



Priority of Need Manual

Clarification and guidance on how to efficiently and effectively use the PON tool.

The Manual

The PON manual was revised to provide guidance and clarification about questions asked on the PON.

The manual was not created to provide a definitive answer to all circumstances; there is No definitive answer for all situations.

The manual is intended to be a working document. As more information is learned, more guidelines are created, etc. the manual will be revised to include updated information.

The PON manual may be accessed at:

<http://dmh.mo.gov/dd/staff.html>

If further assistance or clarification is needed contact your supervisor or RO Contact.

The PON Tool

The prioritization of need tool provides the information needed to accomplish the following objectives:

- provide a global picture of a person's support needs;
- identify support needs that are NOT being met which places a person at risk of illness, injury or harm;
- document reasons why support needs are not being met or why support needs cannot continue to be met by current caregiver (e.g., frail caregiver).

The PON is used to determine the order in which Individual Support Plans will be funded. (9 CSR45-2.015)

The PON score does not guarantee the individual will receive the requested services; it simply identifies the level of need. The service is requested through Utilization Review as a completed packet which includes the verified PON score.

The PON Tool

Situations when a PON is needed include:

- Entering a Comprehensive, Community Support, or MOCDDS waiver.
- Switching waivers such as when aging out of a MOCDDS waiver

Situations when a PON is not necessary:

- **When requesting residential placement a PON is not required if the individual already has a comprehensive waiver.**
- **When requesting services funded through a Partnership for Hope Waiver.**

Administration of the PON

Identify Need

Complete plan or amendment

Complete PON

Submit PON and Plan to RO Contact

The status will remain incomplete until the SC changes the status to submitted

Once scored the PON and plan should be submitted as a complete packet to the UR committee

Administration of the PON

The PON will be completed electronically through CIMOR

When Practical the evaluator could begin the PON process by completing a paper copy with the individual and their support team and then enter the assessment electronically

Following verification of the PON, the score is available for viewing in CIMOR

When completing the PON some questions may be “grayed” out if the person does not fit an age requirement.

CIMOR



CIMOR
Production

[-] Consumer

Face Sheet

[+] Demographics

Benefit/Eligibility

Consumer Res

Contact Log

Screenings



View Assmt

[+] Episodes of Care

Change Organization

[+] My Organization

Reports

[+] Help

- The PON is accessed through CIMOR, under: Consumer Then: Screenings
- Only Individuals with an open Episode of Care can be assessed through the PON

Select “PON” and then “Add”

CIMOR DD Hannibal Regional Office 1/4/2005 - Open Glasses, Hearing Aid, Hear

CIMOR Production

- Consumer
 - Face Sheet
 - Demographics
 - Benefit/Eligibility
 - Consumer Res
 - Contact Log
 - Screenings**
 - View Assmt
 - Episodes of Care
 - Change Organization
- My Organization
 - Reports
- Help

List Assessment Screenings

SATOP CAGE AID Mental Health Veteran Health Inventory Other LOC **PON**

View	Screening Provider	Date	Status	Score
View	Hannibal Regional Office	02/05/2015	Incomplete	
Add				

Add assessment date, Select the Evaluator.

CIMOR DD Hannibal Regional Office 1/4/2005 - Open

CIMOR Production

- Consumer
 - Face Sheet
 - Demographics
 - Benefit/Eligibility
 - Consumer Res
 - Contact Log
 - Screenings**
 - View Assmt
 - Episodes of Care

Add Prioritization of Need

Assessment Date ←

← Evaluator

Status

Age

Critical Daily Living Personal Care Safety Behav I Behav II Unusual Behav Psychiatric

When all items are complete, and the PON is ready to hand off for review:
First -change the status to “Submitted” and
Then click the “Save” button (If you try another sequence, it won’t work)

Assessment Date: 02/05/2015

Evaluator: [Dropdown]

Status: Incomplete (dropdown menu open)

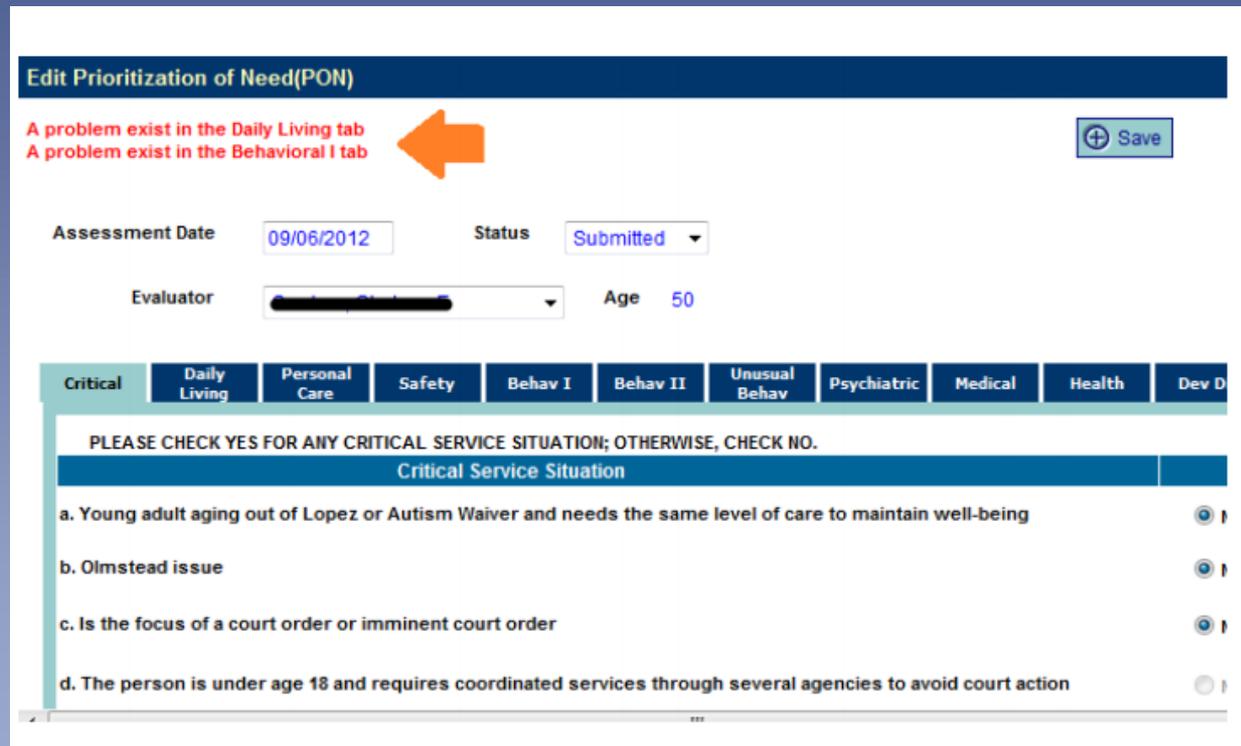
Age: [Dropdown]

Buttons: Save (+), Cancel (X)

Navigation Tabs: Critical, Daily Living, Personal Care, Safety, Behav I, Behav II, Unusual Behav, Psychiatric, Medical, Health, Dev Dis, Natural

If there is an error on one or more items, an error message will appear when the evaluator attempts to submit the PON for review.

The PON cannot be submitted until those errors are corrected.



The screenshot displays the 'Edit Prioritization of Need(PON)' interface. At the top, a dark blue header contains the title. Below the header, two red error messages are visible: 'A problem exist in the Daily Living tab' and 'A problem exist in the Behavioral I tab'. An orange arrow points from these messages towards the 'Save' button, which is a blue button with a white plus sign and the text 'Save'. The form includes several input fields: 'Assessment Date' with the value '09/06/2012', 'Status' with a dropdown menu showing 'Submitted', 'Evaluator' with a dropdown menu, and 'Age' with the value '50'. Below these fields is a horizontal navigation bar with tabs for 'Critical', 'Daily Living', 'Personal Care', 'Safety', 'Behav I', 'Behav II', 'Unusual Behav', 'Psychiatric', 'Medical', 'Health', and 'Dev D'. The 'Critical' tab is currently selected. Underneath the tabs, there is a section titled 'PLEASE CHECK YES FOR ANY CRITICAL SERVICE SITUATION; OTHERWISE, CHECK NO.' followed by a sub-header 'Critical Service Situation'. This section contains four items, each with a radio button and a vertical bar on the right: 'a. Young adult aging out of Lopez or Autism Waiver and needs the same level of care to maintain well-being', 'b. Olmstead issue', 'c. Is the focus of a court order or imminent court order', and 'd. The person is under age 18 and requires coordinated services through several agencies to avoid court action'.

What happens after the PON is submitted for review?

- ❖ The Regional Office will review the assessment and change the status to “Verified”.
- ❖ An email from the Regional Office will be sent to the TCM to confirm verification.
- ❖ The PON score will appear in CIMOR “Screenings” under the PON tab.

How is the Regional Office notified that a PON is ready for verification?

An email containing the plan should be sent to the relevant RO contact. Some Regional Offices utilize the email addresses below for PON notification. Please confirm with your Regional Office to verify if the email address below is to be utilized.

PON.ARO@dmh.mo.gov
PON.CMRO@dmh.mo.gov
PON.HRO@dmh.mo.gov
PON.JRO@dmh.mo.gov
PON.KCRO@dmh.mo.gov
PON.KRO@dmh.mo.gov
PON.PBRO@dmh.mo.gov
PON.RRO@dmh.mo.gov
PON.SIRO@dmh.mo.gov
PON.SpRO@dmh.mo.gov
PON.STLCRO@dmh.mo.gov
PON.STLTRI@dmh.mo.gov

General Instructions

For each rating:

- Independent
- Monitoring
- Partial Hands-on assistance
- Total Hands-on assistance

The evaluator must:

- Determine the existing supports available, and
- Make a judgment regarding any Unmet Need.

(It is unlikely that there would ever be an Unmet Need if “Independent” is selected)

If there is an Unmet Need, the evaluator is to:

- Check that box And
- Note the page and paragraph of the ISP detailing that need.

DD Hannibal Regional Office 1/4/2005 - Open Glasses, Hearing Aid, H

Add Prioritization of Need

Assessment Date: Status:

Evaluator: Age: 27

Critical Daily Living Personal Care Safety Behav I Behav II Unusual Behav Psychiatric Medical Health Dev Dis Natural

SELECT ONE SUPPORT FROM EACH DROPDOWN WHICH BEST DESCRIBES HOW MUCH SUPPORT THE PERSON TYPICALLY REQUIRES TO DO EACH DAILY LIVING ACTIVITY. FOR EACH SUPPORT, INDICATE IF THERE IS AN UNMET NEED PLACING A PERSON AT RISK OF ILLNESS, INJURY OR HARM.

Daily Living Supports		Unmet Need
1. Mobility in the Community – Includes the ability to move around outside and in the community (Does not include any transportation needs). *please refer to the manual if the person is wheelchair dependent*	<input type="text" value="Independent"/>	<input type="checkbox"/>
2. Taking Medications – Includes taking the correct medication, accurate dose, and proper consistency (e.g., crushed) at the correct time or filling pillbox if used. Includes monitoring glucose level if needed.	<input type="text" value="Total hands-on assistance"/>	<input checked="" type="checkbox"/>
3. Using the Telephone – Includes dialing the number and/or communication over the phone	<input type="text" value="Partial hands-on assistance"/>	<input type="checkbox"/>
4. Doing Household Chores – Includes housecleaning, laundry, etc.	<input type="text" value="Partial hands-on assistance"/>	<input type="checkbox"/>
5. Shopping and Meal Planning – Includes planning for meals and shopping for groceries or other goods in neighborhood area.	<input type="text" value="Partial hands-on assistance"/>	<input type="checkbox"/>
6. Meal Preparation and Cooking – Includes getting the food out of the cupboard or refrigerator, preparing food (including making food into appropriate consistency such as ground up, specified piece size, pureed, or liquefied), making cold meals (such as sandwiches or snacks), and cooking simple meals.	<input type="text" value="Total hands-on assistance"/>	<input checked="" type="checkbox"/>

What page and paragraph can a detailed description of unmet need be found in the service plan?

Why does the Evaluator have to specify the page and paragraph documenting an unmet need?

Having the page and paragraph specified ensures that the verifier can quickly and efficiently find specifics about the unmet need, rather than searching through a document without any guidance.



Unmet Need

- * **Unmet need** is defined as a **need that cannot be met by other resources available for the person to access.**
- * This may include natural supports, state plan services, community resources, and adaptive equipment/technology.
- * **Choosing not to access available resources does not constitute an unmet need.**
- * The planning team can prepare for a change that is to occur, and make associated claims in the PON, if there is real and a specific date within the next 6 months (such as aging out of a CD child specific contract) when current supports are certain to be unavailable.

Levels of Support

- * **In addition to exploring all funding sources, less restrictive levels of support should also be explored.**



- * Less restrictive levels of support refers to environments that can safely meet the basic health needs of the individual with as little variation from what a typical person would experience, with particular preference to natural home settings over paid residential services whenever possible.

Temporary Emergency Services

- * If an individual is receiving support due solely to the provision of an emergency, short term service (no more than 30 days), the Evaluator is to score the item as if the emergency service was unavailable. In all other cases, the Evaluator is to score the assessment based on the needs and supports available during the last 60-90 days before the assessment.
- * Any temporary residential services funded by a County Board will not be considered when scoring the PON and will not prevent the level of support from being an unmet need.

Overnight Support

- * Overnight support is defined as an individual requiring someone to verbally prompt/monitor or physically support the individual during overnight hours.
- * The issue here would be documentation that the overnight supports are truly necessary for the health and safety of the individual, and that the support is adequate to meet those health and safety needs.
- * It's possible that a claim of overnight support need could be challenged if the support seems to be primarily necessary to reduce the anxiety of family or caregivers rather than truly being necessary based on the judgment of medical professionals or previous relevant experience.
- * For Personal Care Supports consider the supports typically needed for the past 6 months.

Illness, Injury, or Harm

When determining if an unmet need places a person at risk of illness, injury or harm consider that harm **does not have to be limited to physical harm**. Harm may include a significant impact to a person's quality of life, civil rights, financial stability, etc.

Assessment of Employment Supports

Employment services may include:

- Individualized job development and placement;
- On-the-job training in work and work-related skills;
- Ongoing supervision and monitoring of the person's performance on the job; and
- Training in related skills needed to obtain and retain employment such as using community resources and public transportation; and
- Negotiation with prospective employers.

When trying to score employment supports consider PON questions related to community environments.

Critical Service Situations

Refer to Guideline 33 for Critical Service Situations:

- * Even if a critical category is marked the entire PON must be completed to accurately reflect the needs of the individual.
- * This section is to be used for true critical situations that meet the criteria listed below. An individual could still receive a score of a non-critical 12 based on unmet needs identified throughout the PON even if the individual does not meet one of the critical criteria. The critical service section is not just used for residential services. It's for all critical situations regardless of the service requested.

Critical Service Situations

- * ***a. A young adult aging out of Lopez or Autism waiver who needs the same level of care to maintain well-being.***
 - * *The PON tool will not allow you to enter the assessment prior to reaching the ages 18 (Lopez) or 19 (Autism)*

- * ***b. An individual living in a state-operated or private Intermediate Care Facility for People with Intellectual Disabilities or a nursing facility. (Olmstead Issue)***
 - * *In functional terms, this means that those persons transitioning out of habilitation centers and nursing homes have the highest priority in accessing waiver services.*
 - * *This definition also does not include individuals residing in psychiatric institutions or Residential Care Facilities.*

Critical Service Situations

- * ***c. An adult with a court order or imminent court order***
 - * This will be used when the court is or plans to order the individual to receive habilitation services
 - * A habilitative service refers to all DMH Medicaid waiver habilitative services. This is not limited to Habilitation Center Services.

- * ***d. The individual is under 18 and requires coordinated services through several agencies to avoid court action.***
 - * refer to Children's Division for information regarding a Voluntary Placement Agreement.
 - * Note: Residential placement of minors is typically funded through the DSS Children's Division.

Critical Services Situations

- * ***e. A youth in the care and custody of DSS Children's Division, which has a formal agreement in place with a division regional office (when formal agreement is ending).***
 - * This is a formality for individuals that are entering an IDA; it does not apply to individuals that are aging out of an IDA.
 - * This does not include Child Specific Contracts.

- * ***f. In need of immediate life-sustaining intervention to prevent an unplanned hospitalization or residential placement.***
 - * The intent of marking this category would be to obtain a service for an individual that would prevent an unplanned hospitalization or residential placement.
 - * Planned hospitalization refers to hospitalizations that are already expected due to the individual's needs.
 - * Unplanned hospitalization refers to hospitalizations caused by lack of support for the individual's needs. This would also include a psychiatric hospitalization.

Critical Service Situations

- * ***g. Individual is in need of immediate services in order to protect self, another person(s) from immediate harm.***
 - * Immediate harm" is defined as significant injury that would require medical treatment and which is imminent without protective intervention
 - * These behaviors have all been documented to have occurred within the last 6 months.

Daily Living Supports

Examples

- * **Unmet Need:** An individual cannot complete his/her dish washing or laundry independently and has no available resources to assist with this. Since not completing these tasks poses a risk for illness, injury, or harm to the individual this could be considered an unmet need.
- * **Perceived as an unmet need but may not be:** An individual cannot make his/her bed without support or reminders and there are no available resources to assist with this. This would **not** be considered an unmet need because the task of making the individuals bed not being completed does not lead to risk of illness, injury, or harm.

Personal Care Supports

Examples

- * **Unmet Need:** Someone has a choking risk and there is no caregiver in the home; this could be an unmet need.

- * **Perceived as an unmet need but may not be:** Someone who qualifies and chooses not to use state plan services or available natural supports to provide daily care; this would not be an unmet need.

Safety Supports

Examples

- * **Unmet Need:** The individual is hearing impaired and his/her home is equipped with technology that will tell them that his/her home is on fire; however the individual does not know how to respond to the emergency this could be an unmet need.
- * **Perceived as an unmet need but may not be:** The person is hearing impaired but they have the necessary equipment to alert them of a fire alarm and know to evacuate the home, and can call 911 this is not an unmet need.

Behavioral Supports and Unusual Behavioral Supports

Some of the terminology on this tool has multiple meanings in different regions. The term Treatment Plan is used throughout the Behavioral Supports section and should be defined more globally. In this tool it is intended to be the equivalent of the individual's Individual Support Plan.

Behavioral Supports I and II Examples

- * **Unmet Need:** Elderly grandparent is providing care, while parents work, for an individual who bolts. The grandparent/caretaker is not able to physically keep up with the individual; this could be an unmet need.
- * **Not an unmet need:** A person binge eats and there is no person there that can physically support the individual; this could not be identified as an unmet need if other resources such as technology have not been tried.

Behavioral Supports and Unusual Behavioral Supports

Unusual Behavioral Supports Example

- * **Perceived as an unmet need but may not be:**
Someone has pornography under their mattress per their choice for their own personal use and they are not inflicting on someone else. This would not be considered sexually inappropriate; this would not be an unmet need.

Psychiatric or Mental Health Axis I Diagnosis

Examples

- * **Unmet need:** The individual needs counseling but has no resources available for the services needed; this could be an unmet need. Or treatment for disorder is not available locally and the individual can't travel to the treatment this could be an unmet need.
- * **Perceived as an unmet need but may not be:** The individual is exhibiting maladaptive or antisocial behaviors.

Prescribed Medical Treatment

Examples

- * **Unmet Need:** The individual does not have the equipment available for prescribed medical treatment or support to provide the care this could be an unmet need. The individual is physically able to change catheter bag but does not have the cognitive ability to understand the risks with not changing the bag properly; this could be an unmet need.
- * **Perceived as an unmet need but may not be:** The Individual has not utilized available state plan services for prescribed medical treatments; this would not be an unmet need.

Diagnosed Health Conditions

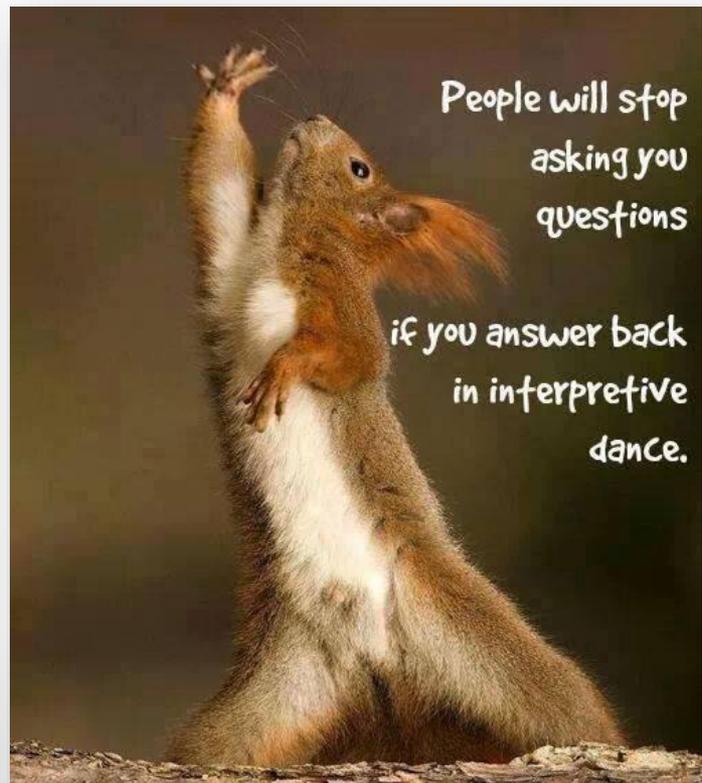
Examples

- * **Unmet Need:** An unmet need would result from a lack of support for the diagnosed conditions or side effects caused by the condition. The individual does not have the equipment available for prescribed medical treatment or support to provide the care for the condition or side effects of the condition; this could be an unmet need.
- * **Choking:** the individual does not have a caregiver to support the individual daily; this could be an unmet need.
- * The individual has emphysema and smokes but does not have the cognitive ability to understand the risks; this could be an unmet need.
- * **Perceived as an unmet need but may not be:** The individual has to travel for dialysis once a week and cannot drive; this would not be an unmet need unless Non-Emergency Medical Transportation (NEMT) is not available.

Natural Supports

- * Impact of care will be individualized based on how the person's level of need impacts the natural support; this section is not for the specific needs of the individual those are addressed throughout other sections of the PON.
- * Appropriate completion of this section will be dependent on the quality of the justification in the plan on the part of the SC. Care should be made to make a compelling case.
- * If the person has no natural supports skip this section because the answers have already been set to default to no.
- * A primary caregiver is the person who takes primary responsibility for someone who cannot care fully for themselves. The plan should identify who the primary caregiver is and the natural support section is based off that individual.

QUESTIONS



Cla Stearns,
Director of Assessment,
Eligibility, and Utilization

Cla.stearns@dmh.mo.gov