

**LTS PLANNING COMMITTEE  
COP VARIANCE REQUEST**

**Case Manager:** Kay Horvatin

**Date:** 9/28/2016

**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:** Nazareth Health & Rehabilitation Center - Stoughton, WI

**2. EXPECTED DURATION:** No more than 6 months.

**3. PARTICIPANT INFORMATION**

- Male ☒ Female ☐ Age 64
- Time on COP/Waiver programs 19 Years
- Protective Placement NO
- Current living arrangement: ☒ Home  
☐ AFH  
☐ CBRF (name, size) \_\_\_\_\_  
☐ NH (name) \_\_\_\_\_
- Health & medical problems (please use non-medical terms): Client's diagnosis is paraplegia. He also has trama to the scrotum area, bladder issues and suffers from vitamin deficiency. Client currentlty has a wound that will not heal properly. He went into the hospital for a wound vac to be surgically placed on it on 8/24/2016. Having a wound vac will help the healing process. After Client's sugery, it was determined that he needed to go to a nursing home rehab facility in order to get the care that he needs for proper healing of the wound.
- Situation requiring rehabilitation and desired outcomes: Client is at a nursing home rehab right now for wound care. The desired outcome is that his wound heals.
- Services to be funded during rehabilitation: ☒ Case Management ☐ Lifeline ☒ Other: SHC worker - bringing mail to him, equipment, clothing, etc. The SHC worker also has a key to his home and will unlock the home to vendors when they deliver Client's hospital bed to his place of residence.

**LTS Committee action:** Chair approval date \_\_\_\_\_ Full committee approval date \_\_\_\_\_

Non approval date \_\_\_\_\_ Reason \_\_\_\_\_

Client Name: \_\_\_\_\_