

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

Case Manager: Becky Buchda

Date: 4/9/16

**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:** Select Specialty Hospital

**2. EXPECTED DURATION:** Discharge on 6/21/16 (total of 73 days in the hospital & Select Specialty Hospital)

**3. PARTICIPANT INFORMATION**

- Male \_ Female X Age 70 Time on COP/Waiver programs - 14 Years Protective Placement \_\_\_\_
- Current living arrangement:  Home  
 AFH  
 CBRF (name, size) \_\_\_\_\_  
 NH (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Client has severe difficulty breathing, poorly controlled diabetes, heart failure (has a pacemaker), and high blood pressure. Client has severe swelling in the legs and difficulty with severe fluid retention. Client was recently diagnosed with kidney failure and has to go to dialysis three times per week.
- Situation requiring rehabilitation and desired outcomes: Client's kidneys shut down and client was admitted to the hospital on April 9th, 2016. Client's breathing was compromised because client was retaining a large amount of fluid. Client's heart was in distress due to the large amount of fluid. Client was treated in the hospital for kidney failure, heart failure and lung function. Client started dialysis while in the hospital. Client will continue dialysis three times per week where her symptoms will be monitored closely after discharge home. Client worked with Physical and Occupational Therapy to gain strength and stamina back to be able to be as independent as possible. Client is receiving Physical and Occupational Therapy and nursing services at home to make sure client is successful at home.
- Services to be funded during rehabilitation:  Case Management  Lifeline  Other: \_\_\_\_\_

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

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

Client Name: \_\_\_\_\_