

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Becky Buchda

**Date:** 5/28/16

**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:** St. Mary's Care Center

**2. EXPECTED DURATION:** Discharge on 5/28/16 (total of 58 days in the hospital and St. Mary's Care Center)

**3. PARTICIPANT INFORMATION**

• Male \_\_\_ Female X Age 63 Time on COP/Waiver programs 8 Years  
Protective Placement \_\_\_\_\_

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

• Health & medical problems (please use non-medical terms): Client has severe breathing difficulty and tires with exertion. Client has poorly controlled diabetes, heart failure and high blood pressure. Client has recurrent cellulitis. 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 March 31, 2016. Client had an infection surrounding her heart which made client weak and client was treated with IV antibiotics. Client started dialysis while in the hospital. Client will continue dialysis three times per week after discharge home. Client worked with Physical and Occupational Therapy to gain strength and stamina back to be able to be independent with mobility. Client received outpatient Physical and Occupational Therapy when discharge to make client successful at home after discharge.

• 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: \_\_\_\_\_