

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Noriko Stevenson **Date:** 7/24/17

**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:** Capital Lakes Rehab/ NH

**2. EXPECTED DURATION:** 2 month

**3. PARTICIPANT INFORMATION**

- Male ☐ Female ☒ Age 88 Time on COP/Waiver programs 10 years Protective Placement No
- Current living arrangement: ☒ home  
☐ AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ NH (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Client resides at Capital Lakes in an independent apartment. She had a fall on 6/25/17 while in the shower. She went to St. Mary's emergency room on 6-26-17 and 6-27-2017 due to pain and inability to ambulate. She sustained a hip fracture but on both occasions she was sent home from the ER and not admitted to the hospital. The Capital Lakes social worker from the independent apartments referred client to the Capital Lakes nursing home for rehabilitation. Client was admitted to Capital Lakes Nursing and Rehabilitation Health Center on 6/27/17. Client also has the following diagnoses: high blood pressure [hypertension], low potassium level in blood [hypokalemia], pain in the lower back [lumbago], insomnia, narrowing of esophagus [stenosis of esophagus], joint disease [osteoarthritis], disorder of bone and cartilage, eye sight problems [Posterior subcapsular cataract, senile cataract], abnormal hardening of body tissue [senile nuclear sclerosis], under active thyroid [Hypothyroidism], and a long term chronic and severe mental health disorder [schizophrenia].
- Situation requiring rehabilitation and desired outcomes:  
Client has been at Capital Lakes Nursing Homes and Rehabilitation center since 6/27/17 due to her limited mobility and pain caused by hip fracture. Client requires assistance with transferring, toileting, bathing, and dressing. She requires physical therapy for strengthening to return to her apartment to live independently. Nursing home placement is expected to be short term until client is able to become more mobile and stable while standing to prevent further injuries. Rehabilitation at Capital Lakes Nursing Home is necessary until client is able to ambulate safely on her own. When she is discharged home she will have supportive home care to assist with personal cares and meal preparation.

- Services to be funded during rehabilitation:  
Case Management \_\_\_\_4 hours \_\_\_\_\$441.76\_\_\_\_\_  
Lifeline \_\_\_\_\_  
Other (identify other) Independent Living Financial Management 6  
hours \$288.00; Transportation to Tour CBRF facilities \$200\_\_\_\_\_

**LTS Committee action:** Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;

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

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

\*Update: Participant is not able to return to independent living. She is in agreement with CBRF placement. CM is working with her on arranging tours.