



# 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	
_____	_____	_____				_____	
_____	_____	_____				_____	