LTS PLANNING COMMITTEE
COP VARIANCE REQUEST

Case Manager: Rebecca Repaal Date**:** 2-16-18 updated 3/7/18 by Cortney Doescher-Hino

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: Heartland Nursing Home

2. EXPECTED DURATION: 90 days for rehabilitation and strengthening

3. PARTICIPANT INFORMATION

- Male __ Female _X_ Age _100 Time on a Waiver Programs Since 10-1-16 Protective Placement _No_
- Current living arrangement: __X_ Home
  ___ AFH
  __ CBRF (name, size)

- Health & medical problems (please use non-medical terms, include a list of their diagnoses):

  Consumer's diagnosis include: macular degeneration (legally blind due to eye disease), history of falls, unsteady gait, neuropathy (pain and numbness in legs and feet), and B12 deficiency

- Situation requiring rehabilitation and desired outcomes:

  On 1-17-18, client was at home, fell, and broke her ankle. Client did have surgery on her ankle and on 1-24-18, was admitted to Heartland Nursing Home for rehabilitation

  The hope is that once client completes rehab and builds her strength, she will be able to return home

  The week of 2-13-18, this writer spoke with the social worker at Heartland Nursing Home. She indicated client is doing very well in rehab and is making progress, although a bit slower than normal, likely due to her age. She indicated there is no discharge date set as of yet

  Notes as follows written by C. Doescher-Hino-
  On 2/21/18, Consumer was hospitalized to St Mary's hospital due to an infection she incurred after her ankle surgery. She received a course of IV antibiotics and was discharged back to Heartland Nursing Home to continue rehab. This writer spoke with Consumer's daughter, on 3/5/18 and she stated her mother is progressing well in physical therapy. Consumer is expected to discharge home within approximately 2-3 weeks. The daughter was going to find out a firm discharge date, as Consumer is expected to transition to Family Care on 4/1/18. Supports in the home will remain the same, once she returns, including meals on wheels and a supportive care agency. This writer is working with SSM at Home in obtaining a lift chair for Consumer. Once she is discharged home, this chair will be delivered and paid for. If Consumer remains in

the nursing home past her transition date, this writer will inform new program of the need for this adaptive aide.

Services to be funded during rehabilitation: Case Management (approx. $1000)

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

Non approval date _____; Reason _____

_____

Consumer Name: _____