



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				
AASA/CM	AASA Care Management	UPHP-I	UPHP Ineligible				
AASA/OPT	AASA Options Counseling	LCM-I	Longterm Care Management Ineligible				
AASA/TCM	AASA Total Care Management	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	
_____	_____	_____				_____	
_____	_____	_____				_____	