

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Gregg Kronberg

Date: 4/3/2015

FUND COP SERVICES FOR CLIENT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).

The purpose of this variance is to maintain a client'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 clients.

1. **INSTITUTION NAME:** Oak Park Place

2. **EXPECTED DURATION:** Up To 90 Days

3. **PARTICIPANT INFORMATION**

• Male ___ Female X Age 67 Time on COP/Waiver programs 26 years _____
Protective Placement _____

• Current living arrangement: Home
 AFH
 CBRF (name, size) _____
 NH (name) _____

• Health & medical problems (please use non-medical terms): Stroke, Dementia, Anxiety, Chronic Gait Disorder

• Situation requiring rehabilitation and desired outcomes: Client experienced a seizure or stroke that resulted in additional Right Side weakness. The client used a walker for mobility but was unable to do so after the event due to weakness and additional gait disturbance. Client was admitted for PT to develop strength and coordination. The goal is for the client to return to the AFH. Outcome of PT is unsure at this time. Client may need to return to the AFH using a manual wheelchair for mobility. The AFH provider will make any necessary modifications to facilitate the client's return.

• Services to be funded during rehabilitation: Case Management Lifeline Other: Adult Family Home services and Representative Payee services.

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

Non approval date _____ Reason _____

Client Name: _____