

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Kendall Eberhardt **Date:** 4/19/17

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: St. Mary's Care Center

2. EXPECTED DURATION: Up to 60 Days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 94 Time on COP/Waiver programs 10/01/2012 Protective Placement ☐ No ☐
- Current living arrangement: ☒ home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client was admitted UW-Hospital on 3/10/17 due to pain. On 3/10/17 client pushed her life alert button and told lifeline she was in pain. Client's daughter, Janice, drove client to the emergency room. Doctor reported to client the pain was related to dehydration, arthritis, and bladder infection. Client also has the following diagnoses: Hypothyroidism which is an overactive thyroid, high cholesterol, obesity, hypertension/HTN (high blood pressure), osteoporosis (brittle bone disease), fatigue, limited mobility, temporary loss of blood supply to brain, history of breast cancer, macular degeneration which is vision loss, and chronic kidney disease.

- Situation requiring rehabilitation and desired outcomes:
Client was discharged to St. Mary's Care Center 3/20/17. Client was less mobile than previously and needed assistance transferring. Client participated in Physical Therapy once a day from 3/20/17- 4/19/17. St. Mary Care Center stated client would stop therapy services on 4/19/17 and could stay in room until client would transition to Community Based Residential Facility within Dane County. Prior to hospitalization, client was living in independent housing in South Madison region. Client had Independent Living Inc for home delivered meals and Community Living Alliance for supportive home care services prior to hospitalization. Due to client's decline and need for increased support it was decided placement in an assisted living facility was preferred rather than returning to independent living in her home. Client agreed and she plans to sell her house. Her daughter is touring facilities.

- Services to be funded during rehabilitation:

Case Management __X [4.2 units March \$463.85; 15.8 units April \$1,744.95; estimated 5 hours May \$552.20] _____

Lifeline __\$25 each March and April – Canceled for May _____

Other (identify other) __\$300 Moving Costs_____

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

Non approval date _____; Reason _____

Consumer Name: _____

Update: Client transferred to McFarland Villa [36 bed assisted living facility] on 5-25-17. Client toured this facility and requested to move there after rehabilitation was completed. During her nursing home stay she was re-admitted to the hospital due to headache pain. She was diagnosed with a sinus infection and she is received antibiotics. She was also newly diagnosed with congestive heart failure/CHF [weakness of the heart that leads to fluid build up in the lungs]. She was started on medication. She returned to the nursing home on 5-5-17 for additional rehabilitation.