

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Cortney Doescher-Hino

Date: 1/29/16

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: St Mary's Care Center

2. EXPECTED DURATION: 90 days, 4/4/16

3. PARTICIPANT INFORMATION

- Male Female Age 88 Time on a Waiver Programs 8 months Protective Placement No
- Current living arrangement: home-Parkside RCAC

AFH

CBRF (name, size) _____

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):
Current health concerns are pneumonia and sepsis. She had an infection in her blood, which required a hospital stay on January 4th. She was admitted to St Mary's Care Center on 1/13/16. Due to the infections, she experienced increased confusion as well. She has a diagnosis of Mild Cognitive Impairment. She had a recent fall on 1/26/16 while attempting to transfer independently. She has a history of falls as she does not press her call button for assistance with transfers. She also suffers from spinal stenosis, or arthritis in her back as well as arthritis in her shoulders and hand-which have recently flared up as well with the current infections.

- Situation requiring rehabilitation and desired outcomes:

Nursing home staff have been working with her to increase her strength and stamina. She has been extremely tired and falls asleep during physical therapy. She is not resistant to therapies, yet it is hard for her to complete these tasks without feeling exhausted. Continuing with therapy will increase her strength, stamina and reduce her fall risk.

By obtaining a variance for Waiver services to continue, will reduce the risk that she will lose her community setting. Case Manager will continue working on discharge planning to her home.

Services to be funded during rehabilitation: Case Management , Lifeline _____, other _____

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

Non approval date _____; Reason _____

Consumer Name: _____

