LTS PLANNING COMMITTEE
COP VARIANCE REQUEST

Case Manager: _ __Sara Gerke _____Date**:**____5/26/17__
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:** __Mendota Mental Health

2. EXPECTED DURATION: __Not to exceed 90 day's of being out of community placement (7/29/17 is 90 day's)

3. PARTICIPANT INFORMATION

- Male ___ Female _x__ Age __68_ Time on a Waiver Programs _5yrs and 1 month___ Protective Placement __no__
- Current living arrangement: ___ home
  ___ AFH
  __X_ CBRF (Faith Living 21 bed -prior to Mendota)
  _____ CBRF _
  __Current: Mendota for short term recovery stay. Discharge placement is yet to be determined.

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

All diagnoses: Schizoaffective disorder, which is a severe and persistent mental illness; spinal injury with paraplegia which has paralyzed her from the waist down, only allowing self mobility in arms and part of the torso; recurrent decubitus ulcers, currently has four open wounds requiring skilled RN care; recurrent UTI (urinary tract infection) due to neurogenic bladder (bladder dysfunction caused by damage.), requiring an indwelling supra pubic and urethra catheter ; B-12 deficiency; osteomyelitis; has a permanent colostomy, where a piece of the colon is diverted to an artificial opening in the abdominal wall to allow defecation; cannabis (marijuana) dependence; and nicotine dependence.

Client was admitted to Meriter Hospital on 4/11/17, with a possible urinary tract infection, and returned to the CBRF on 4/17/17. Shortly after her return, the CBRF noticed her behaviors had increased. On 4/26/17, she struck a pregnant CBRF staff in the abdomen, tried to ram into another CBRF staff with her electric wheelchair, was refusing cares, throwing things at staff, using racial slurs, refusing her psychotropic medications, and threatening to throw her urine and colostomy (feces) bags at staff. We already had a team meeting scheduled for 4-27-17, at which the client, her home health RN providers, CBRF Manager, Community Support Manager and waiver Manager attended. We discussed needing to first clear her medically, to test and treat any type of infection. We were not positive if the recent course of IV antibiotics, from the 4/11-4/17/17 hospitalization, fully treated the UTI. The plan was for the home health RN to get an order, testing for a UTI, and if no medical reason was found for the increased behaviors, we would consider getting an involuntary Chapter 51 treatment order, assuming her behaviors became dangerous enough. On 4/28/17 the CBRF received an order from Meriter Hospital for oral antibiotics. Client was started on the antibiotics that same day.

Client returned to Meriter Hospital on 5/1/17 after she had thrown herself on the floor from her hospital bed reportedly because she did not want to be at the CBRF due to delusions (saw demons and became afraid) . Earlier that day she exhibited very aggressive behaviors toward staff and it shifted to self injurious behaviors. At the time, it was believed this was related to the urinary track infection that had not completely been treated. However, Meriter determined that the client did not have a urinary track infection, therefore that was not the reason for her behaviors. Her behaviors became increasingly more self injurious and violent (throwing herself out of bed, threatening to kill herself, throwing colostomy and urostomy (urine) bags at staff, refusing to let drainage bags be replaced, spitting at staff, hitting herself, wiping feces all over her face, placing her finger in her colostomy opening in an attempt to harm self, and refusing repositioning). This client had been refusing psychiatric medications to treat her Schizoaffective disorder since Aug 2016, although her psychiatric condition had stabilized until late April 2017.

- Situation requiring rehabilitation and desired outcomes:

After being cleared medically, it was determined she required a short term psychiatric inpatient stay to treat her mental illness. Although due to her paralysis, all of the hospitals' psychiatric units were unable to accept her because her medical care was higher than what could be met on the psychiatric unit. The only placement that could manage both her medical and psychiatric care needs was Mendota. A referral was made, and she was transferred to Mendota on 5/5/17. Proceeding with an involuntary Chapter 51 treatment order, Haldol (an anti-psychotic medication) injections were started.

On 5/19/17, the client was transferred from Mendota to UW Hospital where she was treated for sepsis (a system wide infection) and Methicillin-resistant Staphylococcus aureus (MRSA), a staph infection that has become immune to many types of antibiotics. She was put on injectable antibiotic to treat. On 5/24/17, the client was admitted back to Mendota, due to becoming aggressive at UW Hospital. The client has four open wounds (no open wounds prior to leaving CBRF on 5/1/17).

Gateway CSP, Mental Health Case Management organization, feels it would be best for the client to discharge from Mendota to Badger Prairie for a short term rehabilitation stay for wound care. Should the client go to Badger Prairie or some other short term rehabilitation facility, the CBRF is willing to reconsider taking the client back once her psychiatric condition stabilizes. The CBRF would re-assess the client for re-admission and the skilled wound care would be provided by an RN with Home Health.

This request is to fund the cost of holding the bed open at the CBRF, up to 90 days. This is necessary in part due to the many complications that the client has both medically and psychiatrically.

Cost to approve: First 30 day's of CBRF C&S at 100% ($2849) and 50% after (cost of $46.84/day= $1405.20/mo) not to exceed 90 day's total.

_____, Lifeline _____, other CBRF care and supervision/bed__X_____

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

Non approval date _____; Reason _____

_____

Consumer Name: ___ _____