

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** \_\_\_\_\_ Eric Stanko, SMCE \_\_\_\_\_ **Date:** \_\_\_\_\_ 08/04/2016 \_\_\_\_\_

**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:** \_\_\_\_\_ Oak Park Place \_\_\_\_\_

**2. EXPECTED DURATION:** \_\_\_\_\_ 38 Days \_\_\_\_\_

**3. PARTICIPANT INFORMATION**

- Male \_\_\_ Female X Age 94 Time on COP/Waiver programs 3 years Protective Placement
- Current living arrangement: \_\_\_ home  
  \_\_\_ AFH  
  X CBRF (name, size) \_\_\_ Our House-Cambridge: 15 Beds  
  \_\_\_ NH (name) \_\_\_\_\_

- Health & medical problems (please use non-medical terms):
  - Impaired memory recall
  - Impaired mobility
  - Weakness

- Situation requiring rehabilitation and desired outcomes:  
Two falls within a week led to participant being hospitalized and discharged to Oak Park Place for physical rehabilitation. It is intended that she will return to the CBRF after completing physical therapy and rehabilitation services at the SNF.

- Services to be funded during rehabilitation:  
Case Management X \_\_\_\_\_  
Lifeline \_\_\_\_\_  
Other (identify other) CBRF care and supervision – 50% of monthly rate after 30 days.

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

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

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