Case Manager: _____Rebekha Lehman_____

Date**:**_____7/27/17_____

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: _____Stoughton Hospital_____

2. EXPECTED DURATION: ___ up to 90 days

_____

3. PARTICIPANT INFORMATION
Male _X__ Female ___ Age _83 Time on a Waiver Programs __5/25/17_ Protective Placement __Yes__
Current living arrangement: ___ home
                                               ___ AFH
                                               __X_ CBRF (name, size) __21 apartments Faith Living_____

Health & medical problems (please use non-medical terms, include a list of their diagnoses):
   Type 2 diabetes
   Bi-polar disorder
   Sleep apnea
   Nuclear cataract (gradual clouding of the central portion of the lens, called the nucleus)
   Hypertension
   Allergic rhinitis
   Asthma
   Osteomyelitis of vertebra (infection of the **vertebral** body in the spine)
   Discitis lumbar region   (spinal inflammation)
   Kidney disease
   Tremors
   Unsteady on feet
   Weakness
   Edema
   History of UTI's

Situation requiring rehabilitation and desired outcomes:

   This writer Rebekha Lehman opened client 5/25/17 client was admitted to Stoughton Psychiatric hospital 6/20/17 as of 7/20/17 he has been out of the community for 30 days will need COP money to hold bed at Faith Living. Client has had some set back with medication changes and is now on injectable anti-psychotic. Client as of today 7/27/17 still in Stoughton psychiatric Hospital. Client plans on returning to Faith Living.

Services to be funded during rehabilitation: Case Management _$101.92 x 8.0 hour= $815.36, _____N/A_____, other CBRF 100% for first 30 days -$3762.50 31-90 days 50% - $46.55(half of daily rate) * 30 days =$1396.50

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

Non approval date _____; Reason _____

_____

Consumer Name: _____