

**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: \_\_\_/\_\_\_/\_\_\_\_\_

Date mailed to the family: \_\_\_/\_\_\_/\_\_\_\_\_

**Reason for update or review:**

\_\_\_ New

\_\_\_ Moved to another county

\_\_\_ Comes off waiting list—all needs met

\_\_\_ Moved to another state

\_\_\_ Change of category (emergency, critical, planning)

\_\_\_ Discharged from the county program (person withdraws or is no longer interested in receiving services)

\_\_\_ Change of supports needed (more or less) – unchanged category

\_\_\_ Died

\_\_\_ Annual update (no change in supports needed)

**Participant Information:**

**(Signature may be found on original document)**

Name	Role	Date	Signature

**Pennsylvania’s Pre-Planning Assessment**

**Prioritization of Urgency of Need for Services (PUNS)**

**For the following items, indicate the reason for need by answering yes or no for all questions**

<b>Emergency Need (Person needs out-of-home supports immediately)</b>		<b>Yes/No</b>
1	Family/caregiver no longer able to provide care placing the individual's health and/or safety at risk	
2	Death of a caregiver with no other supports available	
3	Person has been committed by the court or is at risk of incarceration without supports (could be to a state center, group home or other residential situation)	
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.})	
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	

<b>Emergency Need (Person needs in-home supports, day supports or other supports immediately)</b>		<b>Yes/No</b>
6	Family/care giver needs immediate support to keep their family member at home (short term – for 90 days or fewer)	
7	Family/caregiver needs immediate support to keep their family member at home (long term)	
8	Individual needs immediate support to stay in their own home/family home (short term – for 90 days or fewer)	
9	Individual needs immediate support to stay in their own home/family home (long term)	
10	Individual needs immediate support to maintain his/her employment situation, obtain follow along supported employment or achieve a post-school employment outcome	

<b>Critical Need (Person needs support within two years)</b>		<b>Yes/No</b>
1	Person has a caregiver age 60+ and will need supports within the next two years	
2	Person has an ill caregiver who will be unable to continue providing care within the next two years	
3	Person has behavior(s) that will warrant additional supports within the next two years	
4	Individual personal or physical care needs cannot be met by current family/caregivers or the person's health has deteriorated and supports will be needed within the next two years	
5	There has been a death or other family crisis (e.g. illness, divorce), requiring additional supports within the next two years	
6	Person has a caregiver who would be unable to work if supports are not provided	
7	Person or caregiver will need an alternative living arrangement within the next two years	
8	Person has graduated or left school in the past 5 years	
9	Person is graduating from high school within the next two years and will need in-home, day or other supports	
10	Person is graduating from high school within the next two years and will need an alternative place to live	
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	
12	Person moved from another county where they were receiving residential, day or in-home supports (non-waiver funds only)	
13	Person is receiving day supports that are inappropriate to meet their needs	

<b>Critical Need</b> (Person needs support within two years)		<b>Yes/No</b>
14	Person moved from another state where they were receiving residential, day or in-home supports	
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)	
16	Person is losing eligibility for DHS/C&Y supports within the next two years	
17	Person is losing eligibility for EPSDT/BHRS supports within the next two years	
18	Person is losing eligibility for OBRA/Nursing home supports 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	
20	Person is losing eligibility for residential treatment facility within the next two years	
21	Person is losing eligibility for residential supports received in an approved private school within the next two years	
22	Person is leaving jail, prison or other criminal justice setting within the next two years	
23	Individual will need support to stay in his/her own home/family home within the next two years	
24	Person has been identified as ready for discharge within the next two years (from a state hospital, nursing home or other residential setting)	

<b>Planning for Need</b> (Person's need for service is more than two years away but less than five years away)		<b>Yes/No</b>
1	Family/caregiver is or will be 60+ years of age and will need supports in the next 2-5 years	
2	Person lives in a large setting, and person/family has expressed a desire to move (or the county/administrative entity plans to move the person)	
3	Known need for supports more than two years away. Specify: _____ Enter Date Needed: (MM/DD/YYYY):_/_/_/____	
4	Person or family/caregiver will need increased supports in the next 2-5 years.	
5	Person is losing eligibility for C&Y/DHS supports within 2-5 years. Enter Date Needed: (MM/DD/YYYY):_/_/_/____	
6	Person is losing eligibility for EPSDT/BHRS support (including therapeutic foster care) within 2-5 years. Enter Date Needed: (MM/DD/YYYY):_/_/_/____	
7	Person is losing eligibility for residential treatment facility supports within 2-5 years. Enter Date Needed: (MM/DD/YYYY):_/_/_/____	
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):_/_/_/____	
9	Person will be graduating from high school in the next 2-5 years. Enter Date Needed: (MM/DD/YYYY):_/_/_/____	
10	Person lives in a residential setting that is more restrictive than what is needed.	

**Existing Supports and Services**

Answer Yes/No for supports that are currently in place, including both MR or Non-MR supports (Non-MR supports include education and generic).

<b>Individual Supports</b>	<b>MR Supports</b>	<b>Non MR Supports</b>
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		

<b>Transportation</b>	<b>MR Supports</b>	<b>Non MR Supports</b>
Transportation (including trip/mileage reimbursement, para-transit, etc.)		

<b>Vocational Supports</b>	<b>MR Supports</b>	<b>Non MR Supports</b>
Senior supports		
Community employment (Supported, etc.)		
Pre-Vocational Supports		
Adult Day Supports		
Other day supports (e.g. volunteering, community experience)		

<b>Residential Supports</b>	<b>MR Supports</b>	<b>Non MR Supports</b>
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 24 hour staff		
Nursing home		
Other institution with >15 people		
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 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)         /         /                  
M M D D Y Y Y Y

	<b>Support Needed</b>
Respite supports (24 hour)	
Respite supports (<24 hour)	
Occupational therapy	
Physical therapy	
Speech therapy	
Other therapies	
Post secondary/adult education	
Habilitation	
Assistive technology	
Homemaker/chore supports	
Environmental accessibility (e.g. adaptations to home or vehicle)	
Other individual supports	

**Transportation** (Date of first request in this category)         /         /                  
M M D D Y Y Y Y

	<b>Support Needed</b>
Transportation (including trip/mileage reimbursement, para-transit, etc.)	
Other transportation Supports	

**Vocational Supports** (Date of first request in this category)         /         /                  
M M D D Y Y Y Y

	<b>Support Needed</b>
Senior supports	
Community employment (supported, etc.)	
Pre-Vocational Supports	
Adult Day Supports	
Other day supports (e.g. volunteering, community experience)	

**Residential Supports** (Date of first request in this category)         /         /                  
M M D D Y Y Y Y

	<b>Support Needed</b>
Family living/life sharing	
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 24 hour staff	
Other residential/housing supports	