

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Yer Yang

Date: 01/31/2018

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: Up to 90 days

3. PARTICIPANT INFORMATION

- Male Female Age 25
- Time on COP/Waiver programs 04/2017
- 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 the following medical conditions: spinal cord injury, chronic pressure sores, and chronic pain.
- Situation requiring rehabilitation and desired outcomes: This client was living at home. He was admitted to Meriter Hospital on January 3, 2018 for flap surgery on his stage 4 pressure ulcer so it can heal. Flap surgery is a procedure whereinfected and dead tissue is removed from the pressure sore and a skin graft is done to cover the wound. The client was later transferred to Select Specialty Rehab Hospital one week after the flap surgery for additional wound care and appropriate rehab services as recommended by the doctor.
- This client is currently using a power wheelchair for mobility while receiving wound care. He will be meeting his wound therapy goal and he is expected to return home on Saturday, February, 3, 2018. CLA CIP II Program will continue to provide case management services with the health care service providers, Select Specialty Hospital Staff, family members, and this client for up to 90 days from the above hospital admission date.
- Services to be funded during rehabilitation: Case Management Lifeline Other: Case Mangement - Up to \$345.45 per month.

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

Non approval date _____ Reason _____

Client Name: _____