

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Yer Yang **Date:** 7/6/16

**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:** Nazareth Nursing Home & Rehab Center

**2. EXPECTED DURATION:** Will return to the community before the 90 days after rehab.

**3. PARTICIPANT INFORMATION**

- Male  Femal  Age 30 Time on COP/Waiver programs April 2013 Protective Placement N/A
- Current living arrangement:  home  
 AFH  
 CBRF (Willow Pointe Assisted Living RCAC)  
 (name) \_\_\_\_\_

- **Health & medical problems (please use non-medical terms):** This client was admitted to St. Mary's Hospital on **June 6, 2016** due to foot infection and weaknesses. He was transferred to Nazareth Rehab Center in Stoughton on **June 17, 2016** for additional rehab and wound care services as recommended by the health care providers.
- **Situation requiring rehabilitation and desired outcomes:** Due to the above medical conditions, the health care providers recommended that this client receives appropriate health care services for up to 60 days at Nazareth Rehab Center before returning to his own home in the community. This client will be discharged back to his own home if his health condition improved. CLA CIP II Program will continue to provide case management and service coordination services with appropriate health care providers, Nazareth Rehab Center Staff, family, and the client for up to 90 days from the above hospital admission date.

**Services to be funded during rehabilitation:** Case Management services  for up to 90 days from the above hospital admission date.

**LTS Committee action:** Chair approval date \_\_\_\_\_; Full committee approval date \_\_\_\_\_;

Non approval date \_\_\_\_\_; Reason \_\_\_\_\_

Consumer Name: \_\_\_\_\_