

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

Case Manager: Sai Vang SW/ Donna Bringardner RN

Date: 4/1/15

**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: Belmont Nursing Home

2. EXPECTED DURATION: not to exceed 90 days

**3. PARTICIPANT INFORMATION**

- Male  Female  Age 75 Time on COP/Waiver programs 10 years Protective Placement no
- Current living arrangement:  Home  
 AFH  
 CBRF (name, size)  
 NH (name) \_\_\_\_\_

- Health & medical problems (please use non-medical terms):

Client is a 75 year old man who lives alone in his apartment. He has multiple health and medical concerns. Prevalent problems that have the biggest effect on him now are poor blood circulation that can lead to clotting and knee and ankle pain.

- Situation requiring rehabilitation and desired outcomes:

Client was admitted to St. Mary's Hospital on 3/13/15 because he was very confused and was falling repeatedly at home. He was diagnosed with altered mental status, acute kidney failure, anemia, weight loss, and a fractured left ankle. His problems showed improvement with treatment at the hospital, and his left ankle was put in a cast. He was discharged to Belmont nursing home on 3/18/15 for continued therapy, medication management, improvements in weight, and hydration until he will be safe to return home with support services. Case manager met with client and Belmont SW on 3/31/15 to discuss discharge. Plan for now is client will go back home on 4/14/15.

- Services to be funded during rehabilitation:

Case Management 1 hour @ \$109.67/hour \_\_\_\_\_

Lifeline 1 month @ \$23.95/month \_\_\_\_\_

Other (identify other). \_\_\_\_\_

**LTS Committee action:** Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;

Non approval date \_\_\_\_\_; Reason \_\_\_\_\_

Consumer Name: \_\_\_\_\_

