LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: ____ Cortney Doescher-Hino

Date:_2/14/2018

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: <u>Capitol Lakes Nursing Home</u>

2. EXPECTED DURATION: __90 days, 04/22/2018

3. PARTICIPANT INFORMATION

- Male __ Female _X_ Age _ 93 Time on a Waiver Programs _ since 09/01/2017 Protective Placement __No
- Current living arrangement: ____ home

_____ AFH _____ CBRF (name, size) ____Artisan Middleton, 52 bed

• Health & medical problems (please use non-medical terms, include a list of their diagnoses): Consumer has been diagnosed with macular degeneration, arthritis, spinal stenosis, high blood pressure and high cholesterol. She was hospitalized for a urinary tract infection on 1/22/18, which presented with memory loss and confusion. Upon her admission to the hospital, she was subsequently diagnosed with influenza which then turned into pneumonia.

• Situation requiring rehabilitation and desired outcomes:

Consumer was hospitalized on 1/22/18. Consumer was found on the floor, next to her bed, with no recall as to how she fell. Consumer did not incur injury as a result of this fall. It was determined she had a urinary tract infection. Initially she was going to receive antibiotics while hospitalized, yet this turned into pneumonia which required a longer hospitalization. On 2/2/18, Consumer was discharged to Capitol Lakes Nursing Home to increase her strength and stamina, which was impacted by her recent pneumonia diagnosis. Case Manager will have a care conference with the nursing home on 2/16/18 to determine Consumer's progress while in rehab, and potential for return back to Artisan CBRF. 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.

Services to be funded during rehabilitation:

Case Management _____\$611.52 6 hours of case management time____

Care and Supervision at Artisan Middleton ____daily rate of \$93.58, first 30 days in full, 60 days at 50% of daily rate. Estimated total of \$5,693.00 for Care and Supervision____

LTS Committee action: Chair approval date _	; Full committee approval date;
Non approval date; Reason;	
Consumer Name:	