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| UPCAP FORM | DOCUMENT TYPE | DOCUMENT DESCRIPTION |
| HCBS Waiver Application and Consent Form | Waiver Consent | HCBS Waiver Consent |
| Person-Centered Services Plan | Individual Care Plan | UPCAP Plan of Care |
| Service Plan | Service Plan | UPCAP Service Plan |
| Work Orders | Service Plan | UPCAP Work Order |
| Plan of Care Signature Page | Signed Waiver Care Plan | UPCAP Signed Waiver Care Plan |
| Medication and Allergy Report (COMPASS) | Medication List | PCP Med List |
| Medication Provider/Pharmacy Report (COMPASS) | Medical Record | MD Providers |
| Durable Medical Equipment Report (COMPASS) | Medical Record | DME List |
| Back Up Plan | Service Plan | UPCAP Back Up Plan |
| Level 2 Assessment (COMPASS Assessment) | Inter-RAI | Waiver Level 2 COMPASS Assessment |
| Nursing Facility Level of Care Determination | NFLOCD | NFLOCD |
| Freedom of Choice | Freedom of Choice | Freedom of Choice Signed Form |
| Personal Care Assessment | PCA | Personal Care Assessment |