LTS PLANNING COMMITTEE
COP VARIANCE REQUEST

Case Manager: __ Cortney Doescher-Hino   **Date:**_9/27/16

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: ___Waunakee Manor

2. EXPECTED DURATION: 90 days, 12/16/16

3. PARTICIPANT INFORMATION
- Male ___ Female __X_ Age _ 93 Time on a Waiver Programs _ 2 years Protective Placement __No
- Current living arrangement: _X_ home

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

Current health concerns are vascular dementia, spinal stenosis and degenerative joint disease. She was admitted to the hospital on 9/16/16 due to a fall in which she fractured her wrist and left eye bone. She has continued pain in her left leg and knee, which resulted in a hospital stay in April, 2016 as well.

- Situation requiring rehabilitation and desired outcomes:

    Nursing home staff are working on decreasing her pain in her leg and back, so that she can walk independently with the use of her mobility device again.
    By obtaining a variance for Waiver services to continue, Case Manager can coordinate with family members and nursing home to determine the best possible placement for her once she is discharged from the nursing home. She is currently living in her own apartment, yet Case Manager and family will discuss if substitute care needs to be located. The doctor is not recommending she return home. Case Manager will coordinate referrals to assisted living facilities for her and her family.

Services to be funded during rehabilitation: Case Management ___X_____, Lifeline ____X____, other
_____

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

Non approval date _____; Reason _____
_____
Consumer Name: _____