

PUNS FORM COMPLETION MANUAL

*Reporting of Prioritization of Urgency of Need for Services (PUNS)
for Persons with Developmental Disabilities*



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PUNS FORM COMPLETION MANUAL

PURPOSE

The purpose of this manual is to provide directions for completing the Illinois “Prioritization of Urgency of Need for Services” form (hereafter referred to as the **PUNS** form). This form has been designed to help the State of Illinois identify the urgency of need for services by gathering information from persons with developmental disabilities who have requested services from the state Department of Human Services’ Division of Developmental Disabilities through the PAS/ISC agencies. This information will allow the State to categorize needs for developmental disabilities services within a framework that encompasses three levels of urgency of need:

- < **Emergency Need** - immediate support needed (in-home, day, or out-of-home)
- < **Critical Need** - supports needed within one year
- < **Planning for Need** - support need is 1-5 years away, or care giver is age 60 or older

Although these need criteria are basically self-explanatory, there are nuances in their interpretation. The PUNS Form Completion Manual provides descriptions for each criterion, even those that on the surface appear ‘perfectly clear’. The information collected will enhance the State’s efforts in strategic planning, budget development, and authorization for services and supports. Once an individual is authorized for services, the PUNS form should be used as one source of information when working with the individual and his/her family and guardian to develop the participant-centered plan.

QUESTIONS AND PROBLEMS

User feedback is very important. If any criteria, data entry field or explanation is not clear or if users have questions about what should be reported, they may contact John Knight, Planning Section Manager, or Bob Holladay, Program Development Section Manager, at the Division of Developmental Disabilities’ Bureau of Program Development and Medicaid Administration in Springfield at 217-785-7160 for clarification.

PAS/ISC AGENCY RESPONSIBILITIES

Educating

Among its roles outlined in the DD Procedures Manual, the PAS/ISC agency is to educate individuals of all ages and families that present themselves by informing them of and explaining all the services and support options available. By doing so during the screening process, the PAS/ISC agency ensures that all individuals and families make informed decisions about their immediate and future need for services or supports. This educational role is particularly important when individuals or families do not initially foresee a need for services or supports within the next five years or the care giver is still under age 60.

If after fully exploring the service and support options, the individual and family state that their need for any services or supports is more than five years away, a PUNS form should NOT be completed. The PAS/ISC agency is to instruct individuals and families that as soon as the need for services or supports is anticipated, they should contact the PAS/ISC agency immediately to complete a PUNS form.

Screening

The PAS/ISC agency is to use the guidelines put forward in the Level I screening process to ensure there is a reasonable basis to believe the person has a developmental disability. A reasonable basis would include that the person has mental retardation (with onset before age 18), cerebral palsy (before 22), epilepsy (before 22), one of the Pervasive Developmental Disorders (PDD) (before 22), or other conditions, such as Autism Spectrum Disorders, that fall within the Related Condition category¹.

The PAS/ISC agency is not expected to routinely complete a Level II Pre-Admission Assessment for all individuals who request enrollment in PUNS. However, if the PAS/ISC agency finds it is necessary to proceed with a Level II Pre-Admission Assessment before enrolling certain individuals in PUNS, then the screening must be treated as a full Level II Assessment and the individual/guardian must be informed of the results. If the Level II Assessment determines an individual would not be eligible for

¹ All conditions diagnosed within the class of Pervasive Developmental Disorders (PDD) in the APA Diagnostic and Statistics Manual are conditions which may be a developmental disability under the "Related Condition" definition in 42 Code of Federal Regulations Chapter IV, Section 435.1009 and for which guidance is provided in Chapter 500 of the Procedures Manual for Developmental Disabilities PAS agencies. PDD conditions are: Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified. To qualify as a Related Condition, the PAS agency must determine that all four Related Condition requirements apply: (1) closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to mentally retarded persons and requires treatment or services similar to those required for these persons; (2) manifested before age 22; (3) likely to continue indefinitely; and (4) results in substantial functional limitations in three or more of the following areas: self-care, language, learning, mobility, self-direction, and/or capacity for independent living. (See the Procedures Manual, Chapter 500 4-15-02 or its successor versions for more detail.)

services, the individual must be informed about his/her appeal rights and should be referred to alternative services, if appropriate (e.g., aging, mental health, etc.).

Completing the PUNS form/screens

The completion of the PUNS form is to occur when the person first contacts the PAS/ISC agency, at anytime the individual's needs change **significantly** after enrolling in PUNS, and annually to make sure the individual's urgency of need information is current. The PUNS form and database entry must be updated when an individual's needs are met (i.e, fully served) or when an individual withdraws.

Whenever the form is completed, it should be completed as a result of a conversation between the individual, his/her guardian(s), and PAS/ISC agency staff. Other individuals, as stipulated by the person with the developmental disability and/or guardian such as a primary care giver, may also be involved. The PUNS form should be completed in its entirety and anyone who participates in completing the PUNS form should sign the form.

A face-to-face interview with all the principals present is required for completing the **initial** PUNS form. The PUNS form should **never** be sent to an individual for him/her to fill out, or to a guardian, care giver, or family member, for that purpose.

PAS/ISC agency staff should remind those involved in completing the PUNS form with the individual (e.g., parents, care giver(s), and/or guardians) that it is important to bring all relevant and supporting documentation of the individual's medical condition and living situation to the interview. This information will help to ensure that the person's urgency of need for services and supports is determined accurately.

Special Form Completion Circumstances

- < Out of State Guardian/Family: For individuals whose guardian/family lives out of state or outside the PAS/ISC agency's assigned geographic area, schedule completion of the PUNS form when the guardian/family visits the individual. If no visit is likely to occur before a PUNS form is necessary, complete the PUNS form with the individual with developmental disabilities with the participation of the guardian/family by telephone.
- < DCFS Wards: For individuals who are wards of the Illinois Department of Children and Family Services (DCFS), schedule completion of the PUNS form at the same time the DCFS representative schedules his/her required visit with the individual/child or work with the DCFS representative to schedule his/her visit at the same time the PAS/ISC agency completes the PUNS form if it can be arranged in a timely fashion.

- < Office of State Guardian Wards: For individuals who are wards of the Office of State Guardian, schedule completion of the PUNS form to coincide with scheduled visits by the OSG representative or work with the OSG representative to schedule his/her visit at the same time the PAS/ISC agency completes the PUNS form if it can be arranged and is timely. If a coordinated face-to-face interview cannot be arranged in a timely fashion, the OSG representative may participate by telephone. A copy of the completed PUNS form can then be mailed to the OSG representative for confirmation and signature.

Maintaining Local Records

Copies of all completed PUNS forms (initial, changes, annual updates) are to be maintained by the PAS/ISC agency in the consumer's file.

Whenever a PUNS form is completed or updated, the PAS/ISC service coordinator is to give a copy of the signed PUNS form to the individual and any other person who signed the PUNS form (i.e., guardian, primary care givers, etc.) for their information and records. Exception: If a guardian or primary care giver who lives with the individual specifically requests not to receive a separate copy of the PUNS form, the PAS/ISC service coordinator should note that request on the agency's copy of the PUNS form.

Consumer Assurances

The PAS/ISC agency must ensure that people with developmental disabilities and their guardians/care givers understand that completion of the PUNS form and the inclusion of the information in the IDHS database assumes neither eligibility for services nor guarantees the receipt of services by the individual.

The information collected by the PUNS forms is confidential. The individual, guardian, care giver, and/or family member are to be advised of the form's confidentiality and that person-specific information or other personally-identifying data will not be released.

Note: Summary data will be made available via the Department of Human Services' (IDHS) website and upon request. These data will be aggregated and will not disclose information that could be tied to a specific individual.

UPDATING PUNS FORMS

The PAS/ISC agency is responsible for updating PUNS records at least annually or whenever an individual's needs change significantly after PUNS enrollment. Significant change means any change that requires different, additional or fewer resources from those currently recorded in the PUNS database. Updating PUNS records is important to ensuring that urgency of need assessments are current for all individuals enrolled in PUNS. PAS/ISC agency staff should remind all persons involved in updating the PUNS form to bring documentation of the individual's medical condition and living situation to the interview and remember to give everyone who signed the updated PUNS form a copy of the signed form.

Annual Updates

The PAS/ISC agency is required to update PUNS records at least annually. Failure to update the PUNS form annually will result in the individual's information being deleted from the database.

The PAS/ISC agency will be notified at least 90 days before the date that the annual update is due for all PUNS-enrolled individuals it serves. At the end of each month, the IDHS Community Reporting System will generate a listing at the PAS/ISC agency that will identify the consumers whose annual update is due in the next 90-120 days. The names on the listing will be based on the date entered in the "Date Form Completed and Signed by All Parties" on the most recent PUNS form recorded in the database. Letters will also be generated simultaneously to the consumer and guardian of record to alert them to prepare for the annual update of the PUNS record.

These notifications are intended to assist the individuals, guardians, and PAS/ISC providers; however, the annual update requirement is the responsibility of the individual, guardian, and PAS/ISC provider. Should any party not receive notification, the automatic removal of information from the PUNS database will still occur.

When practical and if applicable, the PAS/ISC agency should coordinate the completion of annual updates with the service provider's annual face-to-face review of the consumer's current service plan or regularly scheduled visits by DCFS or OSG representatives. When no changes are to be reported, PAS/ISC agency staff are to check the Annual Update box, complete the form by marking the same items as the previous PUNS Form, and send a copy of the "Annual Update" PUNS Form to the consumer/guardian.

Note: At the time of this writing, the Department is still establishing these automated notifications, which will be phased in during 2006. Automatic removal of information will not be start until the automatic notification procedures are in place.

Changes

PAS/ISC agencies are required to update PUNS records whenever an individual's needs change significantly from what was reported by the previous PUNS form. Significant change means any change that required different, additional or fewer resources, including now fully served, from those currently recorded in the PUNS database. This can be whether the previous PUNS form was an initial one, an annual update or one that also reported a previous significant change. The PAS/ISC agency should complete an update as within 30 days of becoming aware of the change in the individual's situation. For individuals whose needs are fully met and not requesting supports in the next five (5) years, check the "Person is fully served..." box on the PUNS form. Like other PUNS forms, it should be completed in its entirety and anyone who participates in completing the PUNS form should sign it.

FOR WHOM TO COMPLETE A PUNS FORM

Children and adults of all ages within the PAS/ISC agency service area for whom there is a reasonable basis to believe that they have a developmental disability and who are:

- < currently seeking new, additional, or significantly different services provided through the developmental disabilities system;
- < registered with the PAS/ISC agency, currently not receiving services and have a care giver age 60 or older; or
- < projecting a need for service within the next five years.

Note: This is not a database for Early Intervention (EI) services. Children receiving or seeking EI services should have a PUNS form completed only if (1) they need a DD service not available through EI that is funded by the IDHS Division of Developmental Disabilities, such as respite, or (2) they anticipate the need for DD services after leaving the EI program.

Note: Print screens of the PUNS forms or screen prints must be included in the Service Application and CILA Rate Request packet submitted to the IDHS Division of Developmental Disabilities.

FOR WHOM *NOT* TO COMPLETE A PUNS FORM

Individuals:

- < for whom there is not a reasonable basis to believe the presence of a developmental disability;
- < not expecting to seek services funded through the DD service system within the next five years, even though they might request services at some time after that;
- < already receiving services funded through the DD service system, are not seeking new, additional, or different services, and therefore, are considered “fully served”;
- < already receiving services funded through the DD service system and are seeking a different provider(s) also funded through the DD service system with no change in the type of services or supports they receive. For example, an individual wishing to move from one CILA provider to another, or from one respite provider to another; or
- < remaining in the same program and whose Individual Service Plan is adjusting to meet their changing needs for particular services, but without a need to modify their funding resources.

HOW TO COMPLETE PUNS FORMS

Individual Data. This section collects the reason for completing the form and the name of the individual requiring services and of the service coordinator, care giver, provider, guardian, etc. Please do not leave blank field. If information is not applicable to the individual or is unknown, indicate this by entering NA or UNK as applicable.

- 1. Date Form Completed and Signed by All Parties** Enter the eight-digit (8) date (Month/Day/Year) that this occurs. This entry is important because it is used to trigger the 30-day notice to PAS/ISC agencies that the annual update is due.
- 2. Person's name** - Enter the first name, middle initial, and last name of the person requesting services.
- 3. Social Security Number** - Enter the social security number of the person with developmental disabilities. Please be sure it is entered correctly as the number will be used for tracking purposes over time.
- 4. Reason for PUNS or PUNS Update** - Check one and only one reason for completing the form.
- 5. Be sure to read the paragraph regarding confidentiality and eligibility to the individual and/or his/her family.**
- 6. Signatures** - The name of the service coordinator, individual, family member and/or guardian should be printed legibly and their signatures obtained.
- 7. Primary Care Giver** - Enter the name, date of birth and address of the family member with whom the person with developmental disabilities is living and who serves as the primary care giver. If there is not a primary care giver or if the person is in a residential placement, enter "NA." Paid staff members are not primary care givers for the purposes of this question.
- 8. Secondary Care Giver** - Enter the date of birth of the family member with whom the person with developmental disabilities is living and who serves as the secondary care giver. This would be the case, for example, for someone living with both parents and one parent is the primary care giver and the other is the secondary care giver. If there is not a secondary care giver or if the person is in a residential placement, enter "NA." Paid staff members are not secondary care givers for the purposes of this question.
- 9. Date of Graduation** - Enter the actual graduation date of the person with the developmental disability if that person graduated from high school in the past five years, or enter the projected graduation date if that person is still in school.

Demographic and Clinical Information

The data fields needed to complete Pages 2 and 3 of the PUNS form are taken directly from the IDHS Reporting of Client Services (ROCS) screens. These screens contain demographic and clinical information. If the data have been previously entered through the ROCS system by the PAS/ISC agencies, and if it is still current and accurate, it need not be reentered. Service coordinators should make sure that the client data displayed in the ROCS System are current at the time of the interview. They should refer to the ROCS System manual (pages 18-24) for field descriptions which are also contained in Appendix-2 of this manual. The ROCS System manual is also available on-line through the IDHS web site at <http://www.dhs.state.il.us/mhdd/mh/repCommServices/>

Urgency of Need Assessment. This section collects information, through a series of questions, that will assist the State in accessing each individual situation as well as in developing aggregate data regarding unmet need throughout the State.

An individual may meet several criteria within a category as well as among the categories. PAS/ISC agency staff is to check all situations that apply to the person with the developmental disability and his/her care givers. Note: the PAS/ISC agency should make sure the individual and family understand that checking multiple categories does not enhance the person's likelihood of receiving supports.

“EMERGENCY NEED” CATEGORY

Persons in this category need to be served **now**, and cannot wait until a later, perhaps, unspecified date. The criteria for the “Emergency Need” category include:

In-home Emergency Need: Person needs **in-home or day supports** immediately

- E11 **Individual needs immediate support to stay in their own home/family home (Short-term - 90 days or less).** This category should be used for short term situations where, perhaps, the care giver is hospitalized or the individual has a short-term illness.

- E12. **Individual needs immediate support to stay in their own home/family home or maintain their employment status (Long-term).** This category is appropriate for individuals, who can no longer live alone in their own homes due to health or behavioral issues, or where the individual's health or behavior has deteriorated significantly and additional supports are needed to assist the family in keeping the individual at home. This may also apply when the individual requires enhanced supports to maintain employment.

- EI3. **Care giver needs immediate support to keep their family member at home (Short-term - 90 days or less).** This category is appropriate for situations where, for example, the care giver is recuperating from an illness and needs temporary, enhanced supports to assist in care giving.
- EI4. **Care giver needs immediate support to keep their family member at home (Long-term).** This category is appropriate, for example, when the care giver is permanently disabled or terminally ill and needs long-term enhanced supports to keep their family member at home.

Out-of home Emergency Need (Person needs **out-of-home** supports immediately)

- EO1. **Care giver is unable or unwilling to continue providing care.** This category is appropriate for individuals who have been left by their care givers at some location (e.g., state-operated developmental center) under the assumption that the person with developmental disabilities will be found quickly and provided with services. The care givers may be nowhere to be found (e.g., left town or state).
- EO2. **Death of the care giver with no other supports (e.g., other family) available.** This category is appropriate for persons living with a single care giver who has died and the person now finds her/himself alone and in immediate need of someone to provide support. The person with developmental disabilities cannot take care of her/himself and will be dangerous to her/himself or others without support being provided.
- EO3. **Person has been Committed by the court or is at risk of incarceration.** This is appropriate for persons with developmental disabilities who have been remanded to the state to provide services. A judge/court order is required in this case.
- EO4. **Person is living in a setting where there is suspicion of abuse or neglect.** This is appropriate where there is question of possible abuse or neglect by the care giver or residential staff.
- EO5. **Person is in an exceedingly expensive or inappropriate placement, and immediately needs a new place to live.** This is appropriate for persons who are in a temporary placement (generally residential) that is extremely inappropriate for the person and/or exceedingly expensive such as an acute care hospital, homeless shelter, etc.
- EO6. **Other crisis.** This is appropriate in situations where some other crisis has manifested itself and no support is available to assist the person with developmental disabilities in coping with the crisis. Depending on the situation, stress level, and coping resources, even a minor crisis can be a major concern if support is not available.

“CRITICAL NEED” CATEGORY

Persons in this category need to be served in the near future (**within one year**), but do not require services immediately (as in the “Emergency Need” category). The criteria for the “Critical Need” categories include:

- C1. **Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.** This category is appropriate for persons whose care giver is clearly progressing toward being unable to provide care for any number of physical/psychological reasons or where the individual him/herself has a deteriorating situation which may require additional supports.
- C2. **Person has an aging care giver (age 60+) and will need supports within the next year.** This applies to situations where the individual and/or family are coping, but due to the age of the care giver or health or situation of the individual, increased supports will be needed in the next year.
- C3. **Person has an ill care giver who will be unable to continue providing care within the next year.** (Ill is defined as the primary care giver having a medically diagnosed condition that prevents her/him from fulfilling the care giving role effectively.) This is similar to numbers one and two in this category except that the condition affecting the care giver is health related rather than necessarily associated with age per se (e.g., age related infirmities or inability to manage physical/psychological stress associated with care giving as opposed to an illness/infirmity that prevents providing care effectively).
- C4. **Person has behavior(s) that warrant additional support to live in their own home or family home.** This category is appropriate for persons whose behavior is perceived as no longer manageable or controllable. **It is important to note that the key consideration is the perception of the care giver(s) if the individual lives with a care giver.** Unmanageable behavior in one family might be viewed as eminently manageable in another family because of the coping resources available to the family.
- C5. **Person’s personal care needs cannot be met by the current care giver(s), or person’s health has deteriorated.** This category is appropriate for persons whose health/physical situation has progressed to a stage wherein the care giver(s) can no longer provide care satisfactorily. As opposed to the earlier categories, wherein care giver age/health was an issue, **in this category the physical/mental status/health of the person with developmental disabilities is the key factor.**

- C6. **There has been a death in the family or other family crisis, requiring additional support.** This is appropriate in cases where, although the care giver and person with developmental disabilities have not been directly affected, the death in the family (especially of a care giver spouse or other family member who may have assisted in providing care) or divorce or other crisis has the effect of a requiring a need for additional support.
- C7. **Person has a care giver(s) who would be unable to work if services are not provided.** This is appropriate in situations where the care giver(s) must work to provide income to pay the rent, etc. If services are not provided, the care giver(s) would have to remain at home to provide support, and effectively be unable to continue working.
- C8. **Person or care giver expresses a need for alternative living arrangements within a year.** This category is appropriate for situations where the person with developmental disabilities or the care giver express a desire for alternative living arrangements within a year (e.g., person wants to move out of the home to be on her/his own or in a group setting, or care giver wants to move to another setting that require alternative plans for the person with a developmental disability).
- C9. **Person has graduated or left school in the past 10 years or is graduating within the next three yeas from school, and needs supports.** This category is appropriate for persons who have (or will shortly) graduate from school and will need day supports (i.e., there are no other employment or other day support options available/planned).
- C10. **Person is living in an inappropriate place, awaiting proper place.** This is appropriate for persons who are in a placement that is clearly inappropriate for them, but in which they can continue to reside for the short term (less than a year) until a proper placement is found. In the emergency category this placement would be intolerable - in this category the placement is inappropriate. An example may be where the roommate combination is inappropriate, etc.
- C11. **Person moved from another state where they were receiving services (residential, day and/or home-based supports).** This is appropriate for persons who were receiving services in the state in which they formerly resided but have now moved to Illinois and wish to continue receiving these services.
- C12. **State plans to assist this person in moving in the next year.** This is appropriate for persons in situations which the state has deemed inappropriate/unacceptable for whatever reason and the state has planned to move the person from this placement within the next year. This would include, but not be limited to individuals who the state plans to move out of state-operated or private ICF/DD, nursing home, or other congregate settings during the next year.

- C13. **Person is losing eligibility for Department of Children and Family Services (DCFS) support in the next year.** This is appropriate for persons who currently are receiving funding, services, or a placement through DCFS but for whom this eligibility will be terminating within the next year due to the age of the individual.
- C14. **Person is losing eligibility for Early, Periodic Screening, Diagnosis and Treatment (EPSDT) support in the next year.** This is appropriate for persons who currently are receiving funding, or services through EPSDT program (well-child screening and services for individuals under age 21 including those who are parents), but for whom this eligibility will be terminating within the next year primarily due to the age of the individual.
- C15. **Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) support in the next year.** This is appropriate for persons who currently are receiving funding for a placement through ICF/DD, but for whom this eligibility will be terminating within the next year due primarily to a change in resources of the individual or a change in the level of care needs of the individual.
- C16. **Person is losing eligibility for Medically Fragile/Technology Dependent Children's Waiver supports in the next year.** This is appropriate for persons currently receiving funding for a placement through this waiver, but for whom this eligibility will be terminating within the next year due to the age of the individual.
- C17. **Person is residing in an out-of-home residential setting and is losing funding from the Public School system in the next year.** This is appropriate for persons who currently are receiving funding for a placement through the public school system, but for whom funding for this placement will be terminating within the next year due to the age of the individual.
- C18. **Person is losing eligibility for Individual Care Grant supports through the mental health system in the next year.** This is appropriate for persons who currently are receiving funding for a services or a placement, but for whom this eligibility will be terminating within the next year due to the age of the individual.
- C19. **Person is leaving jail, prison, or other criminal justice setting in the next year.** This is appropriate for persons who will be released from a criminal justice setting within the next year and for whom supports must be found.
- C20. **Person wants to leave the current setting in the next year.** This is appropriate for persons who have expressed a desire to move from their current residential setting in the next year.
- C21. **Person needs services within the next year for some other reason.** Please specify for what reason the individual needs services in the next year.

“PLANNING FOR NEED” CATEGORY

Persons in this category have requested services or supports, but by their own statement, their need for services is more than one year, but less than five (5) years away or their care giver is age 60 or older but only want services if something happens to the care giver. Even though these individuals may have requested services or supports or have personal and/or family issues that make receiving services desirable, the urgency of need for services does not present itself at the level based on the criteria for the “Emergency Need” and “Critical Need” categories. An example may be the presence of an aging care giver who, at the moment, is capable of continuing to provide care and wishes to continue doing so, but at some time in the near or distant future, may no longer be able to continue providing care. It is helpful to know about these situations and plan accordingly, even though the person/family does not have a critical need for services at the present time.

The criteria for the “Planning for Need” category include:

- P1. **Person is eligible for services, is not currently in need of services, but will need services if something happens to care giver.** This is appropriate for persons who are eligible for services but do not currently need services unless something happens such as the care giver(s) get ill, care giver(s) die, other family crises develop, etc. These situations can occur from one moment to the next (which would move the person to the emergency or critical need categories), but are not currently present.
- P2. **Person lives in a large setting, and the person or the family has expressed a desire to move (or the state plans to move the person).** This is appropriate for persons living in a large setting and the person/family wishes to move to another (perhaps smaller) setting or the state plans to move the person within the 1-5 years.
- P3. **Person is dissatisfied with current residential services and wishes to move to a different residential setting.** This is appropriate for those situations where the individual would like to move, but can manage for the time being.
- P4. **Person wishes to move to a different geographic location in Illinois.** Because service availability may vary in different areas of the state, a person desiring to move to another part of the state may have more service options.
- P5. **Person currently lives in out-of-home residential setting and wishes to live in own home.** This is appropriate where the person prefers to live in his/her own home, rather than in a funded residential setting.

- P6. **Person currently lives in out-of-home residential setting and wishes to return to parent's home and parents concur.** This is appropriate when the person wishes to return home, yet may need supports to do so.
- P7. **Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.** This would be appropriate for individuals who will need supports at home to take the place of a day activity.
- P8. **Person or care giver needs increased supports.** This is appropriate where the person/care giver has expressed a desire for increased support services but there is not an emergency or critical need for these services.
- P9. **Person is losing eligibility for Department of Children and Family Services (DCFS) support within 1-5 years.** This is appropriate for persons who currently are receiving funding, services, or a placement through DCFS but for whom this eligibility will terminate within the next 1-5 years due to the age of the individual.
- P10. **Person is losing eligibility for Early, Periodic Screening, Diagnosis and Treatment (EPSDT) support within 1-5 years.** This is appropriate for persons who currently are receiving funding, or services through the EPSDT program (well-child screening and services for individuals under age 21 including those who are parents), but for whom this eligibility will be terminating within the next 1-5 years primarily due to the age of the individual.
- P11. **Person is losing eligibility for Medically Fragile/Technology Dependent Children's Waiver supports within the next 1-5 years.** This is appropriate for persons who currently are receiving funding for a placement through this waiver, but for whom this eligibility will be terminating within the next 1-5 years due to the age of the individual.
- P12. **Person is losing eligibility for Individual Care Grant supports through the mental health system within the next 1-5 years.** This is appropriate for persons who currently are receiving funding for a services or a placement, but for whom this eligibility will be terminating within the next 1-5 years due to the age of the individual.
- P13. **Person is residing in an out-of-home residential setting and is losing funding from the public school system within the next 1-5 years.** This is appropriate for persons who currently are receiving funding for a placement through the public school system, but for whom funding for this placement will be terminating within the next 1-5 years due to the age of the individual.
- P14. **Other.** If there are reasons not indicated above for placing the person in this category. Please check this option and explain the circumstances present.

REPORTING EXISTING SERVICES AND SUPPORTS

On the PUNS Form/Screens, PAS/ISC agency staff is to check both the supports currently in place and whether the support is funded by the Division of Developmental Disabilities or are Other Supports funded by other entities. Examples of other supports would include those provided by Education, Early Periodic Screening, Diagnosis and Treatment (EPSDT) or through the generic system (e.g., local YMCA, etc.). The following are the existing services and supports by category (Individual, Transportation, Vocational/other structured and Residential) that are listed on the PUNS form and screens for reporting purposes.

EXISTING INDIVIDUAL SUPPORTS	DDD Funded	Non DDD Funded
Respite Supports (24 hour)		
Respite Supports (Less than 24 hour)		
Behavioral Supports (includes behavioral intervention, therapy, counseling)		
Physical Therapy		
Occupational Therapy		
Speech Therapy		
Education	Not Funded	
Assistive Technology		
Homemaker/Chore Services	Not Funded	
Adaptations to Home or Vehicle		
Personal Supports under a Home-based Support Program that could be funded by DD, DRS, or Department of Aging (may include habilitation, personal care, respite, retirement supports, budgeting, etc.)		
Medical Equipment/Supplies	Not Funded	
Nursing Services in the Home, provided intermittently		
Other Individual Supports		

EXISTING TRANSPORTATION SUPPORTS	DD Funded	Other Supports
Transportation (include trip/mileage reimbursement)		
Other Transportation Service		

EXISTING VOCATIONAL OR OTHER STRUCTURED SUPPORTS	DD Funded	Other Supports
Senior Adult Day Services		
Developmental Training		
"Regular Work"/Sheltered Employment		
Supported Employment		
Vocational and Educational Programs funded by DRS	Not Funded	
EXISTING RESIDENTIAL SUPPORTS	DD Funded	Other Supports
Community Integrated Living Arrangement (CILA)/Family		
Community Integrated Living Arrangement (CILA)/Intermittent		
Community Integrated Living Arrangement (CILA)/Host Family		
Community Integrated Living Arrangement (CILA)/24 Hour		
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) - 16 or Fewer People		
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) - 17 or More People		
Skilled Nursing Facility/Pediatrics (SNF/PED)		
State Operated Developmental Center (SODC)		
State Operated Mental Health Hospital (SOMHH)	Not Funded	
Supported Living Arrangement (SLA)		
Community Living Facility (CLF)		
Shelter Care/Board Home	Not Funded	
Nursing Home	Not Funded	
Assisted Living Facility	Not Funded	
Children's Residential Services		
Child Care Institutions (including Residential Schools)		
Children's Foster Care	Not Funded	
Other Residential Supports (including homeless shelters):		

IDENTIFYING NEEDED SERVICES AND SUPPORTS

On the PUNS Form/Screens, PAS/ISC agency staff is to check any new, different, or additional supports identified by the individual or family as needed by the individual. All needed supports identified should be checked. New, different, or additional supports not identified as a need should be left blank. A list of potential needed supports is included on the form/screens, but it is the individual's request for new, different, or additional supports that drives which supports, if any, are checked.

NEEDED INDIVIDUAL SUPPORTS	Check (U) if applicable
Personal Support (include habilitation, personal care, intermittent respite)	
Respite Supports (24 hours or more)	
Behavioral Supports (includes behavioral intervention, therapy, counseling)	
Physical Therapy	
Occupational Therapy	
Speech Therapy	
Assistive Technology	
Adaptations to Home or Vehicle	
Nursing Services in the Home, provided intermittently	
Other Individual Supports	
NEEDED TRANSPORTATION SUPPORTS	Check (U) if applicable
Transportation (include trip/mileage reimbursement)	
Other Transportation Service	
NEEDED VOCATIONAL OR OTHER STRUCTURED SUPPORTS	Check (U) if applicable
Support to work at home (e.g., self-employment or earnings at home)	
Support to work in the community	
Support to engage in work/activity in a disability setting	
Attendance at activity center for seniors	
NEEDED RESIDENTIAL SUPPORTS	Check (U) if applicable
Out-of-home residential services with less than 24-hour supports	
Out-of-home residential services with 24-hour supports	

APPENDIX-1

DESCRIPTION OF SERVICES

The following descriptions are presented to help PAS/ISC staff in the completion of the PUNS form/screens. The descriptions were developed by CFA, Inc. in collaboration with IDHS Division of Developmental Disabilities and other developmental disabilities stakeholders. They are not to be viewed as statutory or legal descriptions.

INDIVIDUAL SUPPORTS

Adaptations to Home or Vehicle

Home modifications include those physical adaptations to the home which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home. Vehicle adaptations include lifts, door or seating modifications and safety/security modifications which assist individuals in going from place to place.

Assistive Technology

Assistive technology includes devices and services involving the development or purchase of specialized equipment to enhance an individual's quality of life and/or promote his/her habilitation. This also includes assessment of need for such equipment and devices and training in use of such.

Behavioral Supports (includes behavioral intervention, therapy and counseling)

Behavioral supports are to assist in the reduction of challenging behavior and to provide therapy and counseling where necessary. Supports often include activities such as reinforcing alternate behaviors. Behavioral intervention includes ongoing behavioral assessment, functional assessment, development of positive intervention strategies and techniques, training of family members and other support staff, etc.

Education

These are services and supports that are formally developed to increase skills. They may be in the formal education system in the form of primary, secondary or post-secondary, or may be vocational in nature.

Homemaker/Chore Services

Provision of services by a paid (or otherwise reimbursed through insurance, Medicaid, etc.) employee of a person with a disability or of an attendant care agency who provides regular, in-home physical assistance with essential homemaking activities (e.g., housecleaning, cooking, laundry) to a person with a disability, who is unable to perform those activities unassisted.

Medical Equipment/Supplies

These supports may include bandages, wheelchairs, walkers, canes, etc.

Nursing Services in the Home

These supports are provided to people on an intermittent basis for treatments such as intravenous infusions, etc.

Occupational Therapy

Includes evaluation and services to motivate and/or encourage individuals to learn through purposeful activity skills necessary to promote, improve or restore an individual's ability to function. Such services may include a variety of skill domains, including self-help, vocational or community living skills. Various modes of instruction, activity and therapy are utilized to prevent and mediate dysfunction and to elicit maximum adaptation and activity.

Other Individual Supports

Any other supports to the individual or family.

Personal Supports Under a Home-based Support Program

These supports could be funded by the Division of Developmental Disabilities, Division of Rehabilitation Services or Department on Aging and can include supports such as habilitation, personal care, respite, retirement supports, budgeting, etc.

Physical Therapy

This service Includes evaluation and therapeutic use of physical agents other than medication (e.g., light, heat, water, massage, exercise) to maintain or increase the functioning of neuromuscular, skeletal, cardiovascular, and respiratory systems. Also, it includes mobility training (e.g., for persons with visual impairments).

Respite Supports (less than 24 hours)

Respite services in this category are typically provided *in the home*. Family members providing care in their home are relieved of care giving responsibilities for a few hours at a time by other individuals who stay in the home with the individual with a disability.

Respite Supports (24 hour)

Respite services in this category are typically provided outside of the individual's home in a residential setting that is licensed, certified or approved, appropriate for the needs of the person with the developmental disability and for a period of at least 24 hours. This program provides social interaction and increased inclusion and exposure to the community. Services may be provided in the home but must be for at least 24 hours. This is also referred to as "residential respite."

Speech Therapy

This involves evaluation and services to assess and enhance the individual's expressive and receptive communication abilities. Services may involve elimination of speech problems, development or improvement of speaking ability, learning alternative means of communication, use of augmentative communication devices, etc.

TRANSPORTATION SUPPORTS

Transportation

These supports may include the actual provision of transportation to work, school or other day program or for appointments or leisure activity. This may also include mileage reimbursement when transportation is provided by a friend or family member.

Other

Any other transportation-related supports and services.

VOCATIONAL OR OTHER STRUCTURED DAY ACTIVITIES

Developmental Training

This day habilitation program focuses on developing and enhancing daily adaptive living skills and economic self-sufficiency. Activities should be functional and performed at the natural time and in the natural environment, developmentally and age appropriate.

“Regular” Work/Sheltered Employment

This service provides long-term employment in a sheltered environment for individuals who require supervision but are not precluded from moving into supported or competitive employment. Regular Work/Sheltered Employment provides general work supervision, including direction and on-the-job training in such areas as work expectations, workplace behavior, compliance to workplace safety standards, production and task completion. This service provides individuals with the opportunity to participate in productive work and be compensated for the work performed.

Senior Adult Day Supports

These services provide supports to adults age 60 and older and are intended to promote physical well-being and fitness, socialization and tasks that stress the maintenance of coordination skills as well as reducing the rate of loss of current skills that often accompany the aging process.

Supported Employment

This service provides the necessary supports to assist individuals to work for compensation in a variety of community-integrated work settings in which individuals without disabilities are employed. The program promotes regular interaction with persons without developmental disabilities who are not paid care givers or service providers. Supported employment may be provided in individual placements or in group settings of no more than eight people.

Vocational and Educational Programs funded by the IDHS Division of Rehabilitation Services (DRS)

These services may be offered through the formal education system, or may be vocational in nature to increase the employment skills or employability of persons with developmental disabilities. The critical program component is funded through DRS.

RESIDENTIAL SUPPORTS

Assisted Living Facility

A home, building, residence or any place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are age 55 or older, and that need assistance with daily living, including personal supportive, and intermittent health related services available 24 hours per day. It is not operated by the federal government or state or licensed under the Nursing Home or Hospital Licensing Acts, and does not meet other licensing restrictions.

Child Care Institutions (including residential schools)

A large residential setting that serves more than seven children or adolescents. These structured environments are licensed by DCFS and serve children and adolescents who cannot reside in their family home. Residents must be enrolled in a school program approved by the Illinois Board of Education.

Children's Foster Care Home

A facility for child care in the residences of families that receive no more than eight children unrelated to them or if related to them all are of common parentage for the purpose of providing family care and training for the children on a full-time basis. DCFS may waive the limit of eight children unrelated to an adoptive family for good cause to facilitate an adoptive placement.

Children's Group Home

A residential setting that serves no more than ten children or adolescents. These structured environments are licensed by DCFS and serve children and adolescents who cannot reside in their family home. Residents must be enrolled in a school program approved by the Illinois State Board of Education.

Children's Residential Services

This is the classification for settings that provide structured environments to children and adolescents who cannot reside in their family home. The settings are licensed by DCFS as either a Children's Group Home, which can serve no more than ten children, or a Child Care Institution (CCI) which serves more than seven children. Residents of these programs must be enrolled in a school program approved by the Illinois State Board of Education.

Community Integrated Living Arrangement (CILA)/Family

A flexible living arrangement for adult individuals with developmental disabilities that focuses on supporting the service needs of an individual in his/her family home.

Community Integrated Living Arrangement (CILA)/Intermittent

A flexible living arrangement for adult individuals with developmental disabilities that focuses on supporting the service needs of an individual in his/her own home.

Community Integrated Living Arrangement (CILA)/Host Family

A flexible living arrangement for adult individuals with developmental disabilities that focuses on supporting the service needs of an individual in a family home that is not the birth home of the individual.

Community Integrated Living Arrangement (CILA)/24 hour

A flexible living arrangement for adult individuals with developmental disabilities that focuses on supporting the service needs of an individual in a community setting where eight or fewer individuals live together under the supervision of qualified staff provided by a licensed agency.

Community Living Facility (CLF)

These are transitional residential settings, licensed by the Department of Public Health, for no more than 20 individuals. The CLF offers skills training programs that provide guidance, supervision, training and other assistance with the goal of independent living. Supports include housekeeping, money management, and social and community living skills. Individuals are required to participate in day activities, such as vocational training, sheltered workshops or regular employment

Home Individual Placement (HIP)

This residential program is provided in a family environment licensed by DCFS if children are served, or approved by DHS if adults are served. Resources are allowed to be used in response to the individual's developmental needs as identified by the Individual's Service Plan. Day programs must be provided outside the residential setting. HIP settings are foster care models where the individual with developmental disabilities resides with a host family.

**Intermediate Care Facility for People with Developmental Disabilities (ICF/DD);
16 or Fewer People**

A residential facility of three to sixteen individuals that provides a program of specialized and generic training, treatment, health services and related services that is directed toward the acquisition of the behaviors necessary for the individual to live with as much self-determination and independence as possible. Individuals must be receiving active treatment.

**Intermediate Care Facility for People with Developmental Disabilities (ICF/DD);
17 or More People**

A residential facility of 17 or more individuals that provides a program of specialized and generic training, treatment, health services and related services that are directed toward acquiring the behaviors necessary for individuals to live with as much self-determination and independence as possible. Individuals must be receiving active treatment.

Nursing Home

A facility which provides twenty-four hour a day, seven day a week specialized medical care. Residents may include persons who have medical needs but do not experience developmental disabilities.

Other Residential Support

Any other residential support including domiciliary care, homeless shelter, etc.

Shelter Care/Board Home

A facility licensed by the Illinois Department of Public Health that provides maintenance and personal care assistance to individuals.

Skilled Nursing Facility/Pediatrics (SNF/PED)

A facility for persons under age 22 that provides skilled nursing care, continuous nursing observations, restorative nursing services, as well as other services under professional direction and frequent medical supervision. These facilities are licensed by the Illinois Department of Public Health as Skilled Nursing Facilities (SNF).

Special Home Placement (SHP)

This residential program is provided in a home that is expected to provide an appropriate environment that adequately meets the physical, social and intellectual needs of an individual with a developmental disability.

State Operated Developmental Center (SODC)

These are state-operated, specialized ICF/DD facilities for people with developmental disabilities who are unable to be served in community settings at the present time due to medical or behavioral difficulties. Intensive services are provided with the goal of returning the individual to a community setting as soon as possible.

State Operated Mental Health Center (SOMHC)

These are state-operated residential treatment facilities for people for whom the primary diagnosis is mental illness.

Supported Living Arrangement (SLA)

This residential setting is intended to assist individuals in achieving a higher level of independent living. The setting provides minimal support, training and direction that enhance the individual's skills and social integration in the community. Individuals may live in their own apartments, shared apartments, single family homes, shared homes, apartment complexes, boarding houses, group homes or in congregate living arrangements. The function of the SLA is to normalize living conditions and, as far as possible, replicate home style living as it exists in the community.

APPENDIX-2

ILLINOIS PUNS FORMS PRIORITIZATION OF URGENCY OF NEED FOR SERVICES

English Version

APPENDIX-3

ILLINOIS PUNS FORMS PRIORITIZATION OF URGENCY OF NEED FOR SERVICES

Spanish Version

APPENDIX-4

ROCS DEMOGRAPHIC INFORMATION GLOSSARY

These field descriptions are from pages 18-24 of the Reporting of Community Services (ROCS) section of the Community Reporting System manual. These field descriptions are current as of 01/01/06, but are subject to change. This information is also available through the IDHS web site at <http://www.dhs.state.il.us/mhdd/mh/repCommServices/>

It is recommended that PAS/ISC agencies access the ROCS manual through the IDHS web site periodically to ensure that field descriptions have not changed.