

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

Case Manager: Becky Buchda

Date: 5/20/16

**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:** Alden Estates, Jefferson

2. **EXPECTED DURATION:** Approximately 75 days, anticipated discharge end of July 2016

3. **PARTICIPANT INFORMATION**

• Male \_\_\_ Female X Age 73 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 chronic leukemia, osteoporosis and chronic pain in knees and back. Client's mobility is effected and client uses a walker and manual wheelchair. Client also has anxiety and depression.

• Situation requiring rehabilitation and desired outcomes: Client lives alone and had a fall at home May 20, 2016. Client was severely dehydrated and diagnosed with severe diarrhea. Client did not have any broken bones but was very sore from the fall. She was in the hospital until she was discharged to Alden Estates for rehabilitation. Client is working with Physical and Occupational Therapy to regain strength back to be able to independently transfer and walk with a walker. Client wishes to return 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: \_\_\_\_\_