LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: <u>Cortney Doescher-Hino</u>

Date:_5/23/17

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: <u>Select Specialty Hospital</u>

2. EXPECTED DURATION: _____90 days, 07/27/2017

3. PARTICIPANT INFORMATION

- Male __ Female _X__ Age _ 80 Time on a Waiver Programs _ since 8/1/2014 Protective Placement __No
- Current living arrangement: ____ home
 - ____ AFH

__X_CBRF (name, size) __Ashwabay House 8 Beds

• Health & medical problems (please use non-medical terms, include a list of their diagnoses): Consumer has been diagnosed with Congestive Heart Failure (CHF), Depression, Anxiety, Chronic Obstructive Pulmonary Disease (COPD) and Rheumatoid Arthritis (RA). CHF is a condition where consumer's heart doesn't pump blood properly, therefore she has a pacemaker to control her heart rhythm. COPD is a lung disease, which causes consumer to be short of breath and rely on oxygen and nebulizer treatment. RA is a type of arthritis, which causes consumer pain and swelling in her joints.

• Situation requiring rehabilitation and desired outcomes:

Consumer was hospitalized on 4/27/17 due to pneumonia and it was found that she had sepsis as a result of pneumonia. Sepsis occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body which requires antibiotic treatment. She requires three times daily IV antibiotics and was discharged to Select Specialty Hospital on 5/3/17 to receive these IV antibiotics. She will slowly ween off of the IV treatment until she is on once daily IV. She is expected to remain on this course of IV treatment until approximately 6/11/17. Once she is stable and shows no signs of infection, she will return to her assisted living. Case Manager and RN Case Manager will continue to assess her return to the community.

Services to be funded during rehabilitation:

Case Management _____\$611.52 6 hours of case management time____ Care and Supervision at Ashwabay ____daily rate of \$86.27, first 30 days in full, 60 days at 50% of daily rate. Estimated total of \$5,248.27 for Care and Supervision____

Non approval date _	; Reason;
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Consumer Name: _____