

**LTS PLANNING COMMITTEE
COP VARIANCE REQUEST**

Case Manager: Debi Wilkinson-Johnson

Date: 05/27/2017

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: Lifecare and St. Mary's Care Center

2. EXPECTED DURATION: 90 days

3. PARTICIPANT INFORMATION

- Male ☒ Female ☐ Age 66
- Time on COP/Waiver programs 30 years
- Protective Placement No
- Current living arrangement: ☒ Home
☐ AFH
☐ CBRF (name, size) _____
☐ NH (name) _____
- Health & medical problems (please use non-medical terms): Adenomatous colon polypa (polyps that can turn into cancer), Dry eye syndrome, Edema, Hyponatremia (low sodium in blood), paraplegia, Quadriplegia, chronic respiratory failure, calculus of kidney (kidney stones), Neurogenic bladder (lacks bladder control), Depressive disorder, MRSA (Infection), Stage III pressure ulcer .
- Situation requiring rehabilitation and desired outcomes: The client had an open wound on his left thigh for many months that was not healing. Eventually, the wound became so big that the client was bedridden for 3 months. The clients Dr. thought he needed a skin flap procedure (skin graft) in order to make sure the wound would heal. He was admitted into the hospital on 4/26/2017. The client was admitted to Lifecare on 5/3/2017 and will transfer to St. Mary's Care Center on 6/1/2017 to continue IV antibiotic therapy and receive skilled wound care. The client will be returning to his home after the IV antibiotic therapy is completed and the wound is healing properly.
- 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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