

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Lacie Ball **Date:** 9/8/16

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: The Willows Nursing and Rehabilitation Center

2. EXPECTED DURATION: Up to 90 days.

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 84 Time on a Waiver Programs 6/2016
- Protective Placement No
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Prairie Gardens, 53 beds.

• **Health & medical problems (please use non-medical terms, include a list of their diagnoses):**

Unsteady Gait (abnormality in walking), Depression with anxiety and recurrent falls.

• **Situation requiring rehabilitation and desired outcomes:**

Client was admitted to UW-Hospital on 7/19/16 for being unresponsive and was diagnosed with a UTI. Client was discharged to The Willows NH on 7/22/16 for a rehabilitative stay so she can hopefully return to her functioning baseline.

Services to be funded during rehabilitation: Case Management and CBRF (first 30 days paid in full/\$77.31 per day, Day 31 – 90 the CBRF will be paid 50% of the CBRF rate/\$38.66 per day estimated payment amount \$2,319.60)

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

Non approval date _____; Reason _____

Consumer Name: _____