

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager: Jennifer Beil** \_\_\_\_\_ Date: **2/9/16**

**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: Karmenta Nursing Home**

**2. EXPECTED DURATION: 8 weeks**

**3. PARTICIPANT INFORMATION**

- Male X Age 65 Time on COP/Waiver programs 19 months Protective Placement  Yes
- Current living arrangement: American Way CBRF 20 bed
- Health & medical problems (please use non-medical terms): He was found non-responsive in bed from too high of levels of psych meds in his system. This wasn't an overdose, it was an unintentional build up. This happened to him several years ago as well. He taken to hospital for 12 days where some days he slept the whole day and could not answer questions and other days he was coherent but unable to sit up in bed. He was already very underweight and lost more weight during this time. He is now in a wheelchair, where he could walk easily with a walker before. Karementa NH is working with 5/week therapies to help him gain strength. He is also working with a dietician there to gain weight. His discharge planning meeting is scheduled for 2/24.
- Situation requiring rehabilitation and desired outcomes:
- He has a strong desire to return to American Way soon. He can communicate just fine and is wheeling himself around the NH, but the amount of PT and OT he is receiving in the NH would be difficult to replicate in the community. NH believes within a few weeks he will be strong enough to discharge. Goal is to have him out of the wheelchair and back to using the walker.

Services to be funded during rehabilitation: Case Management and CBRF Bed Hold costs.

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

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

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