

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Nicole Egan **Date:** 9/15/2016

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: 2-3 months

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 71 Time on COP/Waiver programs 2months Protective Placement ☐
- Current living arrangement: ☒ CBRF (name, size) Sienna Crest-Oregon 24beds
- Health & medical problems (please use non-medical terms): Client has a history of chronic kidney disease, Parkinson's Disease, dementia, over active Thyroid, vitamin D deficiency, high cholesterol, urine incontinence, and seizure disorder.
- Situation requiring rehabilitation and desired outcomes:
Client resided at Magnolia Hill Nursing Home before it closed this summer. Client moved to Sienna Crest-Oregon Assisted Living in July. While there, client had close to ten falls. These falls were due to client sliding out of wheel chair onto floor, the falls were unwitnessed. She went to the ER numerous times, once ending in a broken tail bone. To protect client from more falls, staff made more frequent checks, staff and case manger encouraged client to ask for help, and client had anit-lock breaks added to her wheelchair. The most recent ER trip was due to worsening Parkinson's disease and a seizure like episode. She was admitted to the hospital on 8/16/16. She was medically stable to be discharged from the hospital the day she was admitted. However, she had to have a 'sitter,' someone sitting in the room with her 24/7 due to the fear of her trying to get out of bed and falling. Once she no longer needed a 'sitter,' she was discharged from the hospital on 9/2/16 to The Villa Nursing Home in Middleton for rehabilitation. She is receiving rehab services from physical therapy, occupational therapy, and speech therapy. The rehabilitation is for strengthening and conditioning. The plan is for the client to be short-term at the nursing home and return back to an assisted living. Sienna Crest said they will not take client back due to the number of falls she had while residing there. Plan is for case manager to assist in finding alternate CBRF placement. Recent care conference attended, client is not making progress in therapy and therapy has ended. Client and family decided she will remain at the nursing home long-term.
- Services to be funded during rehabilitation:
Case Management ☒ (\$109.67/hr) ☐ Lifeline - NO
Other (identify other) ☒ X movers-Mad City Movers (no bill received yet, \$130/hr) Needed to move client's belongings (hospital bed, toilet raiser) from CBRF to storage while client was in nursing home.

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

Non approval date _____; Reason _____

Consumer Name: _____

