Case Manager: Jodie Castaneda   Date**:** 06/13/17

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: KARMENTA CENTER (nursing home/rehab0

2. EXPECTED DURATION: up to 90 days

3. PARTICIPANT INFORMATION
- Male ___ Female: XX Age: 84 Time on COP/Waiver programs 9 months Protective Placement yes
- Current living arrangement: ___ home
  - ___ AFH
  - __XX_ CBRF (name, size) MADISON POINTE SENIOR LIVING, 47 beds
  - ___ NH (name) _____

- Health & medical problems (please use non-medical terms): Client has dementia and is forgetful. She also has a history of depression and has anxiety. She also has ambulation issues related to the curvature of her spine and history of many compression fractures in her back. She has swallowing issues related to the tightening of her esophagus. She recently was having falls in her room/CBRF due to weakness as well.

- Situation requiring rehabilitation and desired outcomes: client was recently having falls and frequent complaints of not feeling well/weakness with frequent doctor appointments. Her latest fall and doctor appt revealed she had a urinary tract infection and she was subsequently hospitalized on 5-17-17. She was then transferred to Karmenta Center 0n 6-23-17 (nursing and rehab center) for therapies to provide her with strengthening so that she could return to CBRF.

- Services to be funded during rehabilitation:
  Case Management: up to 2 hours/month.
  Lifeline _____
  Other (identify other)CBRF costs: $1073.25 for care/supervision per month.

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

Non approval date _____; Reason _____

_____

Consumer Name: _____