Compass-Status Form

Client Name: _____

Open / Closed Status

Start Date	Stop Date	Open Status	Assessment Interval	Closed Status & Reason
_____	_____	_____	_____	Status
				Reason

Program Status

Start Date	Stop Date	Program	T/D	MFP	SD	MOU/SMOU	Memo
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Codes:

WA-Y	Waiver-Yes Eligible	NFT	Nursing Facility Transition
WA-P	Waiver Pending	Veterans	Veterans Admin
WA-I	Waiver Ineligible	UPHP-AHH	UPHP Adult Home Help
WA-Fin-I	Waiver Financially Ineligible	UPHP C-WA	UPHP C-Waiver
AASA/CM	AASA Care Management	UPHP-P	UPHP Pending
AASA/OPT	AASA Options Counseling	UPHP-I	UPHP Ineligible
AASA/TCM	AASA Total Care Management	LCM-I	Longterm Care Management Ineligible
		Other	

Care Setting Status

Start Date	Stop Date	Care Setting	Memo
_____	_____	_____	_____
_____	_____	_____	_____

Care Settings:

Home	Inpatient Rehabilitation
Hospital – Planned	Assisted Living
Hospital – Unplanned	Adult Foster Care
Nursing Home	With Relative/Friend
Supervised Living	Not at Home
Mental Health Facility	Out of Service Area
Other	

Supports Coordinator Status

Start Date	Stop Date	Primary SC	Secondary SC	Memo
_____	_____	_____	_____	_____

Financial Status

Start Date	Stop Date	Financial Status	Memo
_____	_____	_____	_____
_____	_____	_____	_____

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