

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Porsia Vang Date: March 2, 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: Skaalen Nursing and Rehab Center

2. EXPECTED DURATION: Consumer was admitted to St. Mary's Hospital on 12/30/16, and was discharged to Skaalen on 1/5/17. Duration of her rehab can last from 2 weeks to a month.

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 90 Time on COP/Waiver programs 3 mos Protective Placement No ☒
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) McFarland Villa, 36 beds.
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): High blood pressure, high cholesterol, weakness, sleep disorder, narrowing of spine canal, depressive disorder, headache, cancer of left lung, disease of nervous system, acid reflux, eye disease with vision loss, visual disturbance.
- Situation requiring rehabilitation and desired outcomes:
- Consumer fell in her room while attempting to close the window blinds. She broke her hip and was sent to the hospital for emergency services. She was discharged to Skaalen for rehab on 1/5/17 and then discharged from Skaalen on 2/1/17 and returned to McFarland Villa. This variance is needed to fund for the one day that was outside of the 30 day recuperative stay in order to continue funding for the CBRF (daily rate of \$59.70). Consumer is recovering quickly and will continue to receive short term physical therapy to regain her strength, in addition to adaptive aids such as a raised toilet seat and shower chair. Consumer has indicated she will be more cautious when attempting to complete any task alone and independently. She has agreed to seek out staff for assistance.

Services to be funded during rehabilitation: Case Management X, other
CBRF Care and Supervision: \$59.70 (one day of Care and Supervision)

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

Non approval date _____; Reason _____

Consumer Name: _____

