

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Jodie Castaneda **Date:** 09/14/2016

**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:** Atrium Post Acute Care of Williams Bay

**2. EXPECTED DURATION:** 90 days

**3. PARTICIPANT INFORMATION**

- Male     Female XX Age 68 Time on COP/Waiver programs 10 years Protective Placement yes
- Current living arrangement: X CBRF (name, size) Cobblestone Home CBRF; 6 beds
- Health & medical problems (please use non-medical terms): 68 y/o female who is deaf, has digestive issues- acid reflux and some intermittent swallowing issues. She also has a developmental disability-cerebral palsy- which is minor. She also has some issues with impulse control from time to time. She uses a walker due to the physical effects of her cerebral palsy.
- Situation requiring rehabilitation and desired outcomes: Client has lived in current CBRF for several years and used her walker independently. This CBRF is preferred as they do provide staff who know sign language which client will use to communicate. She started having increased falls where she would be found on the floor after the fall. She has had pain in her joints for over a year as well. She fell several months ago and tore her rotator cuff in her shoulder. She and her guardian opted for no surgery at that time but client continued to have pain and more falls. She did have a shoulder replacement surgery on 8/15/16. She will need to be in a rehab facility while she is on weight bearing restrictions for that shoulder (six weeks from date of surgery) which means she cannot use her walker and will need to use a wheelchair for mobility. Her CBRF is not equipped/licensed to handle persons with wheelchairs and is not staffed for higher needs persons. She was admitted to The Atrium Post Acute Care of Williams Bay on 08/22/16. She is currently receiving PT and OT to maintain her physical status and when restrictions are lifted will receive PT for learning to use her shoulder again. Plan is for her to return to CBRF when she is able to use her walker independently again.
- Services to be funded during rehabilitation:  
Case Management: 9 hours total at \$109.67/hr: \$987.03 Lifeline: none  
Other (identify other): CBRF: Care/supervision costs: \$3538.30 (daily rate \$142.72 @ 50% for Sept 14 - 30<sup>th</sup>, all of October, and Nov 1-12); COP room/board costs \$165.23 (daily rate of \$5.56 @ 50% for Sept 14 - 30<sup>th</sup>, all of October and Nov 1 -12).

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

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

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

