

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Sammy Azuma_____ **Date:** 8/14/17_____

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: _Mendota Mental Health Institute_Geriatric Treatment Unit

2. EXPECTED DURATION: _30 days_____

3. PARTICIPANT INFORMATION

- Male ___ Female X Age 78 Time on COP/Waiver programs since 9/27/13 Protective Placement [temporary @ Mendota; no protective placement order for CBRF]___
- Current living arrangement: ___ home
___ AFH
X CBRF (name, size) Sienna Meadows, 20 beds_____
___ NH (name)
- Health & medical problems (please use non-medical terms): Client was admitted to Mendota Mental Health Institute 7/14/17 after she visited her physician for a post-hospitalization follow up visit, where she then refused to return to Sienna Meadows. Client expressed suicidal ideation and attempted to exit a moving car, which prompted her admission to the Geriatric Treatment Unit of Mendota Mental Health Institute. Client was then placed under a protective placement and temporary guardianship. During her time at Mendota Mental Health, her healthcare power of attorney was also activated. Mendota staff relates that client has experienced continued paranoia and mood instability. She has continued nausea and dizziness. Client has the following diagnoses: macular degeneration (leading to very poor eyesight), chronic pain, asthma, depression, anemia (low red blood cell count), GERD (acid reflux), hypertension (high blood pressure), hypothyroidism (Under active thyroid), lung nodule, mild neurocognitive disorder, obstructive sleep apnea (irregular breathing while sleeping), osteoporosis (brittle bone disease), hypercholesterolemia (high cholesterol), restless legs, rosacea (skin disease), syncope (fainting), and weakness.
- Situation requiring rehabilitation and desired outcomes: Client is placed under a 30 day protective placement with the goal to stabilize her mood and behaviors so she can return to her CBRF, Sienna Meadows. Doctors at Mendota Mental Health Institute are working to adjust client's medications and provide therapy to help facilitate this stabilization. It is also recommended that client receive ongoing mental health support after discharge. The goal to return to Sienna Meadows also depends on Sienna Meadows staff's ability to meet client's needs in a safe manner. Client will be reassessed by the owner and manager of Sienna Meadows to determine if this is at all possible.

- Services to be funded during rehabilitation:

Case Management _ X \$552.20__ [5 hours @ \$110.44/hour]_____

Lifeline _____

Other (identify other) _ X _ CBRF care & supervision at 50% of the cost [\$1029.50 x one month= \$1,029 total]_____

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

Non approval date _____; Reason _____

Consumer Name: _____