

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Jane Lanpher Date: March 31, 2015

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: Attic Angel Place Health Center (3/4 – 3/30/15; Maplewood of Sauk Prairie Health and Rehabilitation Center (3/31/15 – present)

2. EXPECTED DURATION: Up to 90 days (from date of initial hospitalization on 2/24/15)

3. PARTICIPANT INFORMATION

- Male ___ Female Age 92 Time on a Waiver Programs 5 ½ yrs. Protective Placement Yes
- Current living arrangement: ___ home
___ AFH
 CBRF (name, size) Clare Bridge of Middleton (32 bed)

Health & medical problems (please use non-medical terms, include a list of their diagnoses): Consumer's medical diagnoses include Alzheimer's Disease, Anemia, Arteriosclerotic Heart Disease (ADHD), and Degenerative Joint Disease.

- Situation requiring rehabilitation and desired outcomes: **On 1/26/15, Consumer fell at Clare Bridge of Middleton CBRF after forgetting to use her 4 wheeled walker while ambulating. She suffered a left hip fracture as a result, was hospitalized and then underwent hip surgery. When ready for hospital discharge on 1/30/15, Consumer was able to return directly to Clare Bridge of Middleton as the facility has in-house rehabilitative therapies available.**

Once back at Clare Bridge of Middleton, Consumer received physical therapy 5x/ week. She was making steady progress, per therapy reports, until she experienced another fall on 2/24/15 while attempting to get out of bed on her own. A bed alarm quickly alerted CBRF staff that Consumer had started moving on her mattress but she fell before anyone could get to her. Consumer's left hip was re-fractured with this fall, just below the break from one month earlier. During a resulting hospitalization (2/24 – 3/3/15), she endured a second hip surgery before being discharged for a rehabilitative stay at Attic Angel Place Health Center.

Following her 3/4/15 admission to Attic Angel Place Health Center, Consumer participated in physical therapy, occupational therapy and speech and language services daily. Consumer remained non-weight bearing despite these therapeutic interventions and was thus eventually determined unable to progress in therapy. Since no progress was shown, Medicare terminated coverage of of Consumer's therapy services on 3/23/15 and related skilled nursing care on 3/30/15.

As she continues to need nursing home care before return to Clare Bridge of Middleton CBRF is possible, and because Attic Angel Place Health Center isn't Medicaid-certified, Consumer was transferred to Maplewood of Sauk Prairie Health & Rehabilitation Center (a nursing home that can bill Medical Assistance for her care) on 3/31/15. The hope is that, with further healing time, she will become weight-bearing and thus able to resume therapies offered at Maplewood of Sauk Prairie. Ultimately, the goal is for Consumer to return to safe ambulation with use of her walker.

Meanwhile, service providers (nursing home staff, CBRF staff, and this worker) as well as Consumer's family, will be working collaboratively on discharge planning / her return to community placement.

Services to be funded during rehabilitation: Case Management , Lifeline _____, other **50% of waiver funded Services & Supervision for CBRF care / bed hold (1/2 of daily rate = \$50.78/day – from 3/25/15 up through 5/24/15 potentially).**

<p>LTS Committee action: Chair approval date _____; Full committee approval date _____;</p> <p>Non approval date _____; Reason _____</p> <p>Consumer Name: _____</p>
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