

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Tracy Vaughan **Date:** 9/22/16

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: Ingleside Manor

2. EXPECTED DURATION: Not to exceed 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 82 Time on COP/Waiver programs Since 1/24/02
- Protective Placement No
- Current living arrangement: X CBRF Girlye's Manor, 20 beds

- Health & medical problems (please use non-medical terms): memory impairment, chronic pain, lung disease, heart disease, kidney disease, recurrent urinary tract infections, depression, arthritis, high blood pressure, sleep apnea, thyroid disease.

- Situation requiring rehabilitation and desired outcomes:
Client's wheelchair tipped over and fell on her as she fell out of it when she veered it off the sidewalk (she was on a shopping trip with a companion) resulting in a leg fracture that required surgery. Client cannot bear weight on the leg for 7 weeks and will need physical therapy to regain strength after she can put weight on the leg. The PT will allow her to transfer independently and return to the assisted living facility that she resides in. Client has also had a recent infection that went septic which required hospitalization. She is in need of extra care at this time due to resulting increased weakness.

- Services to be funded during rehabilitation:
Case Management X
Lifeline _____
Other (identify other) Companion services for day that she was hospitalized, COP funding to contribute toward room and board costs to hold bed at Girlye's Manor [participant's portion \$212] COP is also requested to cover the care and supervision costs \$1,194.50 which is 50% of the monthly rate.

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

Non approval date _____; Reason _____

Consumer Name: _____