LTS PLANNING COMMITTEE
COP VARIANCE REQUEST

Case Manager: **Calla Schnell-Harrison** **Date:** 3/31/2015

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 _x__ Female ___ Age ___ 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): broken ankle, morbidly obese, end stage renal disease, end stage liver cancer, dependent on ventilator, tracheostomy

   - Situation requiring rehabilitation and desired outcomes: Individual fell and broke ankle and is now non weight bearing. Individual was admitted to the hospital on 1/26/15. Due to complicated medical conditions the individual required rehab at Select Specialty. Due to complications of wound healing and difficulties with dialysis discharge has been delayed. The plan for the individual is to discharge home once wound has healed and dialysis has stabilized.

   - 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: _____