

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

Case Manager: Yer Yang Date: 2/29/16

**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:** St. Mary's Care Center

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

**3. PARTICIPANT INFORMATION**

- Male  Female  Age 65 Time on COP/Waiver programs May 2011 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 January 22, 2016 due to progressive multiple sclerosis condition. She was transferred to St. Mary's Care Center Nursing Home on January 24, 2016 for additional rehab services as recommended by the health care providers.
- **Situation requiring rehabilitation and desired outcomes:** Due to the above medical condition, the health care providers recommended that this client receives appropriate health care services for up to 60 days at St. Mary's Care Center before returning to the assisted living facility. This client will be discharged back to an assisted living facility in the community if her health condition improved. CLA CIP II Program will continue to provide case management and service coordination services with appropriate health care providers, St. Mary's Care Center Staff, 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: \_\_\_\_\_