

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Eleanor Heeringa-Owen **Date:** March 10, 2017

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: Up to 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 82 Time on a Waiver Programs 6 years Protective Placement **Yes**
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Sylvan Crossings - Westshire 32 beds

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):
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The participant has the following diagnosis: **Leg Pain, Urinary Tract Infection (UTI) Incontinence, COPD exacerbation**, or sudden shortness of breath, **Benign essential HTN**, or high blood pressure,

- Situation requiring rehabilitation and desired outcomes:

Participant was transported from Sylvan Crossings – Waunakee, to the hospital on December 10, 2016, due to increased leg pain. While at the hospital, it was determined that participant had a urinary tract infection. Participant was then transported to Waunakee Manor, on December 14th, 2016 for a short rehabilitation stay. The desired outcome is for the patient to regain strength, and return to her assisted living, Sylvan Crossings – Waunakee.

The participant returned to Sylvan Crossings on January 22, 2017.

Services to be funded during rehabilitation: Case Management **X**, Lifeline _____, other: bed hold cost of \$515

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

Non approval date _____; Reason _____

Consumer Name: _____

