

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Jennifer Beil, FCP Date: Jan 25th 2016

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 Home, was a Meriter Hospital from Jan 1st - Jan 11th.

2. EXPECTED DURATION: Tentative Discharge Date of March 17th.

3. PARTICIPANT INFORMATION

- Male Age 67 Time on COP/Waiver programs 12 months Protective Placement No
- Current living arrangement: CBRF (name, size) American Way CBRF 17 bed. I am giving notice to facility that he will not return.
- Health & medical problems (please use non-medical terms): He has an infection of unknown origin. He was hospitalized after been in extreme pain and not being able to get himself out of bed. Has been on antibiotics for over 3 weeks. Has appt with infectious disease doctor on Feb 4th. He is in a lot of pain and cannot stand or transfer himself. Two of his vertebrae were compacted and he needs to have back surgery, but cannot until the infection is gone. Recovery time from the back surgery is 6-8 weeks.
- Situation requiring rehabilitation and desired outcomes:
- Client and case management team do not want him to return to American Way. They would like him to rehab at Karmenta and then find a different CBRF to move into. It is unlikely that he could rehab from his back surgery in the community; however, the surgery is standard and he should be able to discharge with in-home PT. The surgery is not scheduled and will not be scheduled until the infection has been successfully treated.

Services to be funded during rehabilitation: Case management to help coordinate finding a new placement. Medications and copays should be under his MA. Personal Allowance of \$100/month. No other costs anticipated.

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

Non approval date _____; Reason _____

Consumer Name: _____