

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Renee Knoble **Date:** 5/31/17

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: Oregon Manor

2. EXPECTED DURATION: Up to 90 Days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 82 Time on COP/Waiver programs 4/3/2014 Protective Placement ☐ No ☐
- Current living arrangement: ☐ home
☐ AFH
☐ CBRF (name, size) Main Street Quarters [20 beds]
☒ NH (name) Oregon Manor
- Health & medical problems (please use non-medical terms): Client was hospitalized at Meriter Hospital from 5/2/17 to 5/5/17 due to sustaining a proximal tibia and fibula fracture (fx located on the lower part of the leg close to the knee) on her left leg when staff at Main Street Quarters CBRF were attempting to lower client to the ground to prevent a fall when attempting to transfer client. Client also has a diagnosis of Multiple Sclerosis [MS] which is a disease that affects the brain and spinal cord and can cause muscle spasms, weakness in legs, balance problems and loss of coordination. Due to client's MS she had been having more difficulty with transferring and had been requiring two persons to assist. Prior to client's fall, Main Street Quarters CBRF had provided a 30 Day notice due to client's increased need for assistance with transferring (ability to get up and down from a seated position and other assisted living settings were being explored. As Main Street Quarters staff were not able to meet client's level of care needs after the fracture (client was requiring a two person hoist lift transfer) was felt that she would benefit from a short term stay at Oregon Manor to receive rehabilitative services (physical and occupational therapy) in hopes that she could regain her ability to transfer and transition to a new assisted living arrangement. She was admitted to Oregon Manor Nursing home on 5/5/17. Currently client requires a lift and two people to assist with transferring to maintain her safety. Additional diagnoses include: hypertension [high blood pressure], urinary incontinence, edema [swelling due to fluid build up in the body tissue], peripheral neuropathy [nerve damage], history of deep vein thrombosis/DVT [blood clot], and dyslipidemia [abnormal amount of fat and cholesterol in the blood].
- Situation requiring rehabilitation and desired outcomes:
Prior to her admission to the hospital, client had been living at Main Street Quarters which is licensed as a Community Based Residential Facility. Due client receiving the 30 Day Notice from the CBRF prior to the hospital admission/fracture and client's requiring a lift for every transfer, Main Street Quarters was not able to re-admit client and there are no plans for her to return to the CBRF as they do not have the staff available

to assist with two person transfers. Client's furniture and belongings were moved out of Main Street Quarters. At this time client continues to be non weight bearing due her lower leg fractures and she continues to work with therapy (physical and occupational therapy services). Client continues to be followed by an orthopedist to monitor the healing process with respect to her lower leg fractures. Once client again becomes weight bearing she will be able to receive more intensive PT/OT services to maximize her independence with transferring. Once client is finished with her OT/PT services it is hoped that she can transition to a new assisted living setting that has the capacity to provide assistance with two person transfers and lifts. Due to client's MS, prior to her fracturing her lower leg, her ability to transfer fluctuated due to the disease process.

- Services to be funded during rehabilitation:
Case Management __X__ June and July 2017 [estimate: 3.0 hours each month (\$110.44 @ 6 hours = \$662.64)_____
- Lifeline _____
- Other (identify other) __Moving Services: Mad City Moving Services: \$390.00

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

Non approval date _____; Reason _____

Consumer Name: _____