

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** E. Stonecipher

**Date:** 2/1/2017

**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:** Badger Prairie Health Care Center

**2. EXPECTED DURATION:** 90 days

**3. PARTICIPANT INFORMATION**

- Male ☐ Female ☒ Age 63
- Time on COP/Waiver programs 6 months
- Protective Placement Guardianship/Protective Placement
- Current living arrangement: ☐ Home  
☒ AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ NH (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Client has an extensive medical history, including: multiple strokes resulting in paralysis and trouble speaking, a Seizure Disorder, High Blood Pressure, Asthma, Acid reflux, Bipolar Disorder, Schizoaffective Disorder and Anxiety. This client also has a substance abuse history.
- Situation requiring rehabilitation and desired outcomes: Due to a fall on 9/5/16, client was transported to the hospital. There was no witness to the fall, but the client was found with an abrasion on her head. EMT's reported that the client had a seizure while en route to the hospital. Although the client was discharged from the hospital, her condition continued to decline. She seemed to have no memory of the past several years. The client did not recognize care givers or remember her recent transition from a skilled nursing facility. The client became agitated and refused daily cares. She refused to shower, brush her teeth or eat. It was determined that the client could not be managed in her AFH and was therefore returned to the hospital, where she was readmitted. Hospital referred the client to a skilled nursing facility for further monitoring of her psychiatric needs and potential medication adjustments, along with physical rehabilitation so that the client can return to her previous functional level and ultimately return to the community.
- 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: \_\_\_\_\_