

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Sammy Azuma **Date:** 2/13/18

**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:** Villa at Middleton Village nursing home

**2. EXPECTED DURATION:** Up to 3 months

**3. PARTICIPANT INFORMATION**

- Male ☐ Female ☒ Age 69 Time on COP/Waiver programs Since 2/1/14 Protective Placement ☐ no ☐
- Current living arrangement: ☒ home  
☐ AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ NH (name) \_\_\_\_\_

Health & medical problems (please use non-medical terms). Client is a 69 year old female. Her diagnoses include but not limited to: kidney stones, high blood pressure, chronic obstructive pulmonary disease, bi-polar disorder, and memory impairment. Client had day surgery to remove kidney stones but was admitted due to internal bleeding and infection after the procedure. Client was admitted to the hospital on 12/19/2017. Due to her poor condition, client was transferred to the Intensive Care Unit where she was treated for internal bleeding, infection and drop in blood pressure. Client's power of attorney was activated due to her increased confusion and inability to make sound decisions. After client was stabilized she was transferred to a local nursing home for recuperative care and physical and occupational therapy on 1/4/2018. Prior to her hospitalization, client was receiving, home delivered meals, companion care daily to assist with meal preparation, cleaning, transportation and medication reminders, lifeline and case management services.

Situation requiring rehabilitation and desired outcomes: Client needs to receive physical and occupational therapy to help her return to her baseline before she can return home. However, due to her mental and physical limitations it is unclear if she will be able to return to home. Thus, the safest option may be placement to a group home or other like setting but that will be reviewed as client gets closer to completion of her therapy. Client appears to have adjusted well to her alternate living situation and may be agreeable to a supported living environment. Case manager is asking for continued payment for case management services as well as lifeline.

Services to be funded during rehabilitation:

Case Management: X 75 hours over 3months at \$110.44=\$8283 (this time accounts for Social Work case management time as well as Nurse case management time)

Lifeline: X \$38 per month for 3 months: \$114

Other (identify other) \_\_\_\_\_

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

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

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