

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Erin Munson **Date:** 4/19/17

**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: Badger Prairie HCC**

**2. EXPECTED DURATION: 90 days**

**3. PARTICIPANT INFORMATION**

- Male ☐ Female ☒
- Age 75
- Time on COP/Waiver programs: 3/12/10 – 6/24/15; 1/27/17 – present
- Protective Placement: Yes
- Current living arrangement: Badger Prairie HCC
- Health & medical problems (please use non-medical terms):

Client has the following diagnosis:

- Bipolar disorder, unspecified
- Blindness, both eyes (legally blind)
- Borderline personality disorder
- Generalized Anxiety Disorder
- Histrionic personality disorder
- Malignant melanoma of skin

Client uses a 4 wheeled walker to get around, and needs a wheelchair when going to medical appointments. Client has a history of being a fall risk, and has fallen since being at Badger Prairie HCC. Client has not been able to regain her balance since.

Client was diagnosed with ductal carcinoma in her right breast on 8/10/16. She had a mastectomy on 9/6/16. She has done well post surgery and completed her OT at Badger Prairie HCC. She has at home exercises which she should continue to work on.

- Situation requiring rehabilitation and desired outcomes:  
Client has been open to COP/Waiver since 3/12/10. During this time, she has struggled to find a maintain a good placement due to her behavioral needs. Staff have struggled to work with client due to her negatively interacting/offending others. In the past, client has gotten into heated arguments with both staff and residents, often trying to bring other residents into conflicts she has started, getting into other residents issues, and needing frequent interventions to prevent this from happening. Many placements gave her a 60 day notice to leave.

Currently, client can be passive aggressive and manipulate other residents and staff. Client can talk poorly about other staff and triangulate. When client is upset, she will start crying/screaming hysterically.

Client was moved to Badger Prairie Healthcare Center in June 2015 due to a fall. In June 2016, client was ready to relocate to the community. The team then started to look at AFHs. Due to history of failed placements at various AFHs, finding a placement for client was challenging. A placement was located and client was able to move into an AFH on 1/27/17. On 2/2/17, AFH determined they were not able to meet client's mental health needs and requested client return to Badger Prairie HCC as soon as possible. Client returned to Badger Prairie HCC on 2/3/17. The team then started to look at CBRFs. A new CBRF placement was found, where client moved on 3/31/17. At first, client was happy with the placement and staff seemed to be able to appropriately handle her challenging behaviors. On 4/11/17, client reported that she was having issues with her irritable bowel syndrome and was uncomfortable sharing a bathroom with other residents. Client ultimately wanted to return back to Badger Prairie HCC so that she could have her own bathroom. The team decided that letting client go back to Badger Prairie HCC will prevent her from sabotaging this placement and others in the future. A decision was made by the team for client to move back to Badger Prairie HCC on 4/12/17.

Client and guardian have a strong desire for client to be placed in the community. The team is looking at finding a new placement for client that will have a private bathroom. A CBRF will be able to provide client the level of care that is needed. Once a CBRF is located, client can move out of Badger Prairie HCC. Client is in need of a case manager while in the community. A referral has been made, and once the client has been placed in a CBRF the referral process can be completed.

Services to be funded during rehabilitation: Case Management

<b>LTS Committee action:</b> Chair approval date _____; Full committee approval date _____; Non approval date _____; Reason _____ _____ Consumer Name: _____
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