

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Renee Knoble **Date:** 5/2/17

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: Ingleside Manor

2. EXPECTED DURATION: Up to 90 Days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 87 Time on COP/Waiver programs 5-11-14 ☐ Protective Placement ☐ No ☐
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) [20 beds] Girlies Manor CBRF
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was hospitalized at St. Mary's Hospital from 4/4/17 to 4/12/17 due to developing a bacterial infection of the skin of her right knee (Cellulitis). Client also had a overnight stay from 4/25 to 4/26/17 due to developing gout on her right thumb—client was then re-admitted to Ingleside Manor and was given medications to treat the gout. Client's primary diagnosis is diabetes (high blood sugar). While in the hospital client was treated with IV antibiotics for the infection. Due to the pain/discomfort of the infection on her knee, client experienced a decline with respect to her ability to transfer (get up and down from a seated position). As client was independent with transferring prior to developing the infection, it was felt that she would benefit from a short term rehab stay at Ingleside Manor where she could receive physical and occupational therapy to allow her to return to baseline functioning. Due to the oral antibiotics and prednisone medication that she is taking for treating the infection, it has caused her to have elevated blood sugars requiring her to have scheduled and sliding scale insulin to stabilize her blood sugars. At this time client is also receiving assistance with daily dressing changes on the affected area/wound on her right knee. Additional diagnoses include: cataracts [cloudy eye lenses], dry eyes, anemia [red blood cell count too low, low iron in blood], hypertension/HTN [high blood pressure], hyperlipidemia [high cholesterol], and history of hip replacement surgery complicated by infection in 2013, and leg edema [swelling due to fluid build up in the body tissue].
- Situation requiring rehabilitation and desired outcomes:
Prior to her admission to the hospital, client had been living at Girlies Manor Assisted Living which is licensed as a Community Based Residential Facility. Due to recent changes in her functioning due to a skin infection (cellulitis) on her knee and inability to transfer even with the help of another person, she was admitted to Ingleside Manor to receive physical and occupational therapy services. Per therapy staff at Ingleside, client continues to receive OT/PT services in hopes that client can return to baseline functioning. Per nursing, it is also hoped that client's blood sugars will become more stable once she is finished with

taking her prednisone and oral antibiotic for treating the cellulitis infection and that she will no longer require scheduled and sliding scale insulin. It is hoped that client can return to Girlies Manor CBRF once she is finished with her rehab at Ingleside Manor, her wound on her knee has healed, and her blood sugars have stabilized such that she no longer requires sliding scale insulin to manage her blood sugars . Client has upcoming appointments with her primary care provider on 5/8/17 and on 5/4/17 with the wound clinic/infectious disease to monitor the wound on her right knee from the cellulitis infection and determine how long she may need to remain at Ingelside Manor for rehab.

- Services to be funded during rehabilitation:
Case Management _ X [3 units April \$331.32; estimated 5 units May \$552.20] _____
Lifeline __N/A _____
Other (identify other) __ CBRF care & supervision \$2,269 1st through 30th day 100% paid; starting with 31st day out of the community the CBRF rate is paid at 50% \$1134.50/month _____

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

Non approval date _____; Reason _____

Consumer Name: _____