

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Tracy Vaughan Date: 2/22/2016

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: St. Mary's Care Center

2. EXPECTED DURATION: Not to exceed 90 days

3. PARTICIPANT INFORMATION

• Male Female Age 87 Time on COP/Waiver programs since 05/03/2001
Protective Placement No

• Current living arrangement: home
 AFH
 RCAC
 NH (name)

• Health & medical problems (please use non-medical terms): Chronic kidney disease, heart failure, thyroid disease, inflammatory disorder, narrowing of spine canal, acid reflux, high blood pressure, Vitamin deficiency, inflammation of bursa, high blood sugar, high concentration of fats in the blood, valvular heart disease, chronic pain, high blood pressure in lungs, iron deficiency, osteoarthritis, asthma, benign uterine tumor, irregular heart beat, reduced bone mass, gout

• Situation requiring rehabilitation and desired outcomes: Client tripped in her apartment, fell, and both landed on her ankle/foot and pushed her walker down on her foot during the fall causing either a hairline fracture or a bruising which left client unable to bear weight independently. She was admitted to a skilled nursing facility from the hospital ER for rehabilitation.

• Services to be funded during rehabilitation:
Case Management \$109.67/Hour x 7 hours/month for up to 90 days
Lifeline \$25/month for up to 90 days
Other (identify other) FA worker for day of admission (prior to admission) up to 6 hours

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

Non approval date _____; Reason _____

Cc _____