

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Debi Wilkinson-Johnson

Date: 04/05/2017

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: St. Mary's Care Center

2. EXPECTED DURATION: 90 days

3. PARTICIPANT INFORMATION

- Male ☒ Female ☐ Age _____
- Time on COP/Waiver programs 27 years
- Protective Placement _____
- Current living arrangement: ☒ Home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Quadriplegia, Hyperparathyroidism, (Excess of hormones made by four small glands in the neck), Anemia (blood loss), Muscle Spasm, Decubitus ulcer of buttock (open wounds of buttock), Osteomyelitis (inflammation of bone caused by infection), Stage IV Decubitus ulcer of right and left hips (injury to skin resulting from prolonged pressure on skin), Bladder Cancer, Regular Astigmatism (imperfection in the eye's curvature), Hyperopia (nearby objects are blurry), Presbyopia (age-related loss of eyes' ability to focus actively on nearby objects).
- Situation requiring rehabilitation and desired outcomes: This consumer needs to have bladder cancer treatment due to the bladder cancer returning. With the consumer having quadriplegia the consumer would need to have 24 hour care and supervision due to the harshness of the treatment. While at St. Mary's Care Center the consumer will be able to have on going chemotherapy and radiation with 24 hour supervision in case if the consumer becomes ill. The consumer is planning to go back home after the cancer is in remission and the treatments are completed.
- Services to be funded during rehabilitation: ☒ Case Management ☐ Lifeline ☐ Other: Projected cost of Case Management is \$115.00 to \$345.00 per month.

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

Non approval date _____ Reason _____

Client Name: _____

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