

Dear Mr./Mrs. [Individual's Last Name]:

Enclosed is a copy of your current Prioritization of Urgency of Need for Services (PUNS) form that is now in the Office of Mental Retardation's (OMR) Home and Community Services Information System (HCSIS). This PUNS form should accurately reflect your current or anticipated need for services based on information you/your family provided to [name of SC entity] on [date of PUNS meeting]. This form will be updated with you/your family anytime your needs change, but at least annually. Should your situation change, please notify me as soon as possible to initiate a revision to your PUNS form.

If you do not agree with the information included on this PUNS form, you should inform me as soon as possible. Please note your concerns on the PUNS Disagreement Form and return it to me. I will work to satisfactorily resolve your concerns with the assistance of my Supervisor. If you continue to have concerns, a County Program/Administrative Entity representative will work with you to attempt to resolve your concerns. If the disagreement continues, you may utilize the county's dispute resolution process.

The PUNS form itself cannot be formally appealed through the Department of Public Welfare's (DPW) Bureau of Hearings and Appeals process. If you are enrolled in either the Person/Family Directed Supports (P/FDS) or Consolidated Waivers and you are not getting the waiver-eligible services you believe you need because your waiver-eligible services have been reduced, suspended, denied or terminated, you or your legal representative have the right to appeal. You can appeal through the DPW's Bureau of Hearings and Appeals if you are in either of the waivers. Information on how to file an appeal can be obtained from your Supports Coordinator. If you are not enrolled in a waiver, you must use the county dispute process to resolve your disagreement. Please contact me for assistance in accessing these processes.

The information you provided will be used by the County/Administrative Entity to plan for both budgeting as well as the delivery of supports and services. If you have any questions about the information on your PUNS form or the information included in this letter, please call me at [phone number of SC].

Sincerely,

Supports Coordinator

PUNS Disagreement Form

(Return to your Supports Coordinator if you **disagree** with the information on your PUNS form)

Name of Person: _____

Name of Person Initiating Disagreement Process (if different): _____

Date: _____

Reason for Disagreement: _____

Disagreement Process

Name and Role

Date

Resolved?

SC: _____

Y N

If not, why not? _____

SC Supervisor: _____

Y N

If not, why not? _____

County/AE Rep: _____

Y N

If not, why not? _____