

**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: Oak Park Place

2. EXPECTED DURATION: Up to 90 Days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 93 Time on COP/Waiver programs 8/1/16 Protective Placement ☐ Yes ☐
- Current living arrangement: ☐ home
☐ AFH
☒ CBRF (name, size) Chamomile, 17
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was on her couch and self-transferred resulting in a fall. Client rang call light and staff came to assist client. Client reported minimal pain and staff assisted client back to the couch. Client's daughter/guardian called client who reported pain; the daughter/guardian called staff members to check on client. It was determined by Client, daughter, and staff client should go to the hospital for evaluation. Client arrived to St. Mary's hospital via ambulance on 5/6/17 and was admitted. Client had broken her pelvis in three places. Client has diagnosis of Alzheimer's Disease with Behavioral Disturbance, back pain, constipation, essential hypertension (high blood pressure), fever, fracture of humerus proximal (breaking of shoulder joint), generalized osteoarthritis (joint disease), GERD (gastroesophageal reflux disease; acid reflux/heart burn), insomnia disorder related to known organic factor, macular edema (swelling due to fluid buildup in the body tissue), osteoporosis (brittle bone disease), other B-Complex deficiencies (extreme fatigue, tingling in feet and hands), overactive bladder, pernicious anemia (not enough healthy red blood cells), pseudophakia (artificial lens), sensorineural hearing loss (damage to inner ear), urinary incontinence without sensory awareness, venous (branch) occlusion of retina avastin/laser (injection in eye to prevent lost of vision), wet AMD in Right eye with HX of BRVO. Dry AMD OS (severe loss in vision).
- Situation requiring rehabilitation and desired outcomes:
Client was discharged from the hospital and transferred to Oak Park Place on 5/9/17 for rehabilitation of fractured pelvis. Client has expressed that she wishes to return to Chamomile her Community Based Residential Facility after rehabilitation is completed. Client's daughter/guardian and son/POA-Finance both express that they hope for her to return to community. At beginning of stay at Oak Park, client was not participating in therapy due to pain and family has encouraged her to continue. Since then, client has been participating in therapy. Case Manger will continue to work with client, family, and staff at the CBRF to

ensure there is enough support provided when client does return. CM will set up physical therapy to continue therapy with client when she does return to CBRF. CM will continue working with staff at CBRF and monitoring to ensure another fall does not occur.

- Services to be funded during rehabilitation:

Case Management __X (Projected 6 hours in May [\$110.44/hr x 6 = \$662.64]; 3 hours in June [\$331.32])_____

Lifeline _____

Other (identify other) __X CBRF Care & Supervision Rate at 50% [\$2,560.52 full monthly rate; reduced rate = \$1,280.26 two months max.]_____

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

Non approval date _____; Reason _____

Consumer Name: _____