

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Kay Horvatin

Date: 1/10/2016

FUND COP SERVICES FOR CLIENT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).

The purpose of this variance is to maintain a client'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 clients.

1. INSTITUTION NAME: Badger Prairie Nursing Home and Rehab

2. EXPECTED DURATION: 90 days

3. PARTICIPANT INFORMATION

- Male ☒ Female ☐ Age _____
- Time on COP/Waiver programs 2.5
- Protective Placement Yes
- Current living arrangement: ☐ Home
☒ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): History of Brain injury due to oxygen deprivation, liver disease, Bipolar Disorder, High Blood Pressure, blindness in the right eye, alcohol related dementia, alcoholism.
- Situation requiring rehabilitation and desired outcomes: A client with traumatic brain injury, eloped from his residential facility on 11/11/2016. Law enforcement did not locate him until 11/12/2016. He was transported to UW Hospital hospital to be monitored for prolonged exposure to the cold. Among many of the health conditions that he sustained from this incident were gate issues and muscle breakdown due to the cold. Once he obtained the necessary medical attention that he needed, he was transferred to Badger Prairie for PT to regain strength and iprove his balance and ability to woalk independently. Client has been at Badger Prairie since December the 5th. Client continues to receive PT to get him back to baseline. Client also requires 24/7 supervision for safety. While client is at Badger Prairie, client's guardian and his case manager are actively looking for an alternate placement that will provide the level of supervison for safety the client needs.
- Services to be funded during rehabilitation: ☒ Case Management ☐ Lifeline ☒ Other: Care Trak GPS monitoring system.

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

Non approval date _____ Reason _____

Client Name: _____