

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Tracy Vaughan **Date:** 10/5/16

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: Karmenta Center

2. EXPECTED DURATION: No longer than 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 82 Time on COP/Waiver programs Since 9/28/01 Protective Placement No
- Current living arrangement: X AFH
- Health & medical problems (please use non-medical terms): Memory loss, improper vein functioning, restless leg syndrome, hernia, movement disorder including slow movement, stiffness of limbs, impaired posture, poor balance, high cholesterol, obesity, acid reflux, spinal narrowing, arthritis, insomnia, urinary incontinence, colon disorder.
- Situation requiring rehabilitation and desired outcomes:
Client had a urinary tract infection and fell at her adult family home residence 3 times within 24 hours, had poor balance and was disoriented. Client was admitted to the hospital on 9/14/16 where she was treated with IV antibiotics. She experienced overall weakness due to effects of the infection. At home client was able to transfer independently and walk independently, but has required assistance from 1-2 persons to complete these activities now. Her adult family home residence is not staffed to meet these needs, thus client must be in a skilled nursing home for rehabilitation to regain her strength. The hope is that with physical and occupational therapy client will be able to return to her Adult Family Home. There is a possibility that she will have to move to a substitute care facility that offers a higher level of care, such as a CBRF, if she struggles to regain her strength through therapy at the nursing home. We are requesting a variance to allow client enough time to physically rehabilitate at the nursing home with the hopes of returning to the least restrictive environment available to her.
Services to be funded during rehabilitation:
Case Management X Lifeline _____
Other (identify other) COP funds to pay for portion of room/board to hold client's bed after the nursing home liability has been determined. COP funds are also requested to cover the county's portion of room/board [\$122.50] and care/supervision [\$947] both amounts are 50% of the monthly cost.

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

Non approval date _____; Reason _____

Consumer Name: _____