, have you been afraid of your partner or ex-partner?</p> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> I have not had a partner in the past year <input type="checkbox"/> Unsure <input type="checkbox"/> I choose not to answer this question	ICD-10 Code: Z63.9 Problem related to primary support group, unspecified.	<input type="checkbox"/> Identifies the need for referral to Behavioral Health, support groups, shelters, financial literacy, job/skills training, Neighborhood Legal Services <input type="checkbox"/> <b>Advise provider</b>
<p>10. How often do you see or talk to people that you care about and feel close to? Example: Talking to friends on the phone, visiting friends or family, going to church or club meetings.</p> <input type="checkbox"/> Less than once a week <input type="checkbox"/> 1 or 2 times a week <input type="checkbox"/> 3 to 5 times a week <input type="checkbox"/> More than 5 times a week <input type="checkbox"/> I choose not to answer this question <p><b>*If the patient indicates this is a problem</b></p>	ICD-10 Code: Z63.9 Problem related to primary support group, unspecified.	<input type="checkbox"/> Greater case management and calls <input type="checkbox"/> May need assistance with activities of daily living <input type="checkbox"/> Care team can develop a plan of action <input type="checkbox"/> Referrals to support groups, community activities, and volunteer services, health education classes, community events, develop plan of action in case of emergency



<p>11. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not at all</li><li><input type="checkbox"/> A little bit</li><li><input type="checkbox"/> Somewhat</li><li><input type="checkbox"/> Quite a bit</li><li><input type="checkbox"/> Very much</li><li><input type="checkbox"/> I choose not to answer this question</li></ul> <p>*If the patient indicates this is a problem</p>	<p>ICD-10 Code: Counseling NOS Z71.9</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Stress is a major risk for heart disease<ul style="list-style-type: none"><li><input type="checkbox"/> Monitor blood pressure and cholesterol more closely</li></ul></li><li><input type="checkbox"/> High stressed patients should be questioned regarding the greatest stressors affecting them</li><li><input type="checkbox"/> Referrals and recommendations to reduce stress (when warranted) – behavioral health, health education, time management, walking/exercise groups, financial literacy, community gardens, etc.</li><li><input type="checkbox"/> Introduce patient to relaxation techniques (meditation, relaxation)</li><li><input type="checkbox"/> Work with patients to try and identify stressors and resources to alleviate them</li></ul>
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