

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Rebecca Repaal **Date:** 4/7/2017

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: UW Hospital and Middleton Villa SNF

2. EXPECTED DURATION: Up to 90 days for rehabilitation and strengthening

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 80 Time on a Waiver Programs Since 5/2014 Protective Placement No
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Willow Point Memory Center, 20 beds

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):

Consumer's diagnosis include: Alzheimer's Disease, Depression, Leg Fracture, and TIA (mini-stroke)

- Situation requiring rehabilitation and desired outcomes:

Client was admitted to UW Hospital on 2/18/17 after having a fall that broke her leg. Client did have surgery on her leg and it was determined that she would benefit from a rehabilitation stay to regain strength before returning to assisted living. Client was discharged to Middleton Villa on 2/24/2017. Upon successfully completing rehab, client was discharged back to Willow Point Memory Care 3/31/2017. To meet the increased needs of the client she has been placed on Hospice. Additionally, a hospital bed, floor mat and wheelchair have been provided to her. To minimize client's risk of falling, when walking staff will be with her providing assistance. When client appears weak or unsteady on her feet, the wheelchair will be used

Services to be funded during rehabilitation: Case Management \$600.00, CBRF \$4000.00

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

Non approval date _____; Reason _____

Consumer Name: _____