

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Renee Knoble **Date:** 7/26/17

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: Good Samaritan Society (Lodi, WI)

2. EXPECTED DURATION: Up to 90 Days

3. PARTICIPANT INFORMATION

• Male ☐ Female ☒ Age 96 Time on COP/Waiver programs since 3/7/17 Protective Placement No

• Current living arrangement: ☒ home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____

• Health & medical problems (please use non-medical terms): Client was hospitalized at Meriter Hospital from 7/10/17 to 7/13/17 due to reported "spells" where she had an unresponsive episode at home associated with jerking motions of both arms, rocking, of torso, chest pain, and was not able to speak. During the hospitalization similar "spells" that involved some twitching/jerking but only lasted for a few seconds and had reported shortness of breath and anxiety had some decline in her ability to care for herself and changes in her mental status. Despite undergoing some medical testing in the hospital, it was never determined what the "spells" were (seizures and stroke were ruled out as causes) and why client had experienced these; there was some thought that the "spells" may have been due to anxiety. As client was observed to have declines in her ability to toilet, transfer, and walk since her hospital admission it was determined that client would benefit from short term rehabilitative services in a nursing home setting. Client had been living in her independent apartment prior to the hospitalization/admission to the nursing/home. The decision was made for client to receive rehabilitative services in Lodi (Good Samaritan) as it would allow for her family members to visit client often and monitor her progress in therapy. Client has the following medical conditions: anxiety, essential hypertension (high blood pressure), mild cognitive impairment (is an intermediate stage between the expected cognitive decline of normal aging and the more-serious decline of dementia. It can involve problems with memory, language, thinking and judgment that are greater than normal age-related change), hypothyroidism (over active thyroid), and GERD (acid reflux/heart burn).

• Situation requiring rehabilitation and desired outcomes:

While at the nursing home client has been receiving Physical, Occupational, and Speech Therapy Services. Client is now a one person assist with transferring, toileting, dressing, and mobility. As client's level of care has changed such that she now requires 24 hour care; she will not be returning to her apartment in the community. Therapy continues to provide rehabilitative services with the goal for client to transition to an assisted living setting in the Dane County area. As client has had changes in her memory and her ability to make health care decision she will be evaluated by her primary care physician on 8/3/17 to determine if she continues to have the capacity to make her own health care decisions. Per the therapy department, client will continue to receive therapy for 1-2 weeks after that point assisted living placement may be considered for client and determine if she will continue with therapies based on her progress. While living in her apartment, client had her meals, medications, home chores/laundry provided by staff at Waunakee Manor as she living in an independent apartment connected to Waunakee Manor. Client had paid privately for these services when she was living in her apartment. Client's family had provided bathing assistance to client. Client had a PERS/life line while at her apartment and had a paid companion through the waiver program for the purpose of socialization. As client will not be returning to her apartment she had in the community all services that were arranged in her home/apartment have been discontinued.

- Services to be funded during rehabilitation:
Case Management X _____ (5.60 hours/\$618.46) _____
Lifeline _____
Other (identify other) _____

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

Non approval date _____; Reason _____

Consumer Name: _____