

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Lacie Ball **Date:** 5/17/17

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: Oak Park Place

2. EXPECTED DURATION: Up to 90 days.

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 81 Time on a Waiver Programs 12/2016 Protective Placement No
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Brookdale Madison North, 73 beds

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):

Upper GI Bleed (history), Abdominal Hernia (A bulging of an organ or tissue through an abnormal opening), Constipation, Gallstone Pancreatitis (Patients with small gallstones may pass them from the gallbladder to the main bile duct blocking off the pancreatic duct causing a severe form of pancreatitis), Dysphagia (medical term for the symptom of difficulty in swallowing), Esophageal Reflux, Hyperlipidemia (A condition in which there are high levels of fat particles (lipids) in the blood), Anemia (condition in which the blood doesn't have enough healthy red blood cells), Right Bundle Branch Block (a heart block in the electrical conduction system), Atrial Tachycardia (type of heart rhythm problem in which the heart's electrical impulse comes from an ectopic pacemaker (that is, an abnormally located cardiac pacemaker) in the upper chambers (atria) of the heart, rather than from the sinoatrial node, the normal origin of the heart's electrical activity), Atrial Fibrillation (An irregular, often rapid heart rate that commonly causes poor blood flow), Hypertension (high blood pressure), Rotator Cuff Arthropathy (degenerative arthritis of the shoulder that develops over time after the rotator cuff is damaged), Sternal Fracture (fracture of the Sternum), Thoracic Compression Fracture (occurs when one or more bones in the spine weaken and crumple, Osteoporosis (A condition in which bones become weak and brittle), Fatigue, Back Pain, Parkinson's Disease (A disorder of the central nervous system that affects movement, often including tremors), Restless Legs Syndrome, Mild Cognitive Impairment, Dyspnea (difficult or labored breathing), Asthma, Depression, History of Rheumatic Fever, Syncope (temporary loss of consciousness caused by a fall in blood pressure), Hypophonia (soft speech, especially resulting from a lack of coordination in the vocal musculature. This condition is a common presentation in Parkinson's disease), Insomnia, DCIS of Breast (non-invasive breast cancer), Right Sided Epistaxis (nose bleed), Risk for Falls, Edema (swelling caused by excess fluid trapped in your body's tissues) and Fuchs' Endothelial Dystrophy/Pseudophakia (progressive, hereditary disease of the cornea).

- Situation requiring rehabilitation and desired outcomes:

Client was admitted to St. Mary's Hospital on 4/7/17 after a fall in her bathroom and discharged to Oak Park Place on 4/19/17 for a rehabilitation stay. Client returned to her facility on 5/12/17 with orders for home health physical therapy services.

Services to be funded during rehabilitation: Case Management and CBRF (first 30 days paid in full/\$57.17 Waiver and \$28.66 COP per day, Day 31 – 90 the CBRF will be paid 50% of the CBRF rate/\$28.59 Waiver and \$14.33 COP per day estimated payment amount \$2446.18).

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

Non approval date _____; Reason _____

Consumer Name: _____