

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Renee Knoble **Date:** 9/20/2017

**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:** Stoughton Hospital

**2. EXPECTED DURATION:** Up to 90 Days (Admission Date: 8/8/2017)

**3. PARTICIPANT INFORMATION**

- Male ☐ Female ☒ Age 96 Time on COP/Waiver programs 08/10/2016 Protective Placement ☐ No ☐
- Current living arrangement: ☐ home  
☒ AFH Unified AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ Nursing Home (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Client was admitted to Meriter Hospital on 8/8/17 to rule out a medical cause for changes in her mental status and increasing depression; she was then transferred and admitted voluntary to Stoughton Hospital's Geropsychiatry unit due to a recent incident where she tied a belt from her bathrobe around her neck in an apparent suicide attempt while she was at home (Unified Adult Family Home). Client has a history of Hypothyroidism(under active thyroid), intermittent episodes of hypotension (low blood pressure), varicose veins (gnarled, enlarged veins), Brugada syndrome, vascular Dementia (decline in thinking skills, caused by condition that block or reduce blood flow to the brain, depriving brain cells of oxygen and nutrients) and major depressive disorder with psychotic features (content of hallucinations/delusions consistent with depressive themes along with low mood). Due to client's further decline since her hospitalization with regard to her cognition and and functioning it is felt that the AFH can no longer meet her care needs as client would benefit from moving to a CBRF/memory care setting that could provide a higher level of care and supervision services to client. It is planned for client to move to Sienna Meadows CBRF in Oregon once client has stabilized. As client started experiencing auditory hallucinations, paranoia, and suspiciousness, and anxiety during her hospitalization, they are continuing to adjust her medications to stabilize her symptoms. Client will start trials of Clozaril, however, as client has Brugada Syndrome [heart rhythm disorder] and she will need to be closely monitored and increase this medication slowly over the next two weeks as she is at risk for tachycardia (heart beats faster than normal while at rest).  
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- Situation requiring rehabilitation and desired outcomes:

Prior to her admission to the hospital, client he had been living at Unified Adult Family Home which is licensed as 3-4 bed AFH. Due to recent cognitive declines due to Dementia and Depression with psychotic features she will need a higher level of care than what the AFH can provide to client due to increased needs for close supervision and assistance with structuring her day to ensure that her basic health & safety needs are made. Client's services at the AFH ended on 8/31/17. Sienna Meadows Assisted Living located in Oregon was able to complete an assessment and determined that they would be able to accept her for once she is ready for discharge from Stoughton Hospital's Geropsychiatry Unit.

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- Services to be funded during rehabilitation:  
Case Management \_\_X\_\_ August 2017 \$861.43 \_\_\_\_\_  
Lifeline \_\_\_\_\_  
Other (identify other) \_\_X\_\_ Moving Services \$390.00  
SPC 104.22 SHC Supervision Companion Visit: \$84.00 (August 2017)  
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**LTS Committee action:** Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;

Non approval date \_\_\_\_\_; Reason \_\_\_\_\_

Consumer Name: \_\_\_\_\_