

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Nicole Egan **Date:** 2/3/17

**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:** Stoughton Geriatric Psychiatry Unit

**2. EXPECTED DURATION:** Less than 90 days

**3. PARTICIPANT INFORMATION**

- Male ☒ Female ☐ Age 71 Time on COP/Waiver programs Since 12/3/15 Protective Placement ☐
- Current living arrangement: ☒ Stoughton Hospital  
☐ AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ NH (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Dementia with behavioral disturbance, tremor [result of past history of stroke, Benign Prostatic Hyperplasia/BHP [enlarged prostate], Hyperlipidemia [high fat in blood], Hypothyroid disorder [overactive thyroid gland], history of cataracts [cloudy eye lenses], history of stroke
- Situation requiring rehabilitation and desired outcomes: Client was living in an Adult Family Home [Sonrisas; Verona]. In the last few months his dementia has been progressing, he has been sleeping less (only 2 hours/day), and his behavioral symptoms (agitation and aggression) have increased. He was given anti-psychotic medications to take as ordered by his doctor to try to calm him when he became agitated and aggressive and staff would walk client, take him to a quiet room, and take him for car rides to try to calm him. These interventions began to not work and client's aggression increased such that he was trying to harm other residents in the home. The police were called and client was brought to UW Hospital on 1/21/17. He was started on medications to help him sleep and as needed medications to try to calm him if he became agitated and aggressive. He was transferred to the Stoughton Geriatric Psychiatry unit on 2/2/17 for medication monitoring. The goals of client's care are to find a medication regimen that will provide a calming effect for his aggression yet not sedate him as well as make sure his night time medication regimen provides support for health sleeping. A referral has been made to the Dane County Dementia Support Team to help the client transition into another facility post discharge from Stoughton Geriatric Psychiatry unit. It is not known how long client will remain in this program or if he will have to discharge to a nursing home or assisted living facility. It is the goal to have the client discharged within 90 days from initial hospital admission.

- Services to be funded during rehabilitation:  
Case Management X [2.5 units Jan \$276.38; 11.5 units Feb \$1,270.06; 7.1 unit Mar \$784.12]  
Lifeline \_\_\_\_\_  
Other (identify other) Payment to AFH for day of admission to UW Hospital (\$100.24).

**LTS Committee action:** Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;

Non approval date \_\_\_\_\_; Reason \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Update: Client was discharged to Four Winds Memory Care [CBRF] on 3-21-17.