



# Compass-Status Form

**For Data Entry Only**

**Received:**  
**Entered:**  
**Case Tech Initials:**

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
WA-D	Waiver Divestment	UPHP-P	UPHP Pending
ACLS/CM	ACLS Care Management	UPHP-I	UPHP Ineligible
ACLS/OPT	ACLS Options Counseling	LCM-I	Longterm Care Management Ineligible
ACLS/TCM	ACLS Total Care Management	Other	

## Care Setting Status

Start Date	Stop Date	Care Setting	Memo
_____	_____	_____	_____

**Care Settings:**

Home	Assisted Living Facility	Other
Hospital - Planned	Home of the Aged (HFA)	
Hospital - Unplanned	Adult Foster Care (AFC)	
Nursing Home	With Relative/Friend	
Supervised Living	Not at Home	
Mental Health Facility	Out of Service Area	
Inpatient Rehabilitation		

## Supports Coordinator Status

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

## Financial Status

Start Date	Stop Date	Financial Status	Memo
_____	_____	_____	_____