

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Shannon Smith

Date: 1/6/2017

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: Middleton Villa

2. EXPECTED DURATION: Discharged on 1/3/2017 (total of 31 days in the hospital and Middleton Villa)

3. PARTICIPANT INFORMATION

- Male ☒ Female ☐ Age 63
- Time on COP/Waiver programs 1.5 months
- Protective Placement no
- Current living arrangement: ☐ Home
☐ AFH
☒ CBRF (name, size) Artisan-Middleton 21+ beds
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client is obese and has had a liver and Kidney transplant. Client has insulin dependent diabetes, and balance problems causing gait disturbance. Client has a head injury from a motor vehicle accident and has blood clots deep in his veins as well as history of one of these clots breaking off and blocking an artery to his lungs. Client has a history of infection of the intestine/stool that causes excessive diarrhea, which could lead to weakness.
- Situation requiring rehabilitation and desired outcomes: On the night prior to and morning of emergency room visit, Client's blood sugar readings were out of client's normal ranges. Client was unable to sit up in bed unassisted and was extremely weak. Client was diagnosed at the hospital as having the infection of stool/intestine again as well as weakness. Due to this infection and weakness client needed the assistance of 2 people for all transfers. Client was at Middleton Villa to regain strength and stamina to only need one person to assist with all transfers, prior to returning to Assisted Living Facility. Client is back at baseline.
- Services to be funded during rehabilitation: ☒ Case Management ☐ Lifeline ☐ Other: _____

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

Non approval date _____ Reason _____

Client Name: _____