LTS PLANNING COMMITTEE COP VARIANCE REQUEST

Case Manager: Eric Stanko, SMCE Date: 07/28/2016

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: Oregon Manor

2. EXPECTED DURATION: 90 Days

3. PARTICIPANT INFORMATION

- Male ____ Female \underline{X} Age $\underline{80}$ Time on COP/Waiver programs $\underline{4 \text{ Months}}$ Protective Placement \underline{No}
- Current living arrangement: ____ home
 - ____AFH X___CBRF (name__size
 - X CBRF (name, size) Main Street Quarters: 17-20 Beds
 - ____ NH (name) _____
- Health & medical problems (please use non-medical terms):
 - o Impaired mobility, range of motion, and physical strength
 - Swallowing difficulty
- Situation requiring rehabilitation and desired outcomes: <u>Participant is currently in a nursing home for rehabilitation after falling and breaking her hip. Participant</u> <u>also has had increased difficulty with swallowing and needs significant assistance with medication</u> <u>administration. She is at Oregon Manor with the intent to rehabilitate and regain mobility. Participant</u> <u>intends to return to assisted living facility.</u>
- Services to be funded during rehabilitation:

Case Management

Other (identify other): <u>Moving expenses in the event that she needs to relocate to a different assisted living;</u> <u>companions/caregivers to pack up participant's possessions in the event of needing to relocate;</u> <u>transportation to tour assisted living facilities, should she need to move to a different assisted living facility.</u> <u>CBRF care and supervision – 50% of monthly rate after 30 days.</u>

LTS Committee action: Chair approval date; Full committee approval date;	
Non approval date; Reason;	
Consumer Name:	