

Youth Name:

Date of Birth:

Medicaid #:

### CALOCUS WORKSHEET

Rater Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care using either the Placement Grid or the Decision Tree.

<p><b>I. Risk of Harm</b></p> <p><input type="checkbox"/> 1. Low Potential for Risk of Harm</p> <p><input type="checkbox"/> 2. Some Potential for Risk of Harm</p> <p><input type="checkbox"/> 3. Significant Potential for Risk of Harm</p> <p><input type="checkbox"/> 4. Serious Potential for Risk of Harm</p> <p><input type="checkbox"/> 5. Extreme Potential for Risk of Harm</p> <p>Score _____</p>	<p><b>IV-B. Recovery Environment - Level of Support</b></p> <p><input type="checkbox"/> 1. Highly Supportive Environment</p> <p><input type="checkbox"/> 2. Supportive Environment</p> <p><input type="checkbox"/> 3. Limited Support in Environment</p> <p><input type="checkbox"/> 4. Minimal Support in Environment</p> <p><input type="checkbox"/> 5. No Support in Environment</p> <p>Score _____</p>
<p><b>II. Functional Status</b></p> <p><input type="checkbox"/> 1. Minimal Impairment</p> <p><input type="checkbox"/> 2. Mild Impairment</p> <p><input type="checkbox"/> 3. Moderate Impairment</p> <p><input type="checkbox"/> 4. Serious Impairment</p> <p><input type="checkbox"/> 5. Severe Impairment</p> <p>Score _____</p>	<p><b>V. Resiliency and Treatment History</b></p> <p><input type="checkbox"/> 1. Full Response to Treatment</p> <p><input type="checkbox"/> 2. Significantly Resilient and/or Response to Treatment</p> <p><input type="checkbox"/> 3. Moderate or Equivocal Response to Treatment And Recovery Management</p> <p><input type="checkbox"/> 4. Poor Response to Treatment and Recovery Management</p> <p><input type="checkbox"/> 5. Negligible Response to Treatment</p> <p>Score _____</p>
<p><b>III. Co-Morbidity</b></p> <p><input type="checkbox"/> 1. No Co-Morbidity</p> <p><input type="checkbox"/> 2. Minor Co-Morbidity</p> <p><input type="checkbox"/> 3. Significant Co-Morbidity</p> <p><input type="checkbox"/> 4. Major Co-Morbidity</p> <p><input type="checkbox"/> 5. Severe Co-Morbidity</p> <p>Score _____</p>	<p><b>VI-A. Acceptance and Engagement - Child/Adolescent</b></p> <p><input type="checkbox"/> 1. Optimal</p> <p><input type="checkbox"/> 2. Constructive</p> <p><input type="checkbox"/> 3. Obstructive</p> <p><input type="checkbox"/> 4. Destructive</p> <p><input type="checkbox"/> 5. Inaccessible</p> <p>Score _____</p>
<p><b>IV-A. Recovery Environment - Level of Stress</b></p> <p><input type="checkbox"/> 1. Minimally Stressful Environment</p> <p><input type="checkbox"/> 2. Mildly Stressful Environment</p> <p><input type="checkbox"/> 3. Moderately Stressful Environment</p> <p><input type="checkbox"/> 4. Highly Stressful Environment</p> <p><input type="checkbox"/> 5. Extremely Stressful Environment</p> <p>Score _____</p>	<p><b>VI-B. Acceptance and Engagement - Parent/Primary Caretaker</b></p> <p><input type="checkbox"/> 1. Optimal</p> <p><input type="checkbox"/> 2. Constructive</p> <p><input type="checkbox"/> 3. Obstructive</p> <p><input type="checkbox"/> 4. Destructive</p> <p><input type="checkbox"/> 5. Inaccessible</p> <p>Score _____</p>
<p><b>Composite Score</b></p> <p>_____</p>	<p><b>Level of Care Recommendation</b></p> <p>_____</p>