LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: <u>Tammy Henrichs</u> Date: <u>08/13/2015</u>

FUND COP SERVICES FOR PARTICIPANT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).

The purpose of this variance is to maintain a participant's support network during relatively brief institutional stays. No variance is needed for recuperative stays of 30 days or less. When a recuperative stay exceeds 30 days a variance is necessary to allow the use of COP funds to continue to pay for noninstitutional community service expenses for up to 90 days for current COP recipients.

1. INSTITUTION NAME: VA Hospital

2. EXPECTED DURATION: 2-3 days, then 2 week nursing home stay following

3. PARTICIPANT INFORMATION

- Male <u>x</u> Female <u>Age 80</u> Time on COP/Waiver programs <u>started 9/30/13</u> Protective Placement <u>No</u>
- Current living arrangement: ____ home
 - ____ AFH ____ CBRF (name, size) <u>Faith Living Center 21 beds</u>
 - ____ NH (name) _____
- Health & medical problems (please use non-medical terms): <u>Client has a history of lung cancer portions of his lung have been removed, pacemaker, heart conditions, high blood pressure, history of multiple kidney stones, urinary retention, mild cognitive impairment, TIA ("mini-stroke"), and spinal arteriovenous malformation (abnormal tangle of blood vessels in, on or near the spinal cord) resulting in extreme leg weakness and currently very little feeling in his legs.
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- Situation requiring rehabilitation and desired outcomes: <u>Client had extreme pain in his legs related to his spinal arteriovenous malformation and went to the VA ER.</u> <u>He was admitted to the hospital on 8/2/15.</u> While there the doctors identified further progression of this <u>condition which caused client to no longer have feeling in his legs.</u> Client is slowly getting feeling to his <u>legs and has surgery scheduled for 9/14/15 at the VA to see if they can improve functioning to his legs.</u> <u>However, he now has an E-coli infection requiring IV antibiotics for 2 weeks that the CBRF cannot manage.</u> <u>VA is looking for nursing home placement until his IV antibiotics end. He will then return to the CBRF <u>until his surgery date.</u>
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- Services to be funded during rehabilitation: Case Management X (\$109.67/hour) Lifeline ____Other CBRF Care and Supervision \$2481.50 (for the first 30 days), \$1240.75 per month (for days 31-90 – this is 50% rate for bed hold).

LTS Committee action: Chair approval date; Full committee approval date;	
Non approval date; Reason;	
Consumer Name:	