Compass-Status Form

UPCAP

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
_____	_____	_____	_____
_____	_____	_____	_____

04/03/2024 EB