

Prioritization of Urgency of Need for Services for Persons with Mental Retardation (PUNS) Manual

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Mental Retardation

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Purpose of PUNS Manual

The purpose of this manual is to provide instructions for completing the “Prioritization of Urgency of Need for Services for Persons with Mental Retardation” (PUNS) form. This process, which is developed with the help of stakeholders and maintained and monitored by the Office of Mental Retardation (OMR), has been designed to gather information to categorize the urgency of the needs of people with mental retardation who have requested services from the County/Administrative Entity. The information obtained will allow the Counties/Administrative Entities and the state to categorize the needs of people with mental retardation within three categories of urgency of need:

- . “Emergency Need” (Definition on page 13)
- . “Critical Need” (Definition on page 15)
- . “Planning for Need” (Definition on page 19)

What is PUNS?

- PUNS means Prioritization of Urgency of Need for Services.
- The PUNS was developed to gather information in order to categorize the needs of people with mental retardation who have requested services from the County MH/MR Program or Administrative Entity.
- The PUNS form determines the urgency of need for services.
- The PUNS provides a way to collect information that the County/Administrative Entity and State use to develop their budget requests.

Why Complete a PUNS Form?

- The person and the family uses PUNS to understand what category of urgency they are in and how they relate to others waiting for services.
- The Supports Coordinator (SC) and County/Administrative Entity use PUNS to understand and plan for the individual’s needs. The information in PUNS should be considered during the Individual Support Planning (ISP) process.
- The County/Administrative Entity uses PUNS information to plan for County/Administrative Entity budgeting and service provision. PUNS information is used throughout the year for planning purposes.
- The Office of Mental Retardation (OMR) uses aggregate PUNS information for statewide planning and budgeting. These data are used to help develop the Governor’s Budget request. Note: when the PUNS data is pulled each year to help develop the budget request, only PUNS forms that have been finalized in HCSIS are pulled. Please ensure all forms are finalized in accordance with the process in this manual.
- The advocacy community uses PUNS information to communicate with legislators about the needs of people with mental retardation waiting for supports and services.

For Whom Will Counties/Administrative Entities Complete a PUNS Form?

PUNS forms are to be completed for all people within your county who meet the following criteria:

- Those people who are currently waiting for new or enhanced services.
- Those people who have a projected need for service within the next five years.
- Those people who request or who are recommended for a change in residential services/supports (request or recommendation could come from the individual, family, friends, professionals currently supporting the individual).
- **If the person's need can be met immediately (e.g. through the ISP process or available funding), a PUNS form does not have to be completed. No wait = No PUNS.**

For people newly registered with the County/Administrative Entity, the SC should discuss the situation of the person/family, their existing supports, and their support needs with the person/family to determine if they meet any of the criteria listed above and if a PUNS form needs to be completed.

People in Intermediate Care Facilities (ICFs/MR) can have a PUNS form. For example, if the State/County/Administrative Entity is planning with a person for them to move, they should be in the critical category (C15). If the person wants to move, but there is no current plan, they should be in the planning category (P2). If the ICF/MR cannot meet the needs of the person putting the person's health and safety at risk (e.g. person needs nursing care that the ICF/MR cannot provide), the person could be in the Emergency category (E5).

A child under the age of three may have a PUNS form if the child is eligible for MR services and is registered with the County MH/MR Program or Administrative Entity. The eligibility requirements outlined in MR Bulletin 4210-02-05, entitled "Clarifying Eligibility for Mental Retardation Services and Supports" must be utilized. The PUNS form should only specify needed MR services, such as respite or other family support services, and not any Early Intervention services the child may be receiving. The form must be completed by an MR Supports Coordinator, not an Early Intervention Service Coordinator.

For Whom Will Counties/Administrative Entities NOT Complete a PUNS Form?

A PUNS form should NOT be completed for anyone who is:

- Not expecting to seek services funded through the MR system within the next five years, even though they might request services at some time after that.
 - It is recommended that if a decision is made not to complete the PUNS form due to no anticipated support needs within 5 years, this should be documented in service notes.

- Already receiving services funded through the MR system, do not need new, additional, or different services, and therefore, are considered “fully served.” If a person who is fully served has a PUNS form, it should be made inactive and the reason for change used should be “comes off the waiting list - all needs met”.
- In need of new, additional or different services, but is not waiting for these services or supports because their needs can be met immediately (e.g. through the ISP process or available funding). No wait = no PUNS.
- Already receiving services funded through the MR system and are seeking a different provider(s) also funded through the MR system with no change in the type of services or supports they receive or the cost of these services (cost neutral). For example, a person wishing to move from one residential provider to another, or from one respite provider to another.
- Remaining in the same residential and/or day supports and whose ISP is adjusting to meet his/her changing needs for particular services, but without a need to modify his/her funding resources.
- In need of services and supports other than those provided by the Mental Retardation system (e.g. nursing home).

Who Should Complete a PUNS Form?

The PUNS form should be completed by the SC once the intake process has been completed, the person has been found to be eligible for MR services and is registered for MR services, and a SC has been assigned.

When is a PUNS Form Completed?

- If a person is requesting a needed service or support that cannot be immediately authorized, a PUNS must be completed. Services must be provided as specified in the Administrative Entity Operating Agreement.
- After intake has been completed and an SC is assigned, the SC should examine the person’s situation to determine if there are anticipated unmet needs in the next five years. If so, the SC should complete a PUNS form with the person/family. The PUNS should be completed as soon as possible.
- A PUNS should be completed as soon as a current or anticipated (within five years) need is identified.
- The PUNS form should be reviewed and updated in HCSIS at least annually, and whenever a person’s needs change. All active PUNS must be reviewed at least annually and updated in HCSIS, regardless of funding status. If a person is fully served, his/her PUNS should be made inactive and does not need to be updated in HCSIS unless an unmet need is identified. OMR expects that the PUNS be reviewed and updated as part of the annual planning process.
 - This review must be captured in HCSIS by creating a new PUNS and selecting the appropriate “reason for change.” The PUNS annual update must be signed even if there are no changes.

All PUNS forms must identify a category of urgency of need and designate the needed services and supports.

How is the PUNS Form Completed?

The PUNS form is completed through a conversation between a person and/or family and a SC. The form should be completed in a face-to-face meeting unless the person/family requests that it be completed by phone. The PUNS should NOT be completed by mail. The decision of how to complete the PUNS is to be made by the person and/or family, NOT the SC. If the PUNS is completed over the phone at the request of the person and/or family, the completed PUNS should be mailed to the person/family for signature before finalizing in HCSIS. The request for completion by phone must be documented in service notes.

Other people who are important to the individual may also be involved in the PUNS conversation as appropriate. For example, people may want an advocate or provider to participate. As stated above, the completion of the PUNS form should occur naturally during a conversation between the person, family, and SC.

The PUNS form is to be filled out based on this conversation. Only items that match a person's situation should be selected, but the entire form should be considered during this conversation. As many situations as apply can be selected through all categories. Ideally, the person, family, and SC would agree on the urgency of need. If agreement cannot be reached through this conversation, refer to the section of this manual on disagreement (page 7). The entire form should be reviewed and all situations that apply should be checked in order to accurately reflect the person's situation (e.g., there can be situations checked in both emergency and planning.) The highest category of urgency of need will be the one used for the individual. This urgency of need will appear in HCSIS reports and will be used for County/Administrative Entity planning purposes. In addition, the services and supports section must be completed.

The information collected on the PUNS form is then entered into HCSIS and finalized in HCSIS. This must occur within ten working days of the meeting during which the form was completed. The signed form should be maintained in accordance with State and County/Administrative Entity policy on maintenance of records. Only finalized forms are included in the data that are used for reporting and analysis. The PUNS form must be finalized in HCSIS to have it counted as part of the data set.

Case Transfers and Closures

When a person is moving from one SC or SC Entity to another:

- When a person's record is transferred to another SC or SC Entity within the same county, the PUNS is transferred along with the record, if there is a current PUNS for the person.
- After the transfer, the PUNS record is still active and finalized. However, between the time the transfer is initiated in HCSIS by the old SC/SC Entity

and accepted by the new SC/SC Entity, the old SC/SC Entity has access to the HCSIS record for 15 calendar days. After 15 calendar days, the old SC/SC Entity loses access to the person's entire HCSIS record including the PUNS form.

When a person is moving from one county to another:

- In the event of the relocation of a person currently on the waiting list with a current and active HCSIS PUNS form, the HCSIS PUNS data transfers with the individual to their new county.
 - After the transfer in HCSIS, the PUNS record is still active and finalized. However, between the time the transfer is initiated by the old county and accepted by the new county, the old county has access to the HCSIS record for 15 calendar days. After 15 calendar days, the old county loses access to the person's entire HCSIS record including the PUNS form.
- If a person receiving base services relocates to another county and base funding is not available in the new county, a PUNS should be completed.
- Waiver funds transfer with the person to the new county. If a move to another county will cause a person enrolled in the Person/Family Directed Support (P/FDS) waiver to exceed their funding cap, the receiving county should consider other funding sources to meet their needs. If the receiving county does not have adequate funding available, they should complete a PUNS form.

When a person's record is transferred between the OMR and another program office (i.e. the Office of Long Term Living):

- If there is a current PUNS for the person when the record is transferred, the record is stored in HCSIS, but the County/AE and SC cannot see the PUNS form. The PUNS form cannot be viewed by OMR, Counties/AEs, and SCs because the entire record has been transferred to the other program office.
 - It is recommended that a paper copy of historic records be retained in such instances.
 - The record is transferred in HCSIS only. Paper updates should be completed.
- However, if a transfer is required for the same record from the other program office back to OMR, the PUNS record that had been stored can be seen by the county/AE and the SC again. This record would have to be reviewed and updated by the person/family and the SC as soon as possible.

When a person is no longer receiving Mental Retardation services and the person's record is closed in HCSIS:

- The PUNS will automatically be made inactive effective the case closure date. The reason for closure captured during the closure initiation step will be reflected as part of the PUNS record.

Signature and Mailing Requirement

The PUNS form **must** be signed by the people present during completion of the form. These signatures indicate participation in the process **only**, not necessarily agreement. If the person or family refuses to sign, the SC should document this refusal and the reason for this refusal in service notes. This refusal can also be documented on the form in the signature area. As long as this documentation is present, the PUNS can be finalized without signatures. **The person/family can request a copy of the PUNS form completed at the meeting at any time.** If the PUNS is completed over the phone at the request of the person and/or family, the completed PUNS should be mailed to the person/family for signature before finalizing in HCSIS. The ten day time frame for finalization does not begin until the signed form is received by the SC.

If the person/family chooses not to sign the form at the meeting because they want time to review it, they should be encouraged to return the signed form to the SC as soon as possible; the ten day time frame does not begin until the signed form is received by the SC.

A copy of the finalized HCSIS PUNS form must be sent to the person/family within **five** working days of finalization. The HCSIS PUNS should contain the same information as the PUNS completed during the meeting. The HCSIS PUNS is sent to the person/family, because it is the record captured in HCSIS and used for planning. The date that the form is sent to the person/family should be captured in service notes in HCSIS and written directly on the finalized copy. If, during an annual review, no changes are needed, the PUNS form should still be signed by the person/family.

A copy of the finalized updated form in HCSIS must be sent to the person/family. When the PUNS is sent to the person/family, there should be a cover letter sent which explains next steps, what to do if there is disagreement, and the rights of the individual. A template is available from OMR and is attached to this manual. If for any reason, the County/AE would like to modify the letter, the proposed modification is subject to OMR review and approval. Eventually, this letter will be an automatically generated document from HCSIS. Counties/Administrative Entities are approved to make only the modifications necessary to print this letter on their letterhead.

What Happens if There is Disagreement?

At the bottom of the transmittal letter, there will be a place for the person and/or family to disagree with the information on the PUNS form that was received. If there is disagreement, the bottom of the form should be signed and sent back to the SC to begin the disagreement review. The SC must contact the person and/or family **within one week** (seven working days) of receiving the disagreement form to initiate the disagreement review.

If the SC and the person and/or family disagree about the information on the PUNS form, attempts should be made to resolve the disagreement with the SC

and then the SC supervisor. If agreement cannot be reached at these levels, the person and/or family should document this disagreement through the attached Disagreement Form which will be enclosed with the finalized HCSIS PUNS. A County/Administrative Entity representative will make the final decision on these disagreements. The person making this decision should be knowledgeable about the person/family and base their decision solely on that knowledge and the information provided.

The PUNS status cannot be appealed through the Bureau of Hearings and Appeals (BHA). However, for waiver recipients, a reduction, termination, suspension, or denial of a waiver-eligible service can be appealed through BHA. If the person or his/her representative is denied the right to apply for a waiver, he/she can appeal through BHA. OMR Bulletin 00-04-07, entitled "Clarifying Procedures for Individual and Provider Appeals" contains more information about appeal processes. For non-waiver recipients, disputes are heard in accordance with local agency (County/Administrative Entity) policy.

PUNS Monitoring

OMR will be monitoring the PUNS process and PUNS data to ensure that the process is being conducted in accordance with this manual. This review will include a sample of disagreement forms to ensure that disagreements were resolved appropriately. If a person and/or family feel that this process is not being followed, they can call the OMR Customer Service Line at 1-888-565-9435. As with all calls to the toll-free number, follow up will occur within 24 hours or on the next business day.

DESCRIPTION OF THE PUNS FORM

In this section of the manual, items in bold are the items found on the PUNS form. OMR has made every attempt to match these items exactly to the wording found on the new form.

Individual Data

Demographic Information

The first section of the PUNS form requests demographic information:

- 1. Date of Meeting (paper form only)** - This is the date of the meeting/conversation to complete the form. This date should be captured in service notes.
- 2. Date Created** - This is the date the form was created in HCSIS.
- 3. Date Finalized** - This is the date the form was finalized in HCSIS.
- 4. First Name** - Enter the first name of the person requesting supports and services. This information will automatically pre-populate on the HCSIS PUNS.
- 5. Last Name** - Enter the last name of the person requesting supports/services. This information will automatically pre-populate on the HCSIS PUNS.
- 6. Gender** - Enter M for Male or F for Female to indicate the gender of the person. This information will automatically pre-populate on the HCSIS PUNS.
- 7. Master Client Index (MCI)** - The MCI is a unique identifier used by the Department of Public Welfare (DPW). It is a number assigned to a person when they register for services. This information will automatically pre-populate on the HCSIS PUNS.
- 8. County/Joinder/Administrative Entity** - Enter the name of the county/joinder/Administrative Entity which with the person requesting supports is registered. This information will automatically pre-populate on the HCSIS PUNS.
- 9. Date Mailed to the Family** - This is the date that a copy of the HCSIS PUNS form was mailed to the person/family. The date mailed to the person/family should be written on the finalized HCSIS PUNS before it is sent to the person/family. This date should be recorded in service notes

for tracking purposes. This must be done within five working days of finalization.

Reason for Update or Review

In this section, the SC should check **ONE** reason for completing a PUNS form:

- **New** - should be checked if the individual has never had a completed PUNS form before.
- **Comes off the waiting list, all needs met** - should be checked if the SC is revising the PUNS form for a person who is now receiving all of the supports and services s/he needs. The PUNS form should be made inactive in the HCSIS for people who are fully served.
- **Change of category (Emergency, Critical, Planning)** - should be checked if the SC is revising the PUNS to reflect a change in the person's urgency of need (the change may be to a more urgent or less urgent category of need depending on the person's circumstance).
- **Change of supports needed (more or less) unchanged category** - should be checked when the category of need remains the same (Emergency, Critical or Planning) but the support needs change.
- **Annual update (no change in supports needed)** - should be checked if it is determined through a meeting/conversation with the person/family that there are no changes in urgency of need or supports needed and you are performing an annual update. Signatures are still required.
- **Moved to another county** - should be checked when a person moves from one county to another. If a person currently on the waiting list with a current and active PUNS moves to another county, the PUNS should transfer with the individual to their new county. The PUNS form should be updated by the receiving county when the person meets with his/her new SC.
- **Moved to another state** - should be checked when a person leaves the Commonwealth of Pennsylvania (the person will then be removed from the waiting list). The SC should make the PUNS form inactive in HCSIS for people who move out of state.
- **Discharged from the county program** - (person withdraws or is no longer interested in receiving supports and services) - should be checked if the person/family indicate that they are no longer interested in receiving Mental Retardation supports. The SC should make the PUNS form inactive in HCSIS for people who are discharged from the county program.
- **Died** - should be checked if the person is deceased. The SC should make the PUNS form inactive in HCSIS for people who are deceased.

Participant Information

In this section, there is a line for each person who has participated in the process. For each individual, list their name, their role (person, family member,

supports coordinator, etc.) and the date of the meeting. Each person should be asked to sign the form, indicating his/her participation in the process. Please note that a signature on the form does not indicate concurrence with all information but rather that the person participated in the conversation resulting in the completion of the form.

Need Categorization

For each item, mark “Yes” if the situation applies and “No” if the situation does not apply. In HCSIS, all questions pre-populate with “No” and need to be changed to “Yes” if appropriate. After the first PUNS is finalized, all previous responses carry forward and appear on the new PUNS.

“Emergency Need” (person needs out-of-home residential supports immediately)

In considering the first category, persons in “Emergency Need” are ones who need to be served **now**, and cannot wait until some later, perhaps unspecified, date. The first section refers to people who need out-of-home supports (primarily residential) immediately. Needs should be captured in the Emergency category if there are current needs or anticipated needs within the next six months. This six month time frame is intended to provide an opportunity for needs to be captured and planned for in advance. Needs anticipated beyond six months should be captured in the Critical or Planning categories.

Criteria that fall into the “Emergency Need” for out-of-home supports/services category include:

1. **Family/Caregiver no longer able to provide care placing the individual’s health and/or safety at risk** This category is appropriate for people who have been living at home with family who either physically or emotionally is no longer able to provide care, placing the person’s health and safety at risk. This is often the situation for aging caregivers with aging children who experience increased needs.
2. **Death of a caregiver with no other supports available** This category is appropriate for a person living with a caregiver who has died and the person now finds her/himself alone or with only one caregiver and is in immediate need of someone to provide support. The person with Mental Retardation and/or the remaining caregiver cannot take care of her/himself and/or his/her health and safety will be at risk without additional support being provided.
3. **Person has been committed by the court or is at risk of incarceration without supports (could be committed to a state center, group home or other residential situation)** This category is appropriate for persons with Mental Retardation who have been remanded to the county/state to provide services or for people who would be at risk of jail/prison in the absence of such oversight. These services could be provided in a group home, state center or other residential setting.

4. **Person is in an intolerable living situation or placement, immediately needs a new place to live (current place is exceedingly inappropriate {e.g. shelter, prison, acute care hospital or person is homeless, etc.}).** This category is appropriate for persons who are in a temporary or long-term placement (generally residential) that is extremely inappropriate for the person and/or exceedingly expensive. Intolerable refers to situations where the person's health and/or safety is at risk, including situations of abuse and neglect. This may also include residential settings that have been de-certified or where the license has been revoked.
5. **Additional supports are needed immediately to protect the person's health and safety or to keep him/her from being placed in a state center, nursing home, large ICF/MR or other congregate care setting due to behavioral needs, physical needs or other situations** This category is appropriate in situations where some other crisis has manifested itself and additional supports are required or the individual will need to be placed in a congregate care setting. The individual may be living in lifesharing, a group home, etc.

“Emergency Need” (person needs in-home supports, day supports or other supports immediately)

This category of need is for those people who need supports immediately, but whose need for supports is NOT residential in nature, but rather for in-home supports, day supports or some other type of supports.

6. **Family/caregiver needs immediate support to keep their family member at home (short-term - for 90 days or fewer)** This item should be marked yes if the caregiver needs short-term supports immediately to keep his/her relative at home. For example, this may apply in the situation where the caregiver is ill and needs surgery and is unable to provide care for a defined period of time. County Programs/Administrative Entities should review this data on an ongoing basis to address these short term needs with available resources to the best of their ability.
7. **Family/caregiver needs immediate support to keep their family member at home (long term).** This category applies when the caregiver him/herself needs long-term supports to keep their relative with a disability at home and ensure their health and safety. For example, a caregiver who has a chronic illness and needs long term habilitation for their family member in order for the family member to continue living at home. This may include people who need day or other supports (except employment). This can include pre-vocational supports or sheltered work.
8. **Individual needs immediate support to stay in their own home/family home (short term - for 90 days or fewer).** This category applies when

the individual him/herself is experiencing an acute illness that requires short term supports (e.g. cataract surgery, cancer surgery, etc.). County Programs/Administrative Entities should review this data on an ongoing basis to address these short term needs with available resources to the best of their ability.

9. **Individual needs immediate support to stay in their own home/family home (long term).** This category applies when the individual's health and safety cannot be preserved in his/her home without long term support. This may be due to a chronic illness, behavior or other situation. This may include people who need day or other supports (except employment). This can include pre-vocational supports or sheltered work. On rare occasions, people receiving residential supports may have an emergency need for day or other supports and should be placed in this category.
10. **Individual needs immediate support to maintain his/her employment situation, obtain follow along supported employment or achieve a post-school employment outcome.** This category applies to people who need supports to find and/or keep employment immediately. Employment means a job in the community that the person wants and can perform, with or without accommodation and support (supported community employment and competitive employment only). Employment means having a job (part-time or full-time) in the community that pays at least minimum wage. This does not include sheltered employment or pre-vocational training. For people who need day supports other than employment, use Emergency # 7 or 9 as applicable. This category can apply to people who need to regain employment after losing a job and should be used if the person needs transportation to and from their place of employment.

“Critical Need”

In considering the second category, persons in “Critical Need” are ones who need to be served in the near future (**within two years**), but do not require services immediately (as in the “Emergency Need” category). These criteria include:

1. **Person has a caregiver who is age 60+ and will need supports in the next two years.** This category is appropriate for persons whose caregiver is or will be age 60+ and is clearly progressing toward being unable to provide care for any number of physical, psychological or other reasons. Although care is being provided at present, it is clear that within the next two years additional support will be needed. The caregiver's date of birth should be captured in HCSIS under demographics. The HCSIS path for this field is Individual - Demographics - Contacts - Contacts Detail.

2. **Person has an ill caregiver who will be unable to continue providing care in the next two years.** Ill is defined as the primary caregiver having a medically diagnosed condition that prevents her/him from fulfilling the care giving role effectively.
3. **Person has behavior(s) that will warrant additional supports within the next two years.** This category is appropriate for persons whose behavior is perceived by the caregiver(s) as becoming unmanageable or uncontrollable. It is important to note that the key here is the perception of the caregiver(s). Unmanageable behavior in one situation might be viewed as eminently manageable in another situation because of coping resources available.
4. **Individual's personal or physical care needs cannot be met by current family/caregivers, or the person's health has deteriorated and supports will be needed in the next two years.** This category is appropriate for persons whose health/physical situation has progressed to a stage wherein the caregiver(s) will no longer be able to provide care satisfactorily. As opposed to the earlier categories, wherein caregiver age/health was the situation, in this category the physical/mental status/health of the person with mental retardation is the key factor.
5. **There has been a death or other family crisis (e.g. illness or divorce) requiring additional supports within the next two years.** This category is appropriate in cases where, although the caregiver and person with mental retardation have not been 'directly' affected, the death in the family (especially of a caregiver spouse or other family member who may have assisted in providing care) has the effect of rendering the caregiver less able to continue providing care. Other family situations such as divorce may have the same impact on the person with mental retardation.
6. **Person has a caregiver(s) who would be unable to work if services are not provided.** This category is appropriate in situations where the caregiver(s) must work to provide income to pay the rent, etc. If services are not provided, the caregiver(s) would have to remain at home to provide support, and effectively be unable to continue working. This does not include supports that are functions that a spouse or parent would normally purchase/provide for their family member (e.g. daycare that would be provided for a child with or without a disability but not the provision of personal care to a 40-year old son or daughter).
7. **Person or caregiver will need an alternative living arrangement within the next two years.** This category is appropriate for situations where either the person with mental retardation will need to move to another setting, and/or where the caregiver will need to move to an alternate setting (e.g. assisted living, etc.).

8. **Person has graduated or left school in the past five years.** This category is appropriate for persons who have left school and are in need of supports - which may be day or residential. The graduation date should be captured in demographics.
9. **Person is graduating from high school or leaving high school in the next two years and will need in-home, day or other supports.** This category is appropriate for persons who will graduate or leave school within the next two years and will have a need for something to do during the day. The graduation date should be captured in demographics.
10. **Person is graduating from high school or leaving high school in the next two years and will need an alternative place to live.** This category applies to those people who are in residential schools and cannot for a variety of reasons return to their previous living situation or will be unable to continue living at home after graduation. The graduation date should be captured in demographics.
11. **Person is living in an inappropriate place (e.g. foster care beyond age 21, poor roommate mix, etc.) and will need supports within the next two years.** This is appropriate for persons who are in a residential situation that is inappropriate for them, but in which they can continue to reside for less than two years (without jeopardizing the person's health and safety) until a proper placement is found. If the placement is intolerable, i.e. the person's health and/or safety cannot be maintained, they should be placed in the Emergency Category under E4.
12. **Person moved from another county where they were receiving residential, day and/or in-home supports (non-waiver funds only).** This category would only apply to those people receiving base funds (e.g. family support). This is appropriate for persons who were receiving services in the county in which they formerly resided but have now moved to your county and need to continue receiving these services. If they are receiving waiver services, waiver funds are portable and those services must be provided in the new county. (If the person is in the P/FDS waiver, needed services must only be provided up to the cap).
13. **Person is receiving day supports that are inappropriate to meet their needs.** This category applies to people who are not receiving day supports consistent with their needs. For example, this may apply to people who could benefit from and choose to work, yet continue to receive supports in a workshop, or people receiving adult day treatment who would prefer to work and would benefit from vocational or other habilitation options. This may also apply to people who are in need of more intense

day supports than they are receiving (e.g. the person receives one day of support per week but needs five).

14. **Person moved from another state where they were receiving residential, day or in-home supports.** This category is appropriate for persons who were receiving services in the state in which they formerly resided but have now moved to Pennsylvania and need to continue receiving these services.
15. **The county/administrative entity has plans to assist this person in moving within the next two years (from a state center, nursing home, state hospital or other residential setting).** This category is appropriate for persons in situations which the team has deemed inappropriate/unacceptable and the county/administrative entity has planned to move the person from this place within the next two years.
16. **Person is losing eligibility for DHS/C&Y supports within the next two years.** This category is appropriate for persons who currently are receiving funding, supports and services, or a placement through the children and youth (C&Y) system, but for whom this eligibility will be terminating due to age within the next two years. Note: Department of Human Services (DHS) refers to the Philadelphia County children and youth agency.
17. **Person is losing eligibility for EPSDT/BHRS supports within the next two years.** This category is appropriate for persons who currently are receiving funding or supports and services (medical and/or behavioral) through Early Periodic Screening, Diagnosis and Treatment (EPSDT) through Medical Assistance, but for whom this eligibility will be terminating due to age or need determination within the next two years. The type of support received (medical and/or behavioral) should be reflected in Existing Supports and Services as non-MR supports. Behavioral Health and Rehabilitation Services (BHRS) refers to in-home behavioral supports such as behavior therapy, mobile therapy, family-based, and therapeutic staff support (TSS).
18. **Person is losing eligibility for OBRA/Nursing home supports within the next two years.** This category is appropriate for people who are currently receiving supports in a nursing home or through the Omnibus Budget Reconciliation Act (OBRA) but whose eligibility, generally due to change in level of care needs, will terminate within the next two years.
19. **Person is losing eligibility for ICF/MR supports within the next two years due to a change in resources or level of care needs within the next two years.** This category is appropriate for people whose level of

care may be changing, or, who will no longer be eligible for ICF/MF supports due to a change in financial status, such as an inheritance.

20. **Person is losing eligibility for residential treatment facility within the next two years.** This category would generally apply to people who are losing eligibility due to their age.
21. **Person is losing eligibility for residential supports received in an approved private school within the next two years.** This category generally applies to people who will be losing eligibility due to age.
22. **Person is leaving jail, prison, or other criminal justice setting within the next two years.** This category is appropriate for persons who will be released from a criminal justice setting within the next two years and for whom supports must be provided.
23. **Individual will need support to stay in his/her own home/family home within the next two years.** This category is appropriate for people living on their own or with family, who in order to continue living where they are living will need additional supports
24. **Person has been identified as ready for discharge within the next two years (from a state hospital, nursing home or other residential setting).** The identification for discharge could come from the ISP team or from the facility in which the person resides.

“Planning for Need Category”

In considering the third category, persons in the “Planning for Need Category” are ones who have requested services but are determined not to need services within the next two years. The person’s need for services is more than two years away but less than five years away. An example may be the presence of an aging caregiver who is presently capable of continuing to provide care and wishes to continue doing so, but will, at some time in the next five years, no longer be able to continue providing care. Criteria that fall into the “Planning for Need” category include:

1. **Family/caregiver is or will be 60+ years of age and will need supports in the next 2-5 years.** Anytime the individual has a caregiver who is or will be 60+, this category should be utilized. The caregiver’s date of birth should be captured in HCSIS under demographics regardless of whether the person anticipates needing support. The HCSIS path for this field is Individual - Demographics - Contacts - Contacts Detail. If the role selected is caregiver, the date of birth is a mandatory field. If the role selected is anything else (e.g. parent, sibling) the date of birth is not mandatory but should be entered.

2. **Person lives in a large setting, and the person/family has expressed a desire to move (or the county/administrative entity plans to move the person).** This category is appropriate for persons living in a large setting and the person/family wishes to move to another (perhaps smaller) setting or the county/administrative entity plans to move the person but not within the next two years. This may apply when an institutional closure is announced.
3. **Known need for supports more than two years away.** This category is appropriate where the person/caregiver has expressed a need for a new service (please specify the service(s)) but the need is more than two years away. Please enter the anticipated date of need for supports/services. For example, the person is receiving day supports but it is anticipated that they will need residential supports in the next 2-5 years.
4. **Person or family/caregiver will need increased/enhanced supports in the next 2-5 years.** This category is appropriate where the person/caregiver has expressed a need for increased supports/services but there is not an emergency or critical need for these supports/services. Please enter the anticipated date of need for the service. For example, a person is receiving one day of day supports but anticipates needing five days in the next 2-5 years.
5. **Person is losing eligibility for DHS/C&Y supports within the next 2-5 years.** This category is appropriate for persons who currently are receiving funding, supports and services, or a placement through the children and youth system, but for whom this eligibility will be terminating due to age within the next 2-5 years. Please enter the anticipated date of need for supports/services. The date is a mandatory field.
6. **Person is losing eligibility for EPSDT/BHRS supports within the next 2-5 years.** This category is appropriate for persons who currently are receiving funding or supports and services through EPSDT through Medical Assistance, but for whom this eligibility will be terminating due to age within the next 2-5 years. Please enter the anticipated date of need for supports/ services. The date is a mandatory field.
7. **Person is losing eligibility for residential treatment facility within the next 2-5 years.** This category would generally apply to people who are losing eligibility due to their age in the next 2-5 years. Please enter the anticipated date of need for supports/services. The date is a mandatory field.

8. **Person is losing eligibility for residential supports received in an approved private school within the next two years.** This category generally applies to people who will be losing eligibility due to age. Please enter the anticipated date of need for supports/services. The date is a mandatory field.
9. **Person will be graduating from high school or leaving high school in the next 2-5 years.** Please enter the anticipated date of need for supports/services. The date is a mandatory field.
10. **Person lives in a residential setting that is more restrictive than what is needed.** This category is appropriate where the individual and/or the team have made the decision that the individual needs and would benefit from a less restrictive setting. For example the person lives in a group home and could benefit from and would prefer living in lifesharing or in his/her own home.

Existing Supports and Services

For each support that the individual is currently receiving, please indicate whether the support is an MR-funded support or a Non-MR funded support. Non-MR funded supports include generic community supports, natural and other unpaid supports and supports paid for through private pay or another system (behavioral health, etc.).

Existing supports and services should be matched with the current service definitions where applicable. Current service definitions are available on the top right corner of the HCSIS homepage (www.hcsis.state.pa.us).

In HCSIS, this is done by checking “Yes” or “No” as appropriate. In HCSIS, all questions pre-populate with “No” and need to be changed to “Yes” if appropriate. After the first PUNS is finalized, all previous responses carry forward and appear on the new PUNS.

Individual Supports

Respite supports (24 hour)
Respite supports (<24 hour)
Occupational therapy
Physical therapy
Speech therapy
Other therapies (including behavior therapy)
Education
Post secondary/adult education
Habilitation
Assistive technology
Homemaker/Chore supports
Environmental Accessibility (e.g. adaptations to home or vehicle)
Other individual supports (e.g. recreation and nursing)

Transportation

Transportation (including trip/mileage reimbursement, para-transit, etc.)

Vocational Supports

Senior supports
Community employment (supported, etc.)
Pre-vocational supports
Adult day supports
Other day supports (e.g. volunteering, community experience)

Residential Supports

Family living/life sharing

Foster care (children only)

Individual home owned/leased by the person with <24 hour staff

Individual home owned/leased by the person with 24 hour staff

Agency group home or apartment <24 hour staff

Agency group home or apartment with 24 hour staff

Nursing home

Other institution with >15 people (e.g. state hospital, prison, etc.)

State center

Private ICF/MR

Domiciliary care/personal care boarding home (adult foster care)

Assisted living

Transitional housing/respite

Other residential/housing supports

Supports Needed

For each of the following supports, indicate if the support is needed by answering yes or no to all questions. Only eligible supports and services should be checked. Eligible refers to any services that can be paid for by the MR service system. These services include both waiver and base funded supports.

In HCSIS, all questions pre-populate with “No” and need to be changed to “Yes” if appropriate. After the first PUNS is finalized, all responses carry forward and appear on the new PUNS. In each category, enter the date of first request for support. If more than one support is requested in a category, use the earliest date of request for any service in that category. If that need is satisfied, replace the old date with the next earliest date of request for a service in that category. If the exact date is unknown, estimate the date.

Current service definitions should be used to match the need of the individual with the appropriate and eligible support or service. Current service definitions are available on the top right corner of the HCSIS homepage (www.hcsis.state.pa.us).

This section must be completed for any and all unmet needs. This section should ONLY capture unmet needs, so please check only those supports that are needed, either new or enhanced.

Individual Supports

Respite supports (24 hour)
Respite supports (<24 hour)
Occupational therapy
Physical therapy
Speech therapy
Other therapies
Education
Post secondary/adult education
Habilitation
Assistive technology
Homemaker/Chore supports
Environmental Accessibility (e.g. adaptations to home or vehicle)
Other individual supports (e.g. recreation)

Transportation

Transportation (including trip/mileage reimbursement, para-transit, etc.)

Vocational Supports (It is recommended that only the most appropriate option is selected for planning purposes. However, multiple options can be selected.)

Senior supports

Community employment (supported, etc.)

Pre-vocational supports

Adult day supports

Other day supports (e.g. volunteering, community experience)

Residential Supports (It is recommended that only the most appropriate residential option is selected for planning purposes. However, multiple options can be selected.)

Please note that congregate settings are not listed separately as in Existing Supports and Services, but requests for those settings should be checked under the category of "Other residential/housing supports".

Family living/life sharing

Foster care (children only)

Individual home owned/leased by the person with <24 hour staff

Individual home owned/leased by the person with 24 hour staff

Agency group home or apartment <24 hour staff

Agency group home or apartment with 24 hour staff

Other residential/housing supports (this is where requests for congregate settings should be captured)

Available HCSIS Reports

Only finalized PUNS are included in data reports and analysis. Finalized forms are available in HCSIS in read-only format. Only the most current PUNS form for each person is viewable in HCSIS. Historical PUNS records can be viewed through the PUNS Detail Report (see below).

Three PUNS reports are available in HCSIS.

1. *PUNS Management Report*: This report provides information on people in PUNS grouped by SC entity. The County/Administrative Entity SC Oversight and HCSIS Reviewer roles can see this report.
2. *PUNS Individual Information*: This report identifies category of need, waiver, service needs, and date of last PUNS update for people in caseload/SC entity. The Supports Coordination, SC Supervision and SC Unit Management roles can see this report.
3. *PUNS Detail Report*: This report will show current and historical PUNS information for a specific individual in a given fiscal year. This report can be seen by the Supports Coordination, SC Supervision, SC Unit Management, Regional Monitor and HCSIS Reviewer roles.

PUNS information is also available through the data warehouse and through a PUNS extract. These reports can only be accessed by those people with the appropriate roles in HCSIS.

OMR PUNS Contact People

Regional Offices

- Wayland Gillingham
Central Region OMR
(717) 772-6485; wgillingha@state.pa.us
- Michelle O'Toole
Northeast Region OMR
(570) 963-3212; micotoole@state.pa.us
- Rhonda Shapey
Southeast Region OMR
(215) 560-6293; rshapey@state.pa.us
- Ginger Monaghan
Western Region OMR
(412) 565-5129; vmonaghan@state.pa.us

Please note: These contact people may change over time. If you need assistance in reaching the current contact person for your area, please contact the OMR Customer Service Line at 1-888-565-9435.

Attachment:

OMR sample cover letter to be used when the completed PUNS is sent to the person/family, including the form if disagreement.