

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Calla Schnell-Harrison

Date: 1/28/2016

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: Agrace Hospice Residential Unit

2. EXPECTED DURATION: 30-90 days

3. PARTICIPANT INFORMATION

- Male Female Age 57
- Time on COP/Waiver programs since 11/2007
- Protective Placement no
- Current living arrangement: Home
 AFH
 CBRF (name, size) _____
 NH (name) Agrace Hospice Residential Unit
- Health & medical problems (please use non-medical terms): Multiple Sclerosis and recent massive heart attack
- Situation requiring rehabilitation and desired outcomes: Client recently experienced a massive heart attack that caused irreparable damage to the heart. Client has lost transfer ability. Client has recently been placed in hospice care. Client has been living at the residential unit in Agrace Hospice under Care For All funding. Client will be out of funding and family to decide on next placement. Client to either be placed in SNF or another Assisted Living arrangement that will be able to meet needs.
- 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: _____