

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Erin Munson

Date: 10/2/17

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: Badger Prairie HCC

2. EXPECTED DURATION: 90 days

3. PARTICIPANT INFORMATION

- Gender: Male
- Age: 60
- Time on COP/Waiver programs: Since 7/07/10
- Protective Placement: NO
- Current living arrangement: Badger Prairie Health Care Center (BPHCC). Prior to was at Greenwood AFH since 7/05/17. Greenwood AFH has agreed to a bed hold, and team would like client to return back to AFH after being discharged from BPHCC.
- Health & medical problems (please use non-medical terms):
Client has the following diagnosis:
 - a) Constipation: Client has a history of being backed up, as well as explosive bowel movements several times a time.
 - b) UTI: There have been an increase in UTI's since September 2016, which has caused him to have multiple ER and hospital stays.
 - c) Urinary Retention: This lead to needed a urinary catheter in October 2016. Catheter was removed on 7/05/17, and he is in need of bladder retraining.
 - d) Schizophrenia: Client often repeats the same thing more then once during a 10 minute time period. Client has a PACT case manager, and receives medication management through PACT.
 - e) Polydipsia: Causes client to seek liquids when unsupervised. Client asks for coffee obsessively throughout the day. Client becomes aggravated at times when he is not allowed to have extra liquids. Client needs the continuous presence of another person due to his water seeking behaviors and poor judgement from this.
- Situation requiring rehabilitation and desired outcomes: In September 2016, client was having trouble with emptying his bladder. This was troubling because it caused his bladder to back up. Client need to have an indwelling catheter placed on 10/20/16. Since having the catheter, client has been hospitalized several times since due to serious UTI and kidney infections. UW Home Health worked with client and the AFH for 60 days. UW Home Health discharged client due to his ability to go to outpatient appointments. The team continued to want someone to be able to visit client in the AFH, due to client's UTI history and the AFH not being medically trained. A nurse from BrightStar started to work with client in the AFH weekly. Client continued to have UTI's, and the team started to have concerns with the AFH's ability to keep client clean/prevent UTI's from occurring. In May, client had some neurodynamic testing. Client's nurse felt that

he had improved greatly. The nurse was feeling ready to have the catheter out and start retraining client's bladder. The team was considering client going to BPHCC for the retraining program. At the same time, the team had concerns with the present AFH and wanted to see if a different AFH could provide a bladder retraining program. Client's catheter was removed on 7/05/17, and he then moved into a different AFH. Client was doing well at the AFH, and the AFH was working hard with client to retrain his bladder. On 7/18/17, client was admitted into UW Health due to a UTI. Client had E.coli in his blood and needed to be on IV antibiotics. Client returned to his AFH on 7/22/17. His medications were doubled and he started to have massive bowel movements several times a day. This change in condition became very challenging for the AFH. In August, a CNA from BrightStar started to work with client daily in the morning to support the AFH placement. In August, client had increased bowel problems, several doctor appointments and emergency room visits, another UTI and a hospitalization. The AFH was becoming overwhelmed. Early in September, arrangements were made for client to go to BPHCC for a bladder retraining program. The AFH agreed to a bed hold, and the ultimate goal is for client to return to the AFH in December 2017.

Services to be funded during rehabilitation:

- Case Management
- Other: Bed hold at Greenwood AFH

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

Consumer Name: _____