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CALOCUS Assessment & Update

Please complete all sections of this form and fax it to (651)-662-0718. You will be notified of the information outcome. If you have any questions, please contact provider services at 1-800-365-2735

PATIENT / FAMILY NAME: _____

DATE OF BIRTH: _____ ID NUMBER: _____

DIMENSION I: RISK OF HARM / Score _____

DIMENSION II: FUNCTIONAL STATUS / Score _____

DIMENSION III: CO-MORBIDITY: DEVELOPMENTAL, MEDICAL, SUBSTANCE USE AND PSYCHIATRIC CONCERNS / Score _____

DIMENSION IV: RECOVERY ENVIRONMENT - ENVIRONMENTAL STRESS / Score _____

DIMENSION IV: RECOVERY ENVIRONMENT –ENVIRONMENTAL SUPPORT / Score _____

DIMENSION V: RESILIENCY AND TREATMENT HISTORY / Score _____

DIMENSION VI: TREATMENT ACCEPTANCE AND ENGAGEMENT – CHILD/ADOLESCENT/ Score _____

DIMENSION VI: TREATMENT ACCEPTANCE AND ENGAGEMENT – PARENT/PRIMARY CAREGIVER _____

Score _____

COMPOSITE CALOCUS SCORE _____

CALOCUS Derived Level of Care Recommendation _____

Actual (Disposition) Level of Care _____

Reason for Variance from CALOCUS Level of Care Recommendation _____

PLAN OF CARE: _____

Name of Person Completing Assessment: _____

Date Assessment Completed: _____