



Nurture
Care ♥ Encourage



Department of
Medicaid

Nurture Ohio PRAF 2.0 Updates
4/1/2025

Enhanced Features include:

- Added Date of Delivery option (Postpartum PRAF)
- Maternal Mental Health Screening tool lists updated
- Prior and Current Perinatal Risks - New question type Matrix Multi-Select
- Patient would benefit from Managed Care Organization/County Department of Job and Family Services assistance updated

Note -A PRAF should be submitted at the initial prenatal visit, at the first postpartum visit, and if there is a change in risk and/or need within the prenatal and/or postpartum period.

Date of Delivery (Postpartum PRAF)

Patient Validation for PRAF 2.0

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient Medicaid ID

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth*

Estimated Due Date

Date of Delivery

The following fields are required for Validation:

- Patient Medicaid ID and/or Patient Social Security (9-digit)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Estimated Due Date and/or Date of Delivery

Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed as this information comes directly from the PNM.

Date of Delivery field has been added as an option for Postpartum PRAF submission.
*Note: Date of Delivery cannot be a future date.

SUBMIT FOR VALIDATION

*Patient First Name

*Patient Last Name

Estimated Due Date

Date of Delivery

Gestational Age ⓘ

*Weeks

Days

When submitting a Postpartum PRAF, enter the Gestational Age at delivery in the Gestational Age field. When submitting a PRAF during pregnancy, use Gestational Age at the time of the prenatal visit.

Maternal Mental Health Screening tools

Perinatal Screeners

*Screening tool used for anxiety

Choose One

- General Anxiety Disorder (GAD-7)
- General Anxiety Disorder (GAD-2)
- Edinburgh (EPDS Sub-Q3,4,5)
- State-Trait Anxiety Inventory (STAI)
- Posttraumatic Stress Disorder (PTSD 3)
- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
- Posttraumatic Stress Disorder (PCL-C)
- Patient Health Questionnaire-4 (PHQ-4)
- Beck
- Hamilton
- Other - Screening Tool Not Listed
- Not Screened

Best practice Perinatal Screener options have been updated and are in order by most utilized.

Prior and Current Perinatal Risks

Patient Risk Information

Prior and Current Perinatal Risks. Check all that apply.

Diabetes	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Gestational Diabetes	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Chronic Hypertension	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Gestational Hypertension	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Preeclampsia	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Low Birth Weight	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Preterm Birth	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Late to Prenatal Care	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Anxiety	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Depression	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Bipolar Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Tobacco/Nicotine/Vape Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Substance Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Substance Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Alcohol Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Alcohol Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Opioid Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Opioid Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum

Patient Risks and Assistance with needs have been separated. Patient Risk options now include a matrix for Prior, Current, and Postpartum Risk selection.

Patient would benefit from MCO/CDJFS assistance

Managed Care Organization/ County Department of Job and Family Services Assistance

*Patient would benefit from Managed Care and/or County Job and Family Services assistance with: Check all that apply.

For Medicaid Application Assistance call 1-844-640-OHIO.
For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680.

<input type="checkbox"/> Transportation	<input type="checkbox"/> Finding a behavioral health provider	<input type="checkbox"/> Other Needs
<input type="checkbox"/> Food	<input type="checkbox"/> Finding a primary care provider	<input type="checkbox"/> No Needs Identified
<input type="checkbox"/> Housing	<input type="checkbox"/> Finding a pediatrician	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Baby items (diapers, crib, carseat, etc.)	
<input type="checkbox"/> Interpersonal Violence/ Safety	<input type="checkbox"/> Connection to lactation consulting	
<input type="checkbox"/> Employment	<input type="checkbox"/> Lactation supplies	
<input type="checkbox"/> Education	<input type="checkbox"/> Connection to tobacco cessation services	
	<input type="checkbox"/> Connection to substance use disorder services	
	<input type="checkbox"/> Connection to alcohol-related services	
	<input type="checkbox"/> Connection to opioid use services	

My patient would benefit from a referral to WIC.

My patient would benefit from a referral for Home Visiting.

BACK

SAVE FOR LATER SUBMIT

Patient Risks and Assistance with needs have been separated. This section has been updated with additional support, including those specific to the Postpartum period.