

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Catherine Becker

Date: 3/23/15

FUND COP SERVICES FOR PARTICIPANT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).

The purpose of this variance is to maintain a participant'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 recipients.

1. INSTITUTION NAME: The Willows Nursing Home

2. EXPECTED DURATION: Up to 90 days . Recuperative stay for Toe Infection.

3. PARTICIPANT INFORMATION

• Male Female Age 83 Time on COP/Waiver programs 3 and 1/2 years Protective Placement No

• Current living arrangement: home
 AFH
 CBRF (name, size) Faith Living Center . 21 beds.
 NH (name) _____

• Health & medical problems (please use non-medical terms): Heart Problems. Toe and Ankle Infection. Slow blood flow in the veins. Diabetes. Diabetic Ulcer of RT Toe. Kidney Disease.

• Situation requiring rehabilitation and desired outcomes:

• Client went to Meriter Hospital on 2/23/15 due to his right leg being swollen and hot to the touch. He was diagnosed with a bone infection in his right toe and sent to The Willows Nursing Home on 2/27/15 for six weeks of IV Antibiotics.

Services to be funded during rehabilitation: Case Management _____, Lifeline _____, other CBRF Payment

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

Non approval date _____; Reason _____

Consumer Name: _____
