

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Debi Wilkinson-Johnson

Date: 10/3/2016

FUND COP SERVICES FOR CLIENT RECEIVING RECUPERATIVE SERVICES IN AN INSTITUTION (UP TO 90 DAYS).

The purpose of this variance is to maintain a client'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 clients.

1. INSTITUTION NAME: UW Hospital

2. EXPECTED DURATION: Up to 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 60
- Time on COP/Waiver programs 4 years
- Protective Placement no
- Current living arrangement: ☒ Home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Client had been in a nursing home following discharge from the hospital for blood clots in the the lungs. Client was readmitted to the hospital from home after a rehab stay due to skin infection, kidney infection, urinary infection, and severe fluid build up. Client's other diagnosis include: diabetes, high blood pressure, morbid obesity, high cholesterol, extremely high calcium level, sleep apnea, chronic diarrhea, chronic kidney disease, and chronic skin ulcer.
- Situation requiring rehabilitation and desired outcomes: Client was admitted to the hospital from home. Client was at home for 5 days after a rehab stay before being readmitted to the hospital. Client's progress is very slow going. Hospital staff do not feel it is safe for the client to return home due to requiring full assistance with all cares. Client to be discharged to a Rehab Center to further control infection. Nursing home location has not yet been identified. Client to discharge home after rehab stay.
- Services to be funded during rehabilitation: ☒ Case Management ☒ Lifeline ☐ Other: _____

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

Non approval date _____ Reason _____

Client Name: _____