

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Sara Gerke **Date:** 11/30/16

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: Select Specialty Hospital

2. EXPECTED DURATION: Not to exceed 90 day's of being out of community placement (2/12/17)

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 66 Time on a Waiver Programs 2yrs and 8 months Protective Placement ☐ no ☐
- Current living arrangement: ☐ home
☐ AFH
☐ CBRF (name, size)
☐ CBRF
☐ Other: Step down hospital: Select Specialty Hospital.

- Situation requiring rehabilitation and desired outcomes:

The RCAC payment was stopped on 11/28/16 once we determined and confirmed with the client that it would not be appropriate for her to return to a RCAC level of care. If her condition improve she might be appropriate for a physical rehabilitation stay at a nursing home followed by a CBRF placement best case scenario. If her condition does not improve this could mean Hospice inpatient/ outpatient care at a nursing home.

Services to be funded during rehabilitation: Case Management ☒ _____, Lifeline _____, other CBRF care and supervision/bed _____

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

Non approval date _____; Reason _____

Consumer Name: _____