

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Katie Brietzman Date: 3/9/15

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: Karmenta Nursing and Rehabilitation

2. EXPECTED DURATION: 90 days or less

3. PARTICIPANT INFORMATION

- Male: ___ Female: X ___ Age: 76 Time on COP/Waiver program: 10 years Protective Placement: No
- Current living arrangement: ___ ___ home
 ___ AFH
 ___ CBRF (name, size) _____
 X NH (name) Karmenta Nursing and Rehabilitation

- Health & medical problems (please use non-medical terms): Client is a 76 year old, divorced female who currently lives in her own apartment with supportive services through the Waiver program. Client recently had a fall in her home and a few days later appeared to be confused, unable to clearly communicate and in need of assessment and treatment. Client was taken to St Mary's ER where she was evaluated and eventually admitted with suspected heart attack or small stroke. It was determined that client was too weak and unstable to return to home and needed short term nursing home placement for rehab. Referral was made and client was admitted to Karmenta Nursing Home on Feb. 18, 2015. Client's diagnosis includes: Spinal Stenosis, Schizoeffective Disorder, Peripheral Neuropathy, Aortic Stenosis and history of fall. The individual service plan includes; Bathing assist 4 times/week, paid under medical assistance, chore weekly, paid by Waiver funds, transportation to/from nutrition site, and Lifeline.
- Situation requiring rehabilitation and desired outcomes: Due to her current needs and physical limitations, client needs nursing home placement in order to regain strength in order to return home. It is anticipated that client will return to home with the same level of supportive services once she is able as determined by client and the nursing home staff. It is requested that we continue to pay for her lifeline and case management services during her nursing home placement.

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

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

Consumer Name: _____