LTS PLANNING COMMITTEE **COP VARIANCE REQUEST**

Case Manager: Tracy Vaughan Date: 1/5/17

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: _Nazareth Health and Rehabilitation Center_____

2. EXPECTED DURATION: Not to exceed 90 days

3. PARTICIPANT INFORMATION

- Male ____ Female ___X_ Age _____ Time on COP/Waiver programs <u>Since 4/1/16</u>____ Protective • Placement _Yes___
- Current living arrangement: home •
 - AFH
 - X CBRF (Girlies Manor, 16 beds) NH (name)

Situation requiring rehabilitation and desired outcomes: • _On 11/12/16 Client fell in the room of her CBRF and broke her hip. She was admitted to the hospital 11/12/16 and had surgery to repair the hip. Client was discharged from hospital to Nazareth nursing home on 11/18/16 with the goal of physical rehabilitation.

Services to be funded during rehabilitation: • Case Management _X____ Lifeline Other (identify other) Companion services- charge for late cancellation due to client's hospital admission.

No continuing companion services after hospitalization/SNF placement.

LTS Committee action: Chair approval date; Full committee approval date;
Non approval date; Reason
Consumer Name: