

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Cortney Doescher-Hino

Date: 9/21/17

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: Capitol Lakes Nursing Home

2. EXPECTED DURATION: 90 days, 11/24/2017

3. PARTICIPANT INFORMATION

• Male ☐ Female ☒ Age 82 Time on a Waiver Programs since 10/01/2016 Protective Placement No

• Current living arrangement: home
 AFH
 X CBRF (name, size) Hyland Crossings Memory Care 24 bed

• Health & medical problems (please use non-medical terms, include a list of their diagnoses):
Consumer has been diagnosed with dementia, high cholesterol, diabetes, arthritis, high blood pressure and symptoms as a result of a stroke she had-which include left side paralysis. She was hospitalized on 8/24/17 at UW hospital after falling out of her bed and fracturing her hip.

• Situation requiring rehabilitation and desired outcomes:

Consumer was hospitalized on 8/24/17 due to a fracture sustained on her hip. She successfully went through hip surgery to repair this fracture, and was transferred to Capitol Lakes Nursing Home on 8/29/17 to complete physical therapy. Consumer has done well increasing her strength and stamina while at the nursing home and is expected to return to her community setting in a couple of weeks. There will be a care conference on 9/27/17, and writer will have a better idea of a firm discharge date back to Hyland Crossings. This variance is requested for case management time to secure needed items before consumer's discharge and coordinate with her assisted living for her return. Case Manager will work on any necessary equipment consumer is recommended to have as well as ensure consumer does not lose her placement while she is recovering from her hip surgery.

Services to be funded during rehabilitation:

Case Management \$611.52 6 hours of case management time

Care and Supervision at Hyland Crossings daily rate of \$93.91, first 30 days in full, 60 days at 50% of daily rate. Estimated total of \$5,674.10 for Care and Supervision

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

Non approval date _____; Reason _____

Consumer Name: _____
