pennsylvania
DEPARTMENT OF HUMAN SERVICES

Prioritization of Urgency of Need for Services (PUNS)

Individual data:

DATE OF MEETING:	DATE CREATED:	DATE FINALIZED:
FIRST NAME:	LAST NAME:	
GENDER:	MCI:	COUNTY / JOINDER:
BIRTH DATE:	CATEGORY:	DATE MAILED TO FAMILY:

Reason for update or review:

- ☐ Newly eligible
- ☐ Annual update (regardless of changes in category or supports needed)
- ☐ Change in supports needed only (more or less) – unchanged category
- ☐ No longer wishes to receive services or no longer eligible for services
- ☐ In a private ICF or state ID center
- ☐ Change of category only (emergency, critical, planning)
- ☐ Change in category and supports needed
- ☐ Comes off waiting list – needs met by another program (e.g. CHC, another waiver)

Participant Information:

NAME	ROLE	DATE	SIGNATURE

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For the following items, indicate the reason for need by answering Yes / No for all questions:

EMERGENCY NEED (PERSON NEEDS SUPPORTS IMMEDIATELY)		
1	There has been a death of a caregiver and/or a family crisis, and no long-term caregiver is available.	☐ Yes ☐ No
2	The primary caregiver has a serious health issue or is otherwise unavailable, and no alternate long-term caregiver is available.	☐ Yes ☐ No
3	Individual needs require immediate actions to prevent the need for residential supports.	☐ Yes ☐ No
4	Individual needs immediate support to prevent arrest, new or additional criminal charges and/or incarceration.	☐ Yes ☐ No
5	Individual is living in a physical environment or setting that places the individual's immediate health and safety at risk.	☐ Yes ☐ No
6	Individual is in a living situation or arrangement that places the individual's immediate health and safety at risk.	☐ Yes ☐ No
7	Individual needs immediate support to divert or transition from a nursing facility, state operated facility, or an acute care setting.	☐ Yes ☐ No
8	The individual is a young adult (18-21 years old) aging out or is a young adult/child no longer eligible for specialized care or support services.	☐ Yes ☐ No
9	The child with a medically complex condition needs supports or services to transition to the community or additional supports or services to remain in the community.	☐ Yes ☐ No
10	Individual needs immediate support to obtain or maintain competitive integrated employment.	☐ Yes ☐ No

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CRITICAL NEED (PERSON NEEDS SUPPORTS WITHIN TWO YEARS)		
1	Person has a caregiver age 60+ and will need supports within the next two years.	☐ Yes ☐ No
2	Person has an ill caregiver who will be unable to continue providing care within the next two years.	☐ Yes ☐ No
3	Person has behavioral support needs or medical concerns or conditions that will warrant additional supports within the next two years.	☐ Yes ☐ No
4	Person has personal or physical care needs that cannot be met by current family/caregivers or the person's health has deteriorated and supports will be needed within the next two years.	☐ Yes ☐ No
5	There has been a death or other family crisis (e.g. illness, divorce), requiring additional supports within the next two years.	☐ Yes ☐ No
6	There has been a change in the household that no longer allows the caregiver to provide the level of support previously provided (e.g. new member of the household that requires care and assistance with activities of daily living; deteriorating health of caregiver.)	☐ Yes ☐ No
7	Person or caregiver will need an alternative living arrangement within the next two years.	☐ Yes ☐ No
8	Person has graduated or left school in the past five years.	☐ Yes ☐ No
9	Person is graduating from high school within the next two years and will need supports.	☐ Yes ☐ No
10	Person has a single caregiver and will need supports within the next two years.	☐ Yes ☐ No
11	There are two or more people in the home that require support with their activities of daily living.	☐ Yes ☐ No
12	Person moved from another county where they were receiving residential, day, or in-home supports (nonwaiver funds only).	☐ Yes ☐ No
13	Person is receiving day supports that are inappropriate to meet their needs.	☐ Yes ☐ No
14	Person moved from another state where they were receiving residential, day, or in-home supports.	☐ Yes ☐ No
15	The county/administrative entity has plans to assist the person in moving within the next two years (from a state center, nursing home, state hospital, or other residential setting)	☐ Yes ☐ No
16	Person is losing eligibility for Children and Youth supports within the next two years.	☐ Yes ☐ No
17	Person is losing eligibility for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/behavioral health rehabilitation services.	☐ Yes ☐ No
18	Person is losing eligibility for OBRA/Nursing Home supports within the next two years.	☐ Yes ☐ No
19	Person receives services or support for behavioral or medical diagnoses during most of the day or at a very high level.	☐ Yes ☐ No
20	Person is losing eligibility for Residential Treatment Facility within the next two years.	☐ Yes ☐ No
21	Person is losing eligibility for residential supports received in an Approved Private School within the next two years.	☐ Yes ☐ No

22	Person is leaving jail, prison, or other criminal justice setting within the next two years.	☐ Yes ☐ No
23	Person will need support to stay in their own home/family home within the next two years.	☐ Yes ☐ No
24	Person has been identified as ready for discharge within the next two years (from a state hospital, state center, private ICF, nursing home or other residential setting).	☐ Yes ☐ No

PLANNING FOR NEED (PERSON'S NEED FOR SUPPORT IS MORE THAN TWO YEARS AWAY BUT LESS THAN FIVE YEARS AWAY)		
1	Family/caregiver is or will be 60+ years of age and will need supports in the next 2-5 years.	☐ Yes ☐ No
2	Person lives in a large residential group setting, and person/family has expressed a desire to move (or the county/administrative entity plans to move the person)	☐ Yes ☐ No
3	Known need for supports more than two years away. Specify: Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
4	Person or family/caregiver will need increased supports in the next 2-5 years.	☐ Yes ☐ No
5	Person is losing eligibility for Children and Youth supports within the next 2-5 years. Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
6	Person is losing eligibility for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/behavioral health rehabilitation services or other mental health/behavioral support (including therapeutic foster care) within 2-5 years. Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
7	Person is losing eligibility for Residential Treatment Facility supports within 2-5 years Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
8	Person is losing eligibility for residential supports provided in an Approved Private School placement within 2-5 years. Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
9	Person will be graduating from high school in the next 2-5 years. Enter date needed (MM/DD/YYYY):	☐ Yes ☐ No
10	Person lives in a residential setting that is more restrictive than what is needed.	☐ Yes ☐ No

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Existing supports and services:

Answer Yes/No for supports that are currently in place specifying whether the supports are ODP or non-ODP supports (NonODP supports include education, EPSDT, and community resources).

INDIVIDUAL SUPPORTS	
Respite Supports 24 Hour	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Respite Supports <24 Hour	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Occupational Therapy	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Physical Therapy	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Communication Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Other Therapies	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Education	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

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Post Secondary/Adult Education	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
In-Home and Community Supports, Companion or Specialized Skills Development	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Assistive Technology	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Homemaker/Chore Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Environmental Accessibility (e.g. adaptations to home or vehicle)	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Other Individual Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

EMPLOYMENT AND DAY SUPPORTS	
Senior Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Supported Employment (Career Assessment, job coaching, etc.)	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

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Community Participation Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Adult Day Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Other Day Supports (e.g. volunteering, community experience)	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

RESIDENTIAL SUPPORTS	
Family Living/Life Sharing	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Foster Care (Children only)	
Non-ODP Supports	☐ Yes ☐ No
Individual Home Owned/Leased by the person with < 24 hour staff	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Individual Home Owned/Leased by the person with 24 hour staff	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Agency Group Home or Apartment < 24 hour staff	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

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Agency Group Home or Apartment 24 hour staff	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Nursing Home	
Non-ODP Supports	☐ Yes ☐ No
Other Institution with > 15 people	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

RESIDENTIAL SUPPORTS	
State Center	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Private ICF	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Domiciliary Care/Personal Care Boarding Home (Adult Foster Care)	
Non-ODP Supports	☐ Yes ☐ No
Assisted Living	
Non-ODP Supports	☐ Yes ☐ No
Transitional Housing/Respite	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No
Other Residential/Housing Supports	
ODP Supports	☐ Yes ☐ No
Non-ODP Supports	☐ Yes ☐ No

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Supports needed:

For the following items, indicate if support is needed by answering yes or no for all questions.

INDIVIDUAL SUPPORTS	
Date of first request in this category (MM/DD/YYYY):	
Person needs support overnight to provide a break for the caregiver.	☐ Yes ☐ No
Person needs support for a few hours during the day to provide a break for the caregiver.	☐ Yes ☐ No
Person needs behavioral support or services.	☐ Yes ☐ No
Person needs physical therapy to help them increase or maintain their ability to move.	☐ Yes ☐ No
Person needs support with difficulty communicating.	☐ Yes ☐ No
Person needs other therapies (e.g. visual/mobility, occupational, music).	☐ Yes ☐ No
Person needs support with education beyond high school.	☐ Yes ☐ No
Person needs support to learn or maintain skills and to take part in activities at home or in the community.	☐ Yes ☐ No
Person needs an object/device to help them communicate, self-direct, and/or build adaptive capabilities (e.g. assistive technology, adaptive equipment).	☐ Yes ☐ No
Person needs support with medical needs not covered by insurance (Certified nursing assistant or nurse).	☐ Yes ☐ No
Person needs modifications to their home or vehicle to access them or for safety and/or independence.	☐ Yes ☐ No
Person needs other individual supports not listed above.	☐ Yes ☐ No

TRANSPORTATION	
Date of first request in this category (MM/DD/YYYY):	
Person needs transportation on a daily or almost daily basis.	☐ Yes ☐ No
Person needs transportation every few days or less often.	☐ Yes ☐ No

EMPLOYMENT OR DAY SUPPORTS	
Date of first request in this category (MM/DD/YYYY):	
Person needs support upon retirement or in planning their retirement.	☐ Yes ☐ No
Person needs support finding or keeping a job.	☐ Yes ☐ No
Person needs support with activities that will better prepare them for a job (e.g. learning about work incentives, how to manage medical and cash benefits when working).	☐ Yes ☐ No
Person needs support to participate in community activities, including volunteering.	☐ Yes ☐ No

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RESIDENTIAL SUPPORTS	
Date of first request in this category (MM/DD/YYYY):	
Person needs support that would be best provided by living in another family home with a family trained to provide support (Lifesharing).	☐ Yes ☐ No
Person needs constant support living in a home or apartment an agency owns and operates, with vocational supports.	☐ Yes ☐ No
Person needs support living in a home that they own.	☐ Yes ☐ No
Person needs occasional support living in a home or apartment an agency owns and operates.	☐ Yes ☐ No
Person needs constant support living in a home or apartment an agency owns and operates, without vocational supports.	☐ Yes ☐ No
Person needs other housing or residential supports.	☐ Yes ☐ No