

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

/ase Manager: Kendall Eberhardt Date: 05/17/2017

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: Belmont Nursing and Rehab Center

2. EXPECTED DURATION: Up to 60 Days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 82 Time on COP/Waiver programs 10/06/2016 Protective Placement ☐ No ☐
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Hannah's House East CBRF (8 beds)
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was admitted St. Mary Hospital on 4/22/17 due to broken hip. Client currently resides at Hannah's House East CBRF. Client's brother had passed away on 4/13/17 and his funeral was on 4/22/17. Client was anxious about the funeral and could not sleep. Client got out of her bed to walk to the bathroom in the middle of the night; she fell and broke her hip resulting in surgery. Client has the following diagnoses: COPD (chronic obstructive pulmonary disease; lung disease), Schizophrenia (mental disorder characterized by abnormal thought process), low back pain, shuffling gait (dragging feet when walking), and has troubling finding words.

- Situation requiring rehabilitation and desired outcomes: Client was discharged from the hospital and transferred to Belmont Nursing and Rehabilitation Center on 4/28/17. Client is receiving occupational and physical therapy. Client will continue to receive occupational and physical therapy through a home health agency after she returns Hannah's House East Community Based Residential Facility where they will assist with transfers using an EZ stand. Client appears to be motivated and in good spirits per Vanessa, CBRF director. Client has stated prior to nursing home stay that she likes living at CBRF. Case Manager will work diligently with CBRF staff and Patrick Fox, mental health CM to strategize on ways to reduce anxiety for client to prevent falls in the future.

- Services to be funded during rehabilitation:

Case Management X (projected 2 hours in May and 2 hours in June [110.44/hr = \$441.76 total])

Lifeline

Other (identify other) X CBRF Care & Supervision Rate at 50% [\$2,079 full monthly rate; reduced rate = \$1,039.50 two months max.]

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

Non approval date _____; Reason _____

Consumer Name: _____