LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: <u>I</u>	Lynae Ripp	_Date:	7/27/2017			
FUND COP SERVICES FOR PARTICIPANT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).						
stays. No variance is days a variance is nec	needed for recuperative stays of 3	30 days or nds to con	t network during relatively brief institutional less. When a recuperative stay exceeds 30 attinue to pay for noninstitutional community			
1. INSTITUTION N	NAME:Ingleside Manor					
2. EXPECTED DUR	RATION: _90 Days_					
	_X Age _87 Time on a Waiv angement: home AFH		ms: Feb of 2015 Protective PlacementNo s Manor Mt. Horeb – 20 beds			
Health & medical problems (please use non-medical terms, include a list of their diagnoses): Essential hypertension, Coronary Artery Disease, Postsurgical percutaneous transluminal coronary (open blocked arteries), angioplasty status (open blocked coronary arteries), History of recurrent TIAs (Transient Ischemic Attack-stroke like attack), SSS (Sick Sinus Syndrome), Left carotid stenosis (plaque buildup in artery wall), Chronic atrial fibrillation (irregular heartbeat), Rectocele (Vaginal Prolapse), CKD (Chronic Kidney Disease), Alzheimer's Disease, CVA-Cerebral Infarction (blockage of blood and oxygen to brain), Expressive Aphasia (partial loss of producing language), Anxiety, Depression with anxiety, Eosinophilia (increase in eosinophilia in blood),						
Situation requiring	g rehabilitation and desired outcor	mes:				
Consumer experienced a severe fall in Girlie's Manor of Mt. Horeb on July 2 nd , 2017. The fall resulted in consumer breaking her hip and being admitted into the hospital. Consumer remained in the hospital until her discharge to Ingleside Manor on July 5th, 2017. Consumer is still residing in Ingleside Manor Nursing Home for treatment and rehabilitation. Client and Care Team is planning on her moving back to Girlie's Manor as soon as she completes rehabilitation, and treatment.						
	during rehabilitation: Case Mana the CBRF will be paid 50% of the		nd CBRF (first 30 days paid in full/96.95 te \$48.48 Waiver			
	Chair approval date; Full co		proval date;			
Consumer Name:						