

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Noriko Stevenson **Date:** 2/28/17

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: Select Specialty Hospital

2. EXPECTED DURATION: 2 Months

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 71 Time on COP/Waiver programs 3years and 2 months
Protective Placement
- Current living arrangement: ☒ home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was admitted to St. Mary's Hospital on 1/30/17 for pneumonia and bronchitis. She required intubation to help her breath and she was transferred to the intensive care unit [ICU]. Client has diabetes [requires insulin], high blood pressure [Hypertention/HTN] and history of a stroke which resulted in her needing to use a wheelchair since 2010.
- Situation requiring rehabilitation and desired outcomes:
Client has been transferred to Select Specialty Hospital on 2/17/17 from St. Mary's Hospital for rehabilitation and due to her high medical needs. Client is very weak and needs assistance for transferring with a mechanical lift. She requires PT and OT for strengthening. She also has a feeding tube through her nose [NG tube]. This is expected to be short term until client is able to maintain adequate nutrition orally. Additionally client's medical condition requires close monitoring of her blood sugar and blood pressure. Rehabilitation at Select Specialty Hospital is necessary until her medical needs are at the level her family members can meet and monitor. She lives with her husband who in also in poor health. She lives next door to one of her adult children. When she is discharged home she will have home health services as well as increased supportive home care services to assist with medication management, medical oversight, meal preparation, and personal care assistance.
- Services to be funded during rehabilitation:
Case Management ☒ X [\$684.73 total]
Lifeline ☐ X [\$23.95] _____
Other (identify other) Supportive Home Care Services provided on the day of hospital admission [6 units \$174 total]

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

Non approval date _____; Reason _____

Consumer Name: _____

Update: Client was discharged home with her husband on March 14, 2017 with home health services and increased supportive home care. The family has also agreed to checking in more often and to providing assistance when home health and the supportive home care services are not in the home.