

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Renee Knoble **Date:** 1/4/17

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: 11/23/16 to 12/29/16

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 96 Time on COP/Waiver programs 11/1/16 Protective Placement ☐ Yes ☐
- Current living arrangement: ☐ home
☐ AFH
☐ CBRF (name, size) _____
☒ NH (name) Oregon Manor
- Health & medical problems (please use non-medical terms): Client was admitted to Stoughton Hospital from 11/14/16 to 11/17/16 due to congestive heart failure and had then returned to Main Street Quarters CBRF where she had been living. Client was then admitted a second time to Stoughton Hospital on 11/23/16 where it was determined that client had an infection. Client would be admitted to Oregon Manor and seek an alternative CBRF placement if possible.
- Situation requiring rehabilitation and desired outcomes:

Client completed Occupational and Physical Therapy Services at Oregon Manor/she was discharged from therapies on 12/15/16. Client was admitted to Sienna Meadows Assisted Living on 12/29/16.

Services to be funded during rehabilitation:

Case Management ☒ _____

Lifeline _____

Other (identify other) ☒ Moving Services _____

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

Non approval date _____; Reason _____

Consumer Name: _____

