

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Jamalia Humphrey

Date: July 1, 2016

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: Nazareth Health and Rehabilitation Center

2. EXPECTED DURATION: Up to 90 Days

3. PARTICIPANT INFORMATION

- Male Female Age 58
- Time on COP/Waiver programs 14years
- Protective Placement N/A
- Current living arrangement: Home
 AFH
 CBRF (name, size) _____
 NH (name) _____
- Health & medical problems (please use non-medical terms): This client has unmanaged diabetes and heart failure related to her severe obesity. This client was admitted to St. Mary's Hospital after falling in her home and having paramedics come out to pick her up. The EMS examined this client and decided to admit her after she appeared to be very lethargic and had slurred speech along with heavy sedation.
- Situation requiring rehabilitation and desired outcomes: Upon discharge from the hospital the client was transferred to Nazareth Health and Rehabilitation Center for intensive Physical /Occupational therapy including Speech therapy. It is anticipated that the client will be able to return to the home following that she continues to make progress and maintain her diet. This client is currently working with supportive staff at Nazareth to maintain a no sodium diet. Client has also lost over 30 pounds over the past month which also includes the swelling in her legs decreasing greatly. This client has a active schedule that allows her to exercise and challenge her strengths. Upon clients' return to home she has a care plan created that includes her having a hooyer lift and maintaining a no sodium diet. The care staff at the AFH will continue to work with this client with her routine exercises to insure her safety and good health.CLA CIP II will continue to provide case management and service coordination services with appropriate health care providers.
- Services to be funded during rehabilitation: Case Management Lifeline Other: Ongoing services of AFH to hold client's bed, payment during lapse will be \$1700.00 a month.

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

Non approval date _____ Reason _____

Client Name: _____