

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Rachel Okerstrom **Date:** March 31, 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: St. Mary's Care Center

2. EXPECTED DURATION: Less Than 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 78 Time on COP/Waiver programs: Since 11/1/2012 Protective Placement ☐
- Current living arrangement: ☒ home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was admitted to the hospital on 3-3-17. She reported two falls and her daughter took her to see her primary physician on 3-3. He admitted her to the hospital due to low blood pressure and irregular heart beat. Her medical history includes depression, epilepsy [she has not had a seizure since approximately 1999], coronary artery disease/CAD [narrowing of arteries to the heart resulting in less oxygen to the heart], hip pain, anemia [iron deficiency], fatigue, obesity, edema [swelling due to fluid build up in the body tissue], diabetes [high blood sugar], urinary incontinence, history of colon cancer, history of B12 vitamin deficiency.
- Situation requiring rehabilitation and desired outcomes: Client was admitted to St. Mary's Care Center on 3-8-17. Prior to hospital admission, client reported that she felt unstable ("shakey, achey, with a few sore spots") and reported a fall in her apartment on February 28, 2017. Physician appointment on March 3 showed client's blood pressure was low, and recommended that client go to the hospital for the weekend. Upon admission to Hospital, client had low blood pressure and a diagnosis of Atrial Fibrillation (irregular heart beat). Client then was transferred to a rehabilitation facility, St. Mary's Care Center. She is to remain at St. Mary's Care Center until safe and appropriate housing is found. She will receive OT/PT services for strengthening. Client's daughter and her physician feel an assisted living facility will result in an environment that is safe for the client. Client is in agreement with not returning to her apartment. She fatigues easily related to her heart condition. An assisted living facility will provide the necessary supports i.e. medication management, health monitoring, meals, etc. and reduce the stress and tasks client will need to perform. This will reduce her fatigue and thus reduce the risk of her falling.
- Services to be funded during rehabilitation:
Case Management ☒ [13.2 units provided in March \$1,457.81; 13 units provided in April \$1,435.72; estimate 10 additional hours [\$1,104.40] to assist with assisted living placement.
Lifeline ☐ Canceled – Last payment made February 2017
Other (identify other) _____

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

Non approval date _____; Reason _____

Consumer Name: _____

Update: Client is still at St. Mary's Care Center. She and her daughter are touring assisted living facilities. She also had another hospital stay due to excessive fluid build up.