



Pennsylvania
Department of Human Services

Prioritization of Urgency of Need for Services (PUNS) Manual for Individuals with Intellectual Disabilities and/or Autism

A MESSAGE FROM THE DEPUTY SECRETARY OF THE OFFICE OF DEVELOPMENTAL PROGRAMS

The Prioritization of Urgency of Need for Services (PUNS) is a tool for Supports Coordinators (SCs) to use to have discussions with individuals and their families about their needs, and it plays a vital part of how the Office of Developmental Programs (ODP) manages the waiting list. The crucial role of the SC in facilitating conversations with the individual and family to help accurately identify needs and estimate timelines for those needs cannot be overstated. SCs are pivotal in both identifying and planning for needs on the individual level, but also for capturing information that enables the Department of Human Services to plan on a systems level. The data collected by SCs not only helps target resources to the most needy, but also helps ODP plan for the system years in advance. Accurate PUNS data is an essential element of the ODP Multi-Year Program Growth Strategy which is aimed at eliminating the Emergency Waiting List for adults 21+. In order to successfully implement the Multi-Year Program Growth Strategy, ODP is taking steps to update the PUNS process. Very specifically with updates to the PUNS Manual, ODP is clarifying instructions which will improve the accuracy of data related to individuals need for Medicaid funded home and community-based services. These updates will subsequently improve system capability to enroll the most needy adults into ODP Home and Community Based Services (HCBS) waivers more quickly. In 2025-2026 ODP will convene stakeholders to make further adjustments to the PUNS form to better capture the needs of children waiting for Medicaid funded HCBS. As you will see with the guidance, the PUNS should be the basis for a conversation about the current status of the individual and about short-term and long-term needs.

We look forward to implementing the changes in the PUNS as part of our system's improvement efforts.

Kristin Ahrens, Deputy Secretary

Using the Manual

- This Manual serves as a resource for individuals and families, County Mental Health/Intellectual Disability Programs (County Programs), Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Supports Coordinators (SCs), and other stakeholders of the Office of Developmental Programs (ODP).
- The information contained within this Manual is effective as of the date that appears at the bottom of each page.
- Information in this Manual will be updated on an as-needed basis. It is designed for electronic use; printed versions may become out-of-date and not include all applicable information.
- If you experience difficulty with links contained in this Manual, talk with your information/technology support people about the latest version of Adobe Reader™.
- If you encounter an Internet link that is not working, please contact the MyODP Help Desk at “add link” and title the email, “PUNS Manual.” Please provide the link name and page number.

These symbols will help you navigate the Manual:


	When a pointer appears in the Table of Contents, click to go to that section.
Blue underlined font	Indicates a link to an Internet resource.

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What Is PUNS?

PUNS (Prioritization of Urgency of Need for Services) provides a uniform instrument that is used by County Intellectual Disabilities Programs, on an on-going basis, to collect a standard set of data on individuals who are waiting for intellectual disabilities and autism services and supports. This PUNS process was developed with the input from stakeholders and is maintained and monitored by ODP. It was designed to gather information to categorize the urgency of the needs of individuals who have requested services from the County Program or AE.

The PUNS is a tool used to determine how many people are waiting for Medicaid Home and Community-Based Services (HCBS) funding for Intellectual Disability and Autism (ID/A) waiver services and establishes the priority of need for Medicaid HCBS funding when there is a waiting list for the County Program or AE to provide services as requested. The information in PUNS is reviewed and updated when needed during the annual Individual Support Planning (ISP) process and as an individual's needs change.

PUNS indicates the urgency of need for services. The urgency of the need is identified in one of three categories:

- **Emergency Need** → the service need is **immediate** or will occur within six months
- **Critical Need** → the service need is anticipated to occur after six months but within two years
- **Planning for Need** → the service need is anticipated to occur more than two years away but less than five years away

How Does ODP Define “Immediate Need”?

An “Immediate need” is defined by meeting at least one of the following criteria:

- **Present Today or Within Six Months:** An immediate need refers to a situation that requires urgent attention either right now or in the near future (within the next six months).
- **Health and Safety Risks:** The need must involve a risk to the individual’s health or safety, requiring immediate attention.
- **Imminent or Unavoidable Event:** The situation is an imminent or unavoidable event that will affect the individual's need for new or modified services

Who Uses the PUNS and How?

- **Individual and family:** The individual and their family provide information to the Supports Coordinator (SC) in order for the SC to complete the PUNS to understand the individual’s circumstances and identify to category of urgency for funding needed.
- **ISP Team:** The ISP Team provides information for the SC to complete, update, or mark the PUNS as inactive during the annual team planning process.
- **County Programs and AE’s:** The County Program and AE use PUNS information to plan for Medicaid HCBS funding.
- **ODP:** ODP utilizes aggregated PUNS data for statewide planning and budgeting.

Who Should Have a PUNS?

- A PUNS should be completed for all individuals within the County Program or AE who have a current or anticipated funding need (waiver capacity in Consolidated, Community Living, or Person/Family Directed Support) within the next five years.

Who Should Not Have a PUNS?

- Individuals in “intent to enroll” or fully enrolled in the Consolidated Waiver are considered fully served and should be removed from PUNS.

- Individuals who are in need of new, additional, or different services, but whose needs can be met under their current HCBS Funding Source and/or other available services and supports.
- Individuals who already receive services through the ID/A system and who do not need new, additional, or different services (considered “fully served”).
- Individuals who already receive services through the ID/A system and are seeking a different willing and qualified provider(s) with no change in the type of services that they currently receive.
- Individuals who need services other than those provided by the ID/A system (e.g. nursing home).
- Individuals whose waiver has been placed in a Reserve Capacity Status due to a short term stay in a hospital (medical/psychiatric) or a rehabilitation care facility and who are returning to the community do not require a PUNS unless they no longer have an identified willing and qualified provider to resume needed services upon release from the hospital or facility.
- Individuals who are not anticipated to seek services through the ID/A system within the next five years, although they may request services at a later time.
- Individuals who transition from Consolidated Wavier enrollment to Community Living or PFDS Waiver, or from Community Living to PFDS Waiver.

Who Should *Not* be on Emergency PUNS?

The following individuals should not be placed on Emergency PUNS:

- Individuals who have been determined not eligible for Medical Assistance (MA) by the County Assistance Office (CAO).

Important Clarifications Regarding MA Eligibility:

- If an individual does not qualify for MA independent of an HCBS waiver, but could qualify if applying for MA with an HCBS Waiver application, they may be placed on Emergency PUNS. As the AEs are not responsible for determining MA eligibility, the AE should proceed with identifying

waiver capacity when available and allowing the CAO to determine if the individual is in fact eligible for HCBS Waiver and MA. If the team anticipates the individual will become financially eligible at a future date for reasons unrelated to waiver enrollment, the individual may be placed on **Critical** or **Planning** PUNS.

- Individuals who are unlikely to meet financial eligibility requirements in the next five years can be placed on **Critical** or **Planning** PUNS.
- Individuals who frequently lose and regain MA eligibility may remain on **Emergency** PUNS when appropriate. Teams should determine the reason for eligibility issues and develop a plan to ensure the individual is able to maintain MA eligibility.
- Individuals who have been offered waiver enrollment and decline to provide documentation or information to successfully complete enrollment two times in a span of 12 months should not be on Emergency PUNS.
- Supports Coordinators and AEs must provide information and support to individuals and families to encourage completion of enrollment.
- Individuals who have been offered waiver enrollment and decline to provide documentation or information to complete enrollment may remain on Critical or Planning PUNS based on anticipated needs.
- Individuals who have been offered waiver enrollment and decline to provide documentation or information to successfully complete enrollment 2 times in a span of 12 months should not be on Emergency PUNS.
- Individuals who have been deemed programmatically ineligible for waiver services.
- Individuals who choose institutional care during service preference

Completion of the PUNS

The initial PUNS form should be completed if indicated **after** the following occurs:

- The intake process is completed.

- The individual has been found to be eligible for Intermediate Care Facilities for Individual with Intellectual Disabilities (ICF/ID) or Intermediate Care Facilities for Individuals with Other Related Conditions (ICF/ORC) services.
- The individual is registered for ID/A services.
- The individual has indicated their Service Preference to receive Home and Community Based Services.
- A SC has been assigned.

The SC will examine the individual's situation to determine if there will be anticipated unmet need for Medicaid funded HCBS in the next five years. If so, the SC will complete a PUNS as soon as a current or anticipated (within five years) need is identified.

The PUNS can be completed during or after any discussion or meeting with the individual, family, and/or ISP team.

The PUNS form should not be handed or sent to the individual and family to complete on their own. At their request, a blank PUNS form can be shared with the individual and family.

A Spanish language version of the PUNS form is available as an attachment to the PUNS Bulletin. Other language translations are available by emailing RA-PWODP_OUTREACH@pa.gov.

The entire PUNS form must be reviewed and all situations that apply should be marked with a "yes" to accurately reflect the individual's situation (e.g., there can be situations checked in both the emergency and planning categories). In addition, the services and supports section must be completed. The category of highest urgency of need will be the category that is indicated when the PUNS is completed in the Home and Community Services Information System (HCSIS).

The following PUNS reports are available to ODP, County Programs, AEs, and SCOs in HCSIS under the Tools tab for oversight and planning purposes:

- PUNS Detail Report
- PUNS Management Report

- PUNS Reviewed Within 365 Days Detail Report PUNS Reviewed Within 365 Days Summary Report
- Unfinalized PUNS Report

Information on how to request HCSIS PUNS reports and summary details of each report listed above is located in the Home and Community Services Learning Management System (LMS). LMS can be accessed on the HCSIS homepage.

A copy of the finalized HCSIS PUNS must be sent to the individual and family within five working days, reflecting the funding needs identified from discussions with the individual and family. The individual and family can request a copy of the completed PUNS at any time.

ODP requires that the SC review and update the active PUNS as part of the annual review ISP meeting. All active PUNS must be reviewed and updated in HCSIS within 365 days from the date of the last PUNS. If an individual's needs change throughout the plan year, the PUNS must be updated within no more than 30 calendar days of the identified change in need.

If no changes are needed during the annual review of the active PUNS, the PUNS should be updated in HCSIS and maintained in accordance with ODP Policy on maintenance of records.

When an individual is placed in "intent to enroll" or fully enrolled in a Consolidated Waiver, their PUNS status must be updated within no more than 30 calendar days to reflect fully served.

When an individual is newly enrolled in Person/Family- Directed Support Waiver (PFDS) or Community Living Waiver (CLW), their PUNS must be updated within no more than 30 calendar days.

When an individual is fully served, the PUNS must be marked inactive in HCSIS and is not required to be updated annually or entered in HCSIS in the future unless an unmet need is identified and an updated PUNS is created.

What Happens If There Is Disagreement?

When the finalized HCSIS PUNS is sent to the individual and family, a PUNS cover letter and PUNS Disagreement Form will be included in the mailing. The cover letter and instructions on the PUNS Disagreement Form explain what to do if there is disagreement with the finalized PUNS form, and the rights of the individual.

The PUNS Disagreement Form has detailed instructions for the individual and family to indicate disagreement with the information on the finalized PUNS form. Concerns should be noted on the PUNS Disagreement Form and returned to the SC within 10 calendar days of receipt of the finalized HCSIS PUNS form. The Disagreement Form will be reviewed in attempt to resolve the concerns. The SCO must contact the individual and family within seven calendar days of receipt of the Disagreement Form to initiate a review of the concerns of the individual and family and why they disagree with the PUNS form.

If agreement cannot be reached at that SCO level, the PUNS Disagreement Form will be forwarded to the County Program or AE for resolution. The County Program Administrator, AE Administrator, Deputy Administrator, or AE designee will make the final decision. All activities to resolve the disagreement with the finalized PUNS form will be documented by the SC in the service notes. All decisions made by the County Program or AE are final.

Please note, the PUNS status cannot be appealed through the Bureau of Hearings and Appeals (BHA).

Monitoring of PUNS

ODP monitors the PUNS process and PUNS data to ensure that the process is being conducted in accordance with this Manual.

ODP and AE Waiver Capacity managers monitor an individual's category of need and if a PUNS is active in relation to waiver enrollment. Available waiver capacity is to be used to serve those in an emergency status first; therefore, it is important that the PUNS record accurately reflects an

individual's Emergency status prior to enrollment. For individuals enrolling in PFDS or CLW, the PUNS can remain active and in Emergency status until the Waiver enrollment is completed and documented in HCSIS by the AE. **For individuals enrolling in Consolidated waiver, they should be removed from PUNS when placed in "intent to enroll".**

In addition, ODP reviews PUNS performance reports to ensure that all active PUNS are reviewed and updated in HCSIS at least every 365 days or as necessary as an individual's needs change. Performance is also measured during ODP's Quality Assessment and Improvement process.

Case Transfers and Closures

When an individual is moving from one SCO to another SCO within the same County Program or AE

When an individual's record is transferred to another SCO within the same County Program or AE, the PUNS is transferred along with the record, if one exists.

After the transfer, the PUNS record is still active and finalized. Upon initiation of the HCSIS record transfer, the sending SCO has access to the record for 15 calendar days. The receiving SCO has 15 calendars to accept the transfer. After 15 calendar days, the sending SCO loses access to the individual's entire HCSIS record, including the PUNS.

When an individual is moving from one County Program or AE to a different County Program or AE

In the event of the relocation of an individual who has a current and active HCSIS PUNS, the PUNS data transfers with the individual to the new County Program or AE.

After the transfer in HCSIS, the PUNS record is still active and finalized. Upon initiation of the HCSIS record transfer, the sending County Program or AE has access to the HCSIS record for 15 calendar days. The receiving County Program or AE has 15 calendar days to accept the transfer. After 15 calendar days, the sending County Program or AE loses access to the individual's entire HCSIS record including the PUNS.

- If an individual receiving base-funded services relocates to another County Program and base funding is not available through the receiving County Program, the SC should determine if a PUNS is appropriate to complete based on this manual.
- The individual's Waiver Capacity and budget transfers with the individual to the receiving AE.

When an individual's record is transferred between ODP and another program office (i.e., the Office of Long-Term Living)

- If there is an active PUNS for the individual when the electronic record is transferred to another program office, the electronic record is stored in HCSIS, but the County Program, AE, and SCO cannot see the PUNS because the entire electronic record has been transferred to the receiving program office. The record is transferred in HCSIS only.
- If the same record is required to be transferred from the other program office back to ODP, the PUNS record that had been stored in HCSIS is once again able to be seen by the County Program, AE, and SCO. The PUNS record must be reviewed and updated by the SC as soon as possible after the transfer is complete.

When an individual no longer receives ID/A services and the individual'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.

The PUNS Form

Individual Data

Demographic Information (the first section of the PUNS form requests demographic information) **Date of Meeting (paper form only):** This is the date of the meeting and date of conversation when the PUNS form is completed. This date will be captured in service notes.

Date Created: This is the date the electronic PUNS form was created in HCSIS. This information will automatically pre-populate on the HCSIS PUNS record.

Date Finalized: This is the date the electronic PUNS form was finalized in HCSIS. This information will automatically pre-populate on the HCSIS PUNS record.

First Name: The first name of the person requesting services. This information will automatically pre-populate on the HCSIS PUNS record.

Last Name: The last name of the person requesting services. This information will automatically pre-populate on the HCSIS PUNS record.

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 record.

Master Client Index (MCI): The MCI is a unique identifier used by the Department of Human Services (Department). It is a unique number assigned to a person when they register for services through the Medical Assistance Program. This information will automatically pre-populate on the HCSIS PUNS record.

County/Joinder/Administrative Entity: This is the name of the County Program/Joinder/AE where the person requesting supports is registered. This information will automatically prepopulate on the HCSIS PUNS record.

Birthdate: This is the date of birth of the person requesting services. This information will automatically pre-populate on the HCSIS PUNS record.

Date Mailed to the Family: This is the date when the HCSIS PUNS form was mailed to the person and family. The date the PUNS was mailed to the person and family should be written at the top of the finalized and printed HCSIS PUNS form before it is sent to the person and family. This date will be recorded in service notes for monitoring purposes. The HCSIS PUNS form must be mailed to the person and family within five working days of finalization of the HCSIS PUNS.

Reason for Update or Review

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

Newly Eligible: This option will be checked if the person has never had a completed PUNS form.

In a private Intermediate Care Facility (ICF) or state Intellectual Disability (ID) center: This option will be checked if the person is residing in a private intermediate care facility or state ID center.

Annual update (regardless of change in category or supports needed): This option will be checked when conducting an annual update of an active PUNS.

Change of category only (emergency, critical, planning): This option will be checked if the SC is revising the PUNS to reflect a change in the person's urgency of need and no change in services are needed. The change may be to a more urgent or less urgent category of need, depending on the person's circumstance.

Change of supports needed only (more or less) unchanged category: This option will be checked when the category of need remains the same (Emergency, Critical, or Planning) but the service needs change.

Change in category and supports needed: This option will be checked if the SC is revising the PUNS to reflect a change in both the person's urgency of need and a change in services needed or when updating an inactive PUNS for a person with a new unmet need.

No longer wishes to receive services or no longer eligible for services: This option will be checked when the person no longer wishes to receive services or is no longer eligible for services through the ID system (e.g. moved out of state or passed away).

Comes off waiting list – needs met by another program (e.g. Community HealthChoices (CHC), another waiver): This option will be checked when the person is no longer on the waiting list because needs have been met or their needs have been met by another program.

Participant Information

In this section, each person who participated in the process must be identified.

- For each person who participated in the completion of the PUNS, include:
 - ☑ The person’s name
 - ☑ The person’s role (individual, family member, SC, etc.)
 - ☑ The date of the meeting
 - ☑ Signatures are no longer required – the Supports Coordinator (SC) should complete a service note to document who participated in the process.
 - Signatures are not required.
 - ☑ The Supports Coordinator (SC) should complete a service note to document the collection of information.

Need Categorization

- **The SC must review and complete the entire form** with the person and family.
- For each item, mark “Yes” if the situation applies and “No” if the situation does not apply.
- After the initial PUNS form is finalized, all previous responses carry forward and pre-populate the new PUNS.

When considering all the statements under each category of need, please select all situations that apply. You may have more than one selection in each category.

Update: As of February 2026, the Emergency Need questions have been updated to more accurately capture individual circumstances. The Emergency PUNS Questions are

accompanied by “supplemental questions” that help Administrative Entities better understand an individual’s health and safety risks.

The “supplemental questions” do not appear in HCSIS or on the PUNS Form, the DP1055. Each AE will distribute the supplemental questions to Supports Coordinators.

“Emergency Need” Criteria

Person needs services immediately.

1. **There has been a death of a caregiver and/or a family crisis, and no long-term caregiver is available:** This category is appropriate for persons who are supported by family or another caregiver who are no longer able to provide care to the person because of physical health, emotional reasons, or death of a caregiver without another available caregiver, which place the person’s health and safety at risk.
2. **The primary caregiver has a serious health issue or is otherwise unavailable, and no alternate long-term caregiver is available:** This category applies when the primary caregiver has an illness or condition that has caused them to be unable to support the person at home and services are needed to protect the individual’s health and safety.
3. **Individual needs require immediate actions to prevent the need for residential supports:** This category applies when the person requires an available ODP service to prevent the need for residential services.
4. **Individual needs immediate support to prevent arrest, new or additional criminal charges and/or incarceration:** This category is appropriate if there is a risk to the person that they may be arrested or charged with a crime or if the individual is under court ordered probation or parole and requires additional services to avoid incarceration. Additionally, this category is appropriate for an individual who is currently incarcerated and requires support to facilitate re-entry to the community.

5. **Individual is living in a physical environment or setting that places the individual's immediate health and safety at risk:** This category is appropriate for individuals who are currently or at risk of becoming unhoused, living in a location that poses physical safety concerns such as unsafe heating sources, physical/structural issues, sanitation issues that present a risk to the individual's health and safety, repeated/unresolved pest issues, unsafe/inaccessible evacuation routes, issues with utilities such as water, electricity, and gas.
6. **Individual is in a living situation or arrangement that places the individual's immediate health and safety at risk:** This category is appropriate for individuals who are living independently and a change in their health or functioning has caused health and safety risks, if there is a domestic violence report or concern, if the individual's behavior poses a risk to their health and safety, if the individual is at risk due to a dangerous relationship with others in close proximity such as family members, a partner or neighbors, if there is illegal activity occurring in the living situation, or if the individual's health and safety needs are being neglected by caregivers.
7. **Individual needs immediate support to divert or transition from a nursing facility, state operated facility, or an acute care setting:** This category is appropriate if the individual requires diversion from a state hospital, state center or nursing facility for long term care. It is also appropriate for individuals who are transitioning out of a state hospital, state center, nursing facility or other institutional setting (use question 4 for jail/prison) into the community.
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:** This category is appropriate for individuals aging out of or no longer meeting medical necessity criteria for a Residential Treatment Facility (RTF), individuals aging out of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eligibility, an individual aging out of a residential school setting, an individual aging out of Children Youth and Family (CYF) services.
9. **The child with a medically complex condition needs supports or services to transition to the community or additional supports to remain in the community:** This category is

appropriate for children who are risk of being admitted to a private pediatric care facility or a child who is transitioning to the community from a hospital or pediatric care facility

10. Individual needs immediate support to obtain or maintain Competitive Integrated

Employment: This category is appropriate for individuals who require employment supports to obtain or maintain a job that meets the criteria of Competitive Integrated Employment (CIE). Employment does not include participation in licensed day programs. This category may apply to persons who want to regain employment after losing a job and could benefit from other employment service options. In addition, this category will be used if the person requires transportation to and from their place of employment.

“Critical Need” Criteria

Person requires services in the near future {within two years} but does not require services immediately.

- 1. Person has a caregiver who is age 60+ and will need supports within 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 services will be needed. The caregiver’s date of birth should be captured in HCSIS under Demographics.
- 2. Person has an ill caregiver who will be unable to continue providing care within the next two years.** This category is appropriate for persons who have a caregiver who is ill and will be unable to care for the person within the next two years. Ill is defined as the primary caregiver having a medically diagnosed condition that prevents the caregiver from fulfilling the care-giving role effectively.
- 3. Person has behavioral support needs or medical concerns or conditions that will warrant additional supports within the next two years:** This category is appropriate for persons

whose behavior and/or health is perceived by the family/caregiver(s) as becoming challenging and additional resources will be needed within the next two years.

4. **Person has personal or physical care needs that cannot be met by current family/caregivers, or the individual's health has deteriorated and supports will be needed in the next two years:** This category is appropriate for persons whose health or physical situation has progressed to a stage wherein the family/caregiver(s) will no longer be able to provide care to meet the health or physical needs of the person. This category is based on the physical, mental, or health status of the person, not the health or age of the caregiver.
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 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.
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, or deteriorating health of caregiver):** This category is appropriate when the household situation has changed and the family/caregiver(s) can no longer provide the same level of support to the person and services are needed within the next two years.
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 or the caregiver will require a move to an alternate setting (e.g., assisted living, etc.) because of health or safety reasons within the next two years.
8. **Person has graduated or left school in the past five years:** This category is appropriate for persons who have left school in the past five years and need services within the next two

years – which may be day or residential. If a “yes” is entered in this field, the graduation date should be captured in Demographics.

9. Person is graduating from high school within the next two years and will need supports:

This category is appropriate for persons who will graduate or will be leaving high school within the next two years and will have a need for something to do during the day. If a “yes” is entered in this field, the graduation date should be captured in Demographics.

10. Person has a single caregiver and will need supports within the next two years: This category applies to those persons who have a sole caregiver and will need services in the next two years.

11. There are two or more people in the home that require supports with their activities of daily living: This category applies when the family/caregiver is responsible for the activities of daily living for two or more people, including the person for whom this PUNS is being completed, in the home and it is clear that the person will require additional services within the next two years. This could include a family/caregiver providing care to an infant, toddler, or elderly family member, or another person with disability, in addition to the person for whom this PUNS is being completed.

12. Person moved from another county where they were receiving residential, day or in home supports (non-waiver funds only): This category would only apply to those persons receiving base-funded services. This is appropriate for persons who were receiving base funded services in the county in which they formerly resided but have now moved to another county and need to continue receiving the same base-funded services.

13. Person is receiving day supports that are inappropriate to meet their needs: This category applies to persons who are receiving day services that are not meeting their needs. For example, persons who could benefit from and choose to obtain competitive employment. This may also apply to persons who are in need of more intense day services than they are receiving (e.g., the person currently receives one day of service per week but requires five days of services to meet their needs).

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 a state in which they formerly resided but have now moved to Pennsylvania and need to continue receiving these services.
15. **The County Program or AE 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):** This category is appropriate for persons who are in a living situation that the team determines is no longer the best choice to meet the needs of the person and the County Program or AE plans to move the person to a new home within the next two years.
16. **Person is losing eligibility for Children & Youth (C&Y) supports within the next two years.** This category is appropriate for persons who are currently receiving services from the C&Y system, but for whom eligibility will be terminating within the next two years due to the person's age.
17. **Person is losing eligibility for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/Behavioral Health and Rehabilitation Services (BHRS):** This category is appropriate for persons who currently are receiving services (medical or behavioral) through the Medical Assistance Program EPSDT, but for whom this eligibility will be terminating within the next two years due to the person's age. The type of support the person currently receives (medical or behavioral) should be reflected in Existing Supports and Services as non-ODP Supports.
18. **Person is losing eligibility for Omnibus Budget Reconciliation Act (OBRA)/Nursing Home supports within the next two years:** This category is appropriate for persons who are currently receiving supports in a nursing home or through OBRA, but whose eligibility will terminate within the next two years, generally due to a change in level of care needs.
19. **Person receives services and supports for behavioral or medical diagnoses during most of the day or at a very high level:** This category would apply to persons that have a behavioral or medical condition/syndrome or diagnosis that requires a significant amount

of behavioral or medical services during most of the day or at a very high level, and it is clear that the person will require additional services within the next two years.

20. **Person is losing eligibility for residential treatment facility services within the next two years:** This category applies to persons who are losing eligibility for Residential Treatment Facility (RTF) services within the next two years 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 applies to persons who will be losing eligibility for the residential supports received in a private school within the next two years due to their 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 will need services upon release.
23. **Person will need support to stay in their own home or family home within the next two years:** This category is appropriate for persons living on their own or living with family, who, in order to continue the current living situation, will require additional services within the next two years.
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):** This category is appropriate when a person has been determined to be ready for discharge within the next two years from one of the facility types listed above. The identification for discharge could come from the ISP team or from the facility in which the person resides.

“Planning for Need” Criteria

Person’s need for support is more than two years away but less than five years away.

- 1. Caregiver is or will be 60+ years of age and will need supports in the next 2-5 years:** This category should be utilized when the person has a caregiver who is or will be 60+ and is clearly progressing toward being unable to provide care for any reason. If a “yes” is entered in this field, the caregiver’s date of birth should be captured in Contact Details.
- 2. Person lives in a large residential or group setting, and person/family has expressed a desire to move, or the County Program or AE plans to move the person:** This category is appropriate for persons living in a large residential or group setting and the person or family wishes to move the person to another (perhaps smaller) setting or the County Program or AE plans to move the person within the next 2-5 years.
- 3. Known need for supports more than two years away:** This category is appropriate when the person or caregiver has expressed a need for a new service, but the need is more than two years away. For example, the person is receiving day services, but it is anticipated that they will need residential services in the next 2-5 years. If “yes” was entered for a known need, please enter the specific service. The anticipated date of need for the new services is required.
- 4. Person or family/caregiver will need increased supports in the next 2-5 years:** This category is appropriate when the person or caregiver has expressed a need for increased services, but there is not an emergency or critical need for these services at the time of PUNS completion. Please enter the anticipated date of need for the services.

For example, the person is currently receiving one day a week of day program services but anticipates needing five days a week in the next 2-5 years.
- 5. Person is losing eligibility for Children & Youth (C&Y) supports within the next 2-5 years:** This category is appropriate for persons who are currently receiving services from the C&Y system, but for whom eligibility will be terminated within the next 2-5 years due to the

person's age. Please enter the anticipated date of need for services in the mandatory date field.

6. **Person is losing eligibility for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/Behavioral Health and Rehabilitation Services (BHRS) or other mental health/behavioral supports (including therapeutic foster care) within 2-5 years:** This category is appropriate for persons who currently are receiving services through the Medical Assistance Program EPSDT, but for whom this eligibility will be terminating within the next the next 2-5 years due to the person's age or level of care determination. Please enter the anticipated date of need for services in the mandatory date field.
7. **Person is losing eligibility for residential treatment facility services within the next 2-5 years:** This category would generally apply to persons who are losing eligibility for RTF services in the next 2-5 years due to their age. Please enter the anticipated date of need for services in the mandatory date field.
8. **Person is losing eligibility for residential supports provided in an approved private school placement within 2-5 years:** This category applies to persons who will be losing eligibility for residential supports received in a private school due to age. Please enter the anticipated date of need for services in the mandatory date field.
9. **Person will be graduating from high school in the next 2-5 years":** This category is used where the person will be graduating from high school or leaving high school in the next 25 years. Please enter the anticipated date of need for services in the mandatory date field.
10. **Person lives in a residential setting that is more restrictive than what is required to meet the person's needs:** This category is appropriate where the person and the team have made the decision that the person would benefit from a less restrictive residential habilitation setting but does not need to move right away. For example, the person currently lives in a community home and would benefit from and prefer living in his/her own home or in a family living home.

Existing Supports and Services

This section is used to document each existing non-ODP support and ODP funded services that the person is currently receiving. Current supports and services should be best matched with the list below where appropriate. Non-ODP funded supports include generic community supports, natural supports, and other unpaid supports and supports paid for through private pay or another system (e.g., behavioral health, etc.).

In HCSIS, this is done by checking “Yes” or “No” as appropriate. All questions pre-populate with “No” and need to be changed to “Yes” if “Yes” is the appropriate response.

Individual Supports:

- 1. Respite Supports 24 Hour**
- 2. Respite Supports (<24 Hour)**
- 3. Occupational Therapy**
- 4. Physical Therapy**
- 5. Communication Supports**
- 6. Other Therapies**
- 7. Education**
- 8. Post-Secondary/Adult Education**
- 9. In-Home and Community Supports, Companion or Specialized Skills Development**
- 10. Assistive Technology**
- 11. Homemaker/Chore Supports**
- 12. Environmental Accessibility (e.g. adaptations to home or vehicle)**
- 13. Other Individual Supports**

Transportation:

- 14. Transportation (including trip/mileage reimbursement, paratransit, etc.)**

Employment and Day Supports:

- 15. Senior Supports**

- 16. Supported Employment (career assessment, job coaching, etc.)**
- 17. Community Participation Supports**
- 18. Adult Day Supports**
- 19. Other Day Supports (e.g. volunteering, community experience)**

Residential Supports:

- 20. Family Living/Life Sharing**
- 21. Foster Care (Children Only)**
- 22. Individual Home Owned/Leased by the person with <24-hour staff**
- 23. Individual Home Owned/Leased by the person with 24-hour staff**
- 24. Agency Group Home or Apartment <24-hour staff**
- 25. Agency Group Home or Apartment 24-hour staff**
- 26. Nursing Home**
- 27. Other Institution with >15 People**
- 28. State Center**
- 29. Private ICF**
- 30. Domiciliary Care/Personal Care Boarding Home**
- 31. Assisted Living**
- 32. Transitional Housing/Respite**
- 33. Other Residential/Housing Supports**

Supports Needed

This section should **ONLY** capture unmet needs, so please only select “yes” for those descriptions that describe needed services that are not currently provided, either a new unmet need or an enhanced level of need.

The SC must explain and have a conversation with the person and family regarding each description listed to ensure that all unmet needs are accurately captured on the form.

- Only services that can be funded through the ODP service system should be checked. Funding for these services includes both waiver and base funding.
- The current Waivers and the ISP Manual should be used to discuss ODP funded services that would best meet the needs of the person and family.
- In each category, enter the date of the first request for the service. If more than one service is requested in a category of need, use the earliest date of request for any service in that category.
- In HCSIS, all questions pre-populate with “No” and need to be changed to “Yes” if “Yes” is the appropriate answer.
- After the initial PUNS is finalized, all responses carry forward and appear on the new revised PUNS.

Individual Supports (Date of first request in this category): Enter the date of the first request for services. If more than one service is requested in a category, use the earliest date of request for any service in the category. If the initial need is satisfied, replace the oldest date with the next earliest date of request for the category. If the exact date is unknown, estimate the date of request.

Individual Supports include: Respite, Physical Therapy, Other Therapies, Communication Services, Post-Secondary/Adult Education, Home and Community Supports, Assistive Technology,

Environmental Accessibility (home or vehicle adaptations), Behavioral Supports, Medical Supports, and Other Individual Supports.

- 1. Person needs support overnight for a few hours to provide a break for the caregiver.**
- 2. Person needs support for a few hours during the day to provide a break for the caregiver.**
- 3. Person needs behavioral support or service.**
- 4. Person needs physical therapy to help them increase or maintain their ability to move.**
- 5. Person needs support with difficulty communicating.**
- 6. Person needs other therapies (e.g. visual/mobility, occupational, music).**
- 7. Person needs support with education beyond high school.**
- 8. Person needs support to learn or maintain skills and to take part in activities at home or in the community.**
- 9. Person needs an object/device to help them communicate, self-direct, and/or build adaptive capabilities (e.g. assistive technology, adaptive equipment).**
- 10. Person needs support with medical needs not covered by insurance (certified nursing assistance or nurse).**
- 11. Person needs modifications to their home or vehicle to access them or for safety and/or independence.**
- 12. Person needs other individual supports not listed above.**

Transportation (Date of first request in this category): Enter the date of the first request for services. If more than one service is requested in a category, use the earliest date of request for any service in the category. If the initial need is satisfied, replace the oldest date with the next earliest date of request for the category. If the exact date is unknown, estimate the date of request.

Transportation includes ongoing and periodic: trip, mileage reimbursement, paratransit, public transportation, etc.

- 1. Person needs transportation on a daily or almost daily basis.**
- 2. Person needs transportation every few days or less often.**

Employment or Day Supports (Date of the first request in this category): Enter the date of the first request for services. If more than one service is requested in a category, use the earliest date of request for any service in the category. If the initial need is satisfied, replace the oldest date with the next earliest date of request for the category. If the exact date is unknown, estimate the date of request.

Employment or Day Supports include: Community Supports, Supported Employment, Job Preparation Supports, and Senior Supports.

- 1. Person needs support upon retirement or in planning their retirement.**
- 2. Person needs support finding or keeping a job.**
- 3. 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).**
- 4. Person needs support to participate in community activities, including volunteering.**

Residential Supports (Date of the first request in this category): Enter the date of the first request for services. If more than one service is requested in a category, use the earliest date of request for any service in the category. If the initial need is satisfied, replace the oldest date with the next earliest date of request for the category. If the exact date is unknown, estimate the date of request.

Residential Supports include: Life Sharing, Agency Group Home or Apartment, Supported Living, Housing Transition and Tenancy Sustaining and other residential/housing supports.

- 1. Person needs support that would be best provided by living in another family home with a family trained to provide support (Life Sharing).**
- 2. Person needs constant support living in a home or apartment an agency owns and operates, with vocational supports.**
- 3. Person needs support living in a home that they own.**
- 4. Person needs occasional support living in a home or apartment an agency owns and operates.**

5. **Person needs constant support living in a home or apartment an agency owns or operates, without vocational supports.**
6. **Person needs other housing or residential supports.**

Resources and Important Websites

- **Department of Human Services' website** contains an ODP section that outlines the different Bureaus within the state agency relevant to providing supports to individuals. Links to policy and program-related resources are included. This site does not require registration: [The Department of Human Services \(DHS\) Website](#)

- **Home and Community Services Information System (HCSIS)** is the web-based system that houses information related to individuals, providers, services, and Individual Support Plans (ISPs): [The Home and Community Services Information System \(HCSIS\) Website](#)

- **Learning Management System (LMS)** is an additional online learning center that contains information specific to SCOs' work with HCSIS. Registration is required for this site and is initiated by sending a request to the HCSIS Help Desk. Please see the LMS Registrar Job Aid for more detailed information, located under LMS Support.

LMS login is different from the one used for HCSIS. Within LMS, there is a Job Aid for PUNS that details the HCSIS screens and documentation requirements: [Home and Community Services \(LMS\) Login](#)

- **MyODP Training and Resource Center** is the home for ODP's training, communications, and informational resources: [The Office of Developmental Programs \(ODP\) Training and Resource Center](#)

- **The PA Family Network** services are achieved by providing family workshops, networking opportunities, and individual mentoring sessions throughout the Commonwealth, led by trained Family Advisors, all of whom have family members with disabilities. Services are available everywhere in Pennsylvania: [The PA Family Network Website](#)

Glossary

Administrative Entity (AE) – A county/joinder or non-governmental entity that enters into and maintains a signed current agreement with the Department to perform administrative functions delegated by the Department, as the Department’s designee, in compliance with the Department’s approved Consolidated, Community Living, and P/FDS Waivers, written policies and procedures and departmental decisions.

Bureau of Hearings and Appeals (BHA) – The Bureau of Hearings and Appeals is the Departmental entity charged with conducting administrative hearings and timely adjudicating appeals filed in accordance with State and Federal regulations.

Centers for Medicare and Medicaid Services (CMS) – The agency in the Federal Department of Health and Human Services responsible for Federal administration of the Medicaid, Medicare, and State Children’s Health Insurance programs.

County Program – A County Program is a Mental Health/Intellectual Disabilities (MH/ID) program established by a county or two or more counties acting in concert and includes a complex array of services providing a continuum of care in the community for people with intellectual disabilities.

Department – The Department refers to the Pennsylvania Department of Human Services, ODP, except where some other subdivision is referenced.

Financial Eligibility - A determination made by the County Assistance Office (CAO) that an individual meets the income and resource requirements necessary to qualify for Medical Assistance (MA/Medicaid), including eligibility related to waiver enrollment. Administrative Entities (AEs) do not determine financial eligibility. All MA applications and eligibility determinations must be submitted to and completed by the CAO.

Immediate Need – Defined as meeting at least one of the following criteria:

1. A need that exists currently or is anticipated within the next six months.
2. A risk to the individual's health or safety that requires immediate attention.
3. A situation that is imminent or unavoidable and will impact the individual's need for new or modified services.

Health and Safety – Health and Safety relates to the assurances outlined in 42 CFR 441.302, the approved Waivers, and applicable Pennsylvania Laws.

Home and Community Services Information System (HCSIS) – A web-enabled information system serving the Department Program Offices that supports Medicaid Waivers.

Individual Support Plan (ISP) – The plan for each individual supported by ODP developed with the individual and the individual's team. The team includes the Individual and Supports Coordinator, and may also include family members, surrogates, advocates, providers of services, and others the Individual chooses. The ISP must include, at a minimum, the estimated duration and frequency of each Waiver-eligible service and the provider to furnish each service necessary to meet the assessed needs of the individual.

Office of Developmental Programs (ODP) – A Pennsylvania state program office within the Department that sets policy, provides funds, and administers services for individuals with Intellectual Disabilities or Autism. **Participant or Waiver Participant** – An individual determined

to meet eligibility criteria for Intellectual Disability or Autism who is enrolled in either the Consolidated, Community Living, or P/FDS Waiver.

Prioritization of Urgency of Need for Services (PUNS) – Identifies the types of services the individual is currently receiving and services and supports that are needed. Services and supports received can include ODP funded services and supports available in the community. The PUNS also indicates the urgency of need for services.

Quality Assessment and Improvement Process (QA&I) – ODPs Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of County Programs, AEs, SCOs, and Providers delivering services individuals with intellectual disabilities and autism.

Reserve Capacity Status – Once a Waiver Participant requires hospitalization or rehabilitation care for more than 30 consecutive days, the Participant will no longer meet the requirement of receiving at least one Waiver service each calendar month. The Waiver for this Participant can be reserved up to six months if the Participant is expected to return to community services.

Supports Coordinator (SC) – An employee of a SCO with the primary responsibilities of locating, coordinating, and monitoring needed services and supports for Waiver Participants.

Supports Coordination Organization (SCO) – A type of Waiver, Targeted Support Management (TSM), or Base-Funding Supports Coordination provider with the primary responsibilities of locating, coordinating, and monitoring needed services and supports for Waiver, TSM, or Base Funded Participants.

Waivers – The current, approved Consolidated, Community Living, and Person/Family Directed Support Waivers.