**PUNS Manual Changes**

**Illinois Department of Human Services
Division of Developmental Disabilities**

**Information Bulletin
DD.16.xx**

**PUNS Manual Changes**

**January, 2016**

**Purpose**

The purpose of this Informational Bulletin is to notify Division of Developmental Disabilities stakeholders throughout the service delivery system of changes to the Manual for the Prioritization of Urgency of Need for Services (PUNS) database, as well as the PUNS Enrollment tool.

**Background**

The changes to the Manual are the result of recommendations by the Life Choices Team 3 Committee. The modification to the Enrollment tool is being made as a result of discussions surrounding the Ligas Consent Decree.

**Procedures**

Attached are two documents that reflect the Manual changes and modified Enrollment tool. The changes will be incorporated into the Manual and its attachments. Independent Service Coordination (ISC) agencies are hereby instructed to review these changes and adopt them into their internal agency procedures. The Division is hosting an informational session on this topic via phone conference for ISC agencies on February 2, 2016.

**Effective Date**

The requirements in this Information Bulletin are effective on March 1, 2016, in order to give ISC agencies time to implement the use of the modified form and practices. ISC agencies may choose to implement some or all of the changes prior to March 1, 2016.

**PROPOSED CHANGES TO THE PUNS MANUAL**

**RECOMMENDATIONS FROM TEAM 3 OF THE LIFE CHOICES PROJECT**

**(Excerpt from Pages 3 through 6 of the Current Manual)**

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.

The ISC must schedule and reschedule, if necessary, the PUNS meeting to a time and date that will accommodate attendance by the individual and guardian, as well as family members and primary care givers. The face-to-face meeting must be held at the location of the individual’s or guardian’s choosing.

~~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.

< Children and Adolescents: Individuals ages 12 and older should be encouraged to participate in the PUNS completion meeting.

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~~ individual’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~~ Individual 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. Before the individual’s information is deleted from the database, the ISC will document completion of the steps outlined in the section “Closing PUNS Records”. The ISC is primarily responsible for PUNS updates, but this is a shared responsibility with the individual or guardian and family members or primary care givers, if applicable. All parties should read the notices described below and take appropriate action to ensure annual updates are completed timely.

A face-to-face interview with all the principals present is required for completing the **annual updates** of the PUNS form for those in the emergency category and for those requesting a change from the critical to emergency category. For those individuals with a PUNS in planning or critical categories, the PUNS update may be done by phone, mail, fax, or email as long as the opportunity for a face-to-face meeting was offered to the individual or guardian. If an ISC starts an update by phone and determines a change to the emergency category exists, the PUNS update should stop and **must** be completed at a face-to-face meeting.

For those updates completed over the phone, the ISC will send the individual or guardian a written or electronic copy of the updated enrollment. The date of the update will be the date of the phone interview. The signatures may not pre-date the phone call. The individual or guardian (or parent in the case of an individual aged 18 or younger) must sign and return a copy of the form to the ISC agency.

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 individual~~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 individual~~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 joint 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 individual’s~~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 individual~~consumer~~/guardian for signature.

~~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 signed by the individual or guardian (or parent in the case of an individual aged 18 or younger) and ISC. ~~anyone who participates in completing the PUNS form should sign it.~~

Signature by the individual or guardian is not required in circumstances of moved to another state, deceased, or unable to locate.

Closing PUNS Records

In order to ensure everyone has fair and equal access to Medicaid Waiver services, and that the Department has accurate information for planning and budgeting purposes, the PUNS records must be kept current. To that end, the following steps will be taken if annual updates are not completed timely.

Families will be notified by the Department 90 days before the date that the annual update is due. The ISC agency will be aware of the due date through the monthly reports discussed above under “Annual Updates”. The ISC must then contact the individual or guardian to complete the annual update. If the individual or guardian does not respond to the notice or contact, the ISC agency must take the following steps prior to closing the PUNS record.

* The ISC completes a first phone call or text to the individual or guardian 60 days prior to the PUNS annual update due date.
* If there is no response and an update session is not scheduled, the ISC completes a second phone call or text one to two weeks following the first phone call, varying day and time of the call.
* If there is still no response or plan for updating the PUNS record, the ISC completes and sends the first letter or e-mail to the individual or guardian 45 days prior to the PUNS annual update due date stating that the person’s record will be closed if there is no response within 30 days.
* If there is no response, the ISC completes and sends a second letter or e-mail two weeks after the previous letter stating the enrollment will be closed if there is no response by the date specified in the two letters.
* If there is no response, after two weeks following the second letter, the ISC will close the PUNS enrollment record.

[Note: Days and time periods referenced in this section represent calendar days.]

Once the ISC closes the PUNS record and electronically reports that to the Department, the Department will send a notice of the closure to the individual or guardian at the last known address reported by the ISC.

 **Illinois PUNS**

**Illinois Prioritization of Urgency of Need for Services**

**INDIVIDUAL DATA**

**Date Form Completed and Signed by All Parties (e.g., 9/09/2002): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_**

**Reason for PUNS or PUNS Update (Check one reason only)**

**\_\_\_\_ New**

**\_\_\_\_ Change of category (Emergency, Planning or Critical)**

**\_\_\_\_ Change of service needs (more or less) - Unchanged category (Emergency, Planning or Critical)**

**\_\_\_\_ Annual Update**

**\_\_\_\_ Other, supports still needed**

**\_\_\_\_ Person is fully served or is not requesting any supports within the next five (5) years**

**\_\_\_\_ Moved to another state, close PUNS**

**\_\_\_\_ Person withdraws, close PUNS**

**\_\_\_\_ Deceased, close PUNS**

**\_\_\_\_ Other, close PUNS**

**\_\_\_\_ Individual Stayed in ICF/DD**

**\_\_\_\_ Individual Moved to ICF/DD**

**\_\_\_\_ Individual Determined Clinically Ineligible**

**\_\_\_\_ Individual Determined Financially Ineligible**

**\_\_\_\_ Incorrect Social Security Number**

**\_\_\_\_ Unable to Locate**

**\_\_\_\_ Submitted in Error**

~~All information in this form is confidential. Please note that inclusion in the database does not assume eligibility for services or guarantee the receipt of services. Also note, this database is a waiting list for community-based services only. Individuals interested in receiving services through Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) should work with their Independent Service Coordination agency to explore potential ICF/DD providers.~~

**Primary care giver, if applicable (not applicable if in residential placement)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (e.g., 07/04/1959) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**If there is a secondary care giver, list date of birth (e.g., 07/14/1959): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If ~~person~~individual is in school or has graduated in the past 5 years, enter date of graduation (e.g., 06/2001) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Guardian must sign. If no guardian is appointed, individual must sign. (Both may sign).**

The Division proposes changing the signature page as follows:

-------------------------------------------------------

By signing this form, the individual/guardian acknowledges the following:

By signing this form, and initialing the three boxes below, the ISC acknowledges he or she has discussed and explained the following issues with the individual/guardian:

|  |  |
| --- | --- |
| **ISSUE** | **ISC INITIALS** |
| Inclusion in the database does not assume eligibility for services or guarantee the receipt of services. |  |
| This database is a waiting list for community-based services only. Individuals interested in receiving services through Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) can and should work with their Independent Service Coordination agency to explore potential ICF/DD providers. |  |
| In the event this is an annual update or a change to a PUNS record, and the form was completed via phone, mail, fax, or e-mail, the Independent Service Coordination agency is required to offer the opportunity for a face-to-face meeting. Initial PUNS enrollments and updates for individuals in the emergency category must be completed via a face-to-face meeting. |  |

**Service Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print Legibly)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)**

**Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please Print Legibly)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print Legibly)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print Legibly)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All information in this form is confidential.**

**If your contact information changes, please promptly notify your ISC agency.**