## LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: \_\_\_\_\_Nicole Egan\_\_\_\_\_

Date: \_\_\_\_\_10/6/2016\_\_\_\_\_

## 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: \_\_Middleton Village\_\_\_\_\_

2. EXPECTED DURATION: 2 months

## **3. PARTICIPANT INFORMATION**

- Male \_\_\_\_ Female \_x\_\_ Age \_\_79\_ Time on COP/Waiver programs \_\_3 months\_Protective Placement \_\_\_\_\_
- Current living arrangement: <u>x</u> home
- Health & medical problems (please use non-medical terms): <u>Client has a history of high blood pressure</u>, <u>headache</u>, <u>Alzheimer's dementia</u>, <u>difficulty finding words</u>, loss of sight due to damage of the optic nerve, <u>anxiety</u>, <u>depression</u>, <u>glaucoma</u>, <u>yellow deposits under retina</u>, <u>dry eye</u>, and <u>high blood pressure in the eye</u>.
- Situation requiring rehabilitation and desired outcomes: <u>Client resides in own home alone. Daughter found client on the floor vomiting blood. Client was admitted to</u> <u>St Mary's hospital starting 9/16/16. The diagnosis was upper intestinal bleeding, with iron deficiency and</u> <u>abdominal pain. While at the hospital, client need 24/7 supervision due to increasing paranoia because of her</u> <u>dementia. On 9/21/16 client was sent to the Villa Nursing Home in Middleton Village for short-term rehab</u> <u>in Occupational Therapy and Physical Therapy. The rehabilitation is for strengthening and conditioning. The</u> <u>plan is for the client to be short-term at the nursing home and go back to her own apartment. The case</u> <u>manager will assist in putting more support services in place before client returns back home.</u>
- Services to be funded during rehabilitation: Case Management \_X (\$109.67/hr)\_\_\_\_
   Lifeline \_\_\_\_\_
   Other (identify other) \_\_\_\_\_

LTS Committee action: Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;
Non approval date \_\_\_\_\_; Reason \_\_\_\_\_\_
Consumer Name: \_\_\_\_\_