

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Renee Knoble Date: 8/27/15

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: Capitol Lakes Health Center

2. EXPECTED DURATION: Not to exceed 90 days

3. PARTICIPANT INFORMATION

• Male Female Age 98 Time on COP/Waiver programs 3/22/12 Protective Placement No

• Current living arrangement: home
 AFH
 CBRF (name, size) _____
 NH (name) Capitol Lakes Health Center

- Health & medical problems (please use non-medical terms): Client was admitted to Meriter Hospital on 7/24/15 due to changes in her mental status: was experiencing disorientation (she was not aware of the time, date, or where she was living), changes in her memory and there were concerns about her judgment, thought process and decision making abilities. While in the hospital she was diagnosed with acute delirium and pneumonia and was treated with IV antibiotics. Delirium is a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and comes with confused thinking and comes quite suddenly and is often caused by a medical illness or infection. Pneumonia is an infection that inflames the air sacs in the lungs; the air sacs can be filled with fluid or pus causing cough, fever, and difficulty breathing.
- Situation requiring rehabilitation and desired outcomes: Prior to her admission to the hospital she had been living at Parkside Assisted Living which is licensed as a Residential Care Apartment Complex and has a limit of providing up to 28 hours per week of care. Due to changes in her functioning related to having pneumonia, weakness, and increased confusion she was not able to return to Parkside as her care needs exceeded what Parkside could provide to her. Client was then admitted to Capitol Lakes Health Center for rehabilitative services on 8/4/15. Due to client's weakness and decline in her ability to complete her activities of daily living (bathing, dressing, toileting, eating, transferring, and mobility) related to her pneumonia infection and increased confusion and memory loss she did receive therapy services at Capitol Lakes. Client received Physical Therapy services from 8/5/15 to 8/11/15, Speech Therapy Services from 8/5/15 to 8/17/15 and Occupational Therapy Services from 8/5/15 to 8/14/15. Although client has not had any improvements in her functioning since receiving rehabilitative services and is now enrolled in hospice, it is hoped that she can move/transition to an assisted living setting such as a group home as it is felt that this could improve her quality of life and ensure that she is residing in the least restrictive setting possible.

- Services to be funded during rehabilitation:

Case Management X _____

Lifeline _____

Other (identify other) _____

LTS Committee action: Chair approval date _____; Full committee approval date _____;

Non approval date _____; Reason _____

Consumer Name: _____