

MEMBER NAME: _____

LBHP IA ADULT

MEDICAID NUMBER: _____

LOCUS SCORE SHEET:

	DIMENSIONS	CURRENT	CRITERIA
I	RISK OF HARM		
II	FUNCTIONAL STATUS		
III	MEDICAL, ADDICTIVE, PSYCHIATRIC CO-MORBIDITY		
IV-A	RECOVERY ENVIRONMENT (STRESS)		
IV-B	RECOVERY ENVIRONMENT (SUPPORT)		
V	RESILIENCY AND TREATMENT		
VI	ENGAGEMENT		
COMPOSITE SCORE:			
INDEPENDENT CRITERIA (check one):		YES	NO
LEVEL OF CARE RECOMMENDED:			

LMHP SIGNATURE/DATE