

Case Manager: Lacie Ball **Date:** 8/3/17

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: LifeCare Hospital

2. EXPECTED DURATION: Up to 90 days.

- Male X Female Age 87 Time on a Waiver Programs Since 1/2014

- Protective Placement No

- Current living arrangement: ___ home

X AFH Lu's Family Home

_____ CBRF (name, size) _____

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):
 - History of Diabetes Mellitus
 - Pure Hypercholesterolemia (high cholesterol)
 - Hypertension (high blood pressure)
 - Dementia
 - Incontinence of Urine
 - Claustrophobia (fear of confined places)
 - Anxiety (with Depression)
 - Depression with Anxiety
 - Nonproliferative Diabetic Retinopathy (early stage of diabetic retinopathy. In this stage, tiny blood vessels within the retina leak blood or fluid. The leaking fluid causes the retina to swell or to form deposits.)
 - Basal Cell Carcinoma (skin cancer)
 - Onychomycosis (nail fungus)
 - Intertrigo (inflammatory condition of skin folds, induced or aggravated by heat, moisture, maceration, friction, and lack of air circulation.)
 - Acquired Keratoderma (marked thickening of skin)
 - Cyst of Buttocks
 - Brow ptosis (drooping eyebrow)
 - High Risk for Falls
 - S/P Bilateral Cataract Extraction
 - Dermatochalasis (an excess of skin in the upper or lower eyelid, also known as "baggy eyes.")

- Situation requiring rehabilitation and desired outcomes:

Client was admitted to UW Hospital on 6/26/17 after being diagnosed with a Strep A blood infection. Client needed IV antibiotics through a PICC line so he was discharged to LifeCare Hospital (Long Term Acute Care Hospital) to continue treatment. Client was discharged back to his AFH on 7/28/17.

Services to be funded during rehabilitation: Case Management and AFH (first 30 days paid in full/\$74.35 per day, Day 31 – 90 the AFH will be paid 50% of the rate/\$37.18 per day estimated payment amount \$2,230.51)

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

Non approval date _____; Reason _____

Consumer Name: _____