

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Tracy Vaughan **Date:** 1/20/17

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: Oak Park Place

2. EXPECTED DURATION: Less than 90 days

3. PARTICIPANT INFORMATION

- Male ☐ Female ☒ Age 78 Time on COP/Waiver programs Since 11/1/2012 Protective Placement ☐
- Current living arrangement: ☒ home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): High blood pressure, heart disease, water retention, Seizure disorder, depression, hip pain, iron deficiency, fatigue, obesity, diabetes, nerve disorder, urine incontinence, history of colon cancer
- Situation requiring rehabilitation and desired outcomes:
Client was admitted to hospital with dehydration and B12 vitamin deficiency which caused several falls in her home the week prior to hospital admission. Client was admitted to hospital on 12/22/16 and to the nursing home on 12/28/16. Client to remain in nursing home for skilled nursing needs and physical and occupational rehabilitation to regain strength. We believe that this therapy will result in a successful return to home. We will recommend an occupational therapy visit to the home to make recommendations on reducing environmental fall risks. Increased support will be placed in the home to assist client with tasks that result in fatigue to reduce fall risk.
- Services to be funded during rehabilitation:
Case Management ☒
Lifeline ☒
Other (identify other) Client attended day center on day of hospital admission, will need to pay costs for that day (\$69.78), cab rides to/from day center on day of admission (approximately \$50).

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

Non approval date _____; Reason _____

Consumer Name: _____

