**Illinois Medicaid – Crisis Assessment Tool (IM-CAT)**

**Rating and Summary Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1. GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer First and Last Name:** | | | | | | **Chosen/Preferred Name:** | | | | | | | | | | | | **Pronouns:** | | | | | **Referral Source:** |
| **RIN:** | | | **Date of Birth:** | **Sex at Birth:** | | | | | | | **Gender Identity:** | | | | | | **Phone Number:** | | | | | | **Primary Language:** |
| **Address:** | | | | **City:** | | | | | | | | | | **State:** | | | **Zip Code:** | | | | | | **County:** |
| **Interpreter Services:**  None required  TDD/TYY  American Sign Language  Spoken Language:  Other: | | | | | | | | | | | | | **Insurance Coverage:** | | | | | | | | | | |
| **Guardianship**  **Status:** | | Own guardian  Biological parent  Adoptive parent | | | Youth in Care  Other court-appointed  Other: | | | | | | | | | | | **Guardian Consent Received:**  Yes  No  N/A | | | | | | | |
| **2. SCREENING  Initial crisis screening  24-hour non-emergency  Other:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Call:** | | | **Time of Call:** | | | | **Crisis Screener (name):** | | | | | | | | **Team Response:** | | | | **Screener Credentials:** | | | | |
|  | | | am  pm | | | |  | | | | | | | | PSW  MHP  QMHP  LPHA | | | | |
| **Date of Screening:** | | | **Begin Time of Screening:** | | | | | **End Time of Screening:** | | | | | | | | | | | | **Diagnosis:** | | | |
|  | | | am  pm | | | | | am  pm | | | | | | | | | | | |  | | | |
| **3. DISPOSITION** | | | | | | | | | | | | | | | | | | | | | | | |
| **Community stabilized** (list community resources below) | | | | | | | | | | | | **City/State**: | | | | | | | | | | **Date:** | |
|  | 1. **Name:** | | | | | | | | **Resource Type:** | | | | | | | | | | | | **Phone #:** | | |
|  | 2. **Name:** | | | | | | | | **Resource Type:** | | | | | | | | | | | | **Phone #:** | | |
|  | 3. **Name:** | | | | | | | | **Resource Type:** | | | | | | | | | | | | **Phone #:** | | |
| **Hospitalized at:** | | | | | | | | | | **City/State:** | | | | | | | | | | | **Admission Date:** | | |

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| **4. MENTAL STATUS:** Document clinical observations to support client’s current mental status as noted below. | | | | | | | | | | |
| **Observations** | | | | | | | | | | |
| Appearance: | Neat | Disheveled | | Inappropriate | Bizarre | | Other: | | | |
| Speech: | Normal | Tangential | | Impoverished | Pressured | | Other: | | | |
| Eye Contact: | Normal | Intense | | Avoidant | Other: | | | | | |
| Motor Activity: | Normal | Restless | | Tics | Slowed | | Other: | | | |
| Affect: | Full | Labile | | Angry | Flat | | Constricted | | Other: | |
| **Mood** | | | | | | | | | | |
| Normal | Depressed | Euphoric | | Anxious | Angry | | Irritable | | Other: | |
| **Cognition** | | | | | | | | | | |
| Orientation Impairment: | | None | | Place | Object | | Person | | Time | |
| Memory Impairment: | | None | | Short-term | Long-term | | Other: | | | |
| Attention: | | Normal | | Distracted | Other: | | | | | |
| **Thoughts and Perception** | | | | | | | | | | |
| Hallucinations: | None | Auditory | | Visual | Other: | | | | | |
| Suicidal: | Yes | No |  |  |  | | |  | |  |
| Homicidal: | Yes | No |  |  |  | | |  | |  |
| Delusions: | None | Grandiose | | Paranoid | Religious | | Other: | | | |
| **Behavior** | | | | | | | | | | |
| Cooperative | Guarded | Hyperactive | | Agitated | Paranoid | | Aggressive | | Bizarre | |
| Withdrawn | Other: | | | | | | | | | |
| **Judgment** | | | | **Insight** | | | | | | |
| Good | Fair | Poor | | Good | | Fair | Poor | | | |
| **Supporting Information:** Document clinical observations to support the customer’s current mental status as noted above. | | | | | | | | | | |

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| **For all CAT domains, the following categories and action levels are used:** | | | | | | | | | | | | | | | | | | |
| 0 | No evidence of any needs. | | | | | | | | 2 | Action or intervention is required to ensure that the identified need is addressed. | | | | | | | | |
| 1 | Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. | | | | | | | | 3 | Intensive and/or immediate action is required to address the need or risk behavior. | | | | | | | | |
| **Please note: Individual CAT items that are not applicable to the entire lifespan have specific age ranges for which the item must be completed indicated in front of the item name. If the item does not apply to the individual’s age, rate the item “N/A.”** | | | | | | | | | | | | | | | | | | |
| **5. ASSESSMENT** | | | | | | | | | | | | | | | | | | |
| **RISK BEHAVIORS** | | **N/A** | **0** | **1** | **2** | **3** |  |  | | | **N/A** | **0** | **1** | | **2** | | **3** | |
| Victimization/Exploitation | |  |  |  |  |  |  | 6+: Sexually Problematic Behavior | | |  |  |  | |  | |  | |
| 0-5: Self-Harm | |  |  |  |  |  |  | 6+: Fire Setting | | |  |  |  | |  | |  | |
| 1-5: Aggressive Behavior | |  |  |  |  |  |  | 6+: Danger to Others | | |  |  |  | |  | |  | |
| 3-21: Flight Risk/Runaway | |  |  |  |  |  |  | 6+: Other Self-Harm (Recklessness) | | |  |  |  | |  | |  | |
| 3+: Suicide Risk | |  |  |  |  |  |  | 6+: Non-Suicidal Self-Injur. Behavior | | |  |  |  | |  | |  | |
| 3+: Decision-Making | |  |  |  |  |  |  | 6+: Delinquent/Criminal Behavior | | |  |  |  | |  | |  | |
| 3+: Intentional Misbehavior | |  |  |  |  |  |  |  | | |  |  |  | |  | |  | |
| **Suicide Risk Module (**complete when Risk Behaviors, Suicide Risk item is rated 1, 2, or 3) | | | | | | | | | | | | | | | | | | |
| Ideation | |  |  |  |  |  |  | History | | |  |  |  | |  | |  | |
| Intent | |  |  |  |  |  |  | Awareness of Others’ Suicide | | |  |  |  | |  | |  | |
| Planning | |  |  |  |  |  |  |  | | |  |  |  | |  | |  | |
| **BEHAVIORAL/EMOTIONAL NEEDS** | | **N/A** | **0** | **1** | **2** | **3** |  |  | | | **N/A** | **0** | **1** | | **2** | | **3** | |
| Depression | |  |  |  |  |  |  | 3+: Anger Control/Frustration Tol. | | |  |  |  | |  | |  | |
| Anxiety | |  |  |  |  |  |  | 3+: Impulsivity/Hyperactivity | | |  |  |  | |  | |  | |
| Adjustment to Trauma | |  |  |  |  |  |  | 6+: Conduct/Antisocial Behavior | | |  |  |  | |  | |  | |
| Atypical/Repetitive Behaviors | |  |  |  |  |  |  | 6+: Psychosis (Thought Disorder) | | |  |  |  | |  | |  | |
| 0-5: Emotional Control | |  |  |  |  |  |  | 6+: Mania | | |  |  |  | |  | |  | |
| 0-5: Failure to Thrive | |  |  |  |  |  |  | 6+: Substance Use | | |  |  |  | |  | |  | |
| 3-18: Oppositional | |  |  |  |  |  |  |  | | |  |  |  | |  | |  | |
| **FUNCTIONING NEEDS** | | **N/A** | **0** | **1** | **2** | **3** |  |  | | | **N/A** | **0** | **1** | | **2** | | **3** | |
| Living Situation | |  |  |  |  |  |  | 0-5: Elimination | | |  |  |  | |  | |  | |
| Family Functioning | |  |  |  |  |  |  | 0-21: School/Preschool/Daycare | | |  |  |  | |  | |  | |
| Social Functioning | |  |  |  |  |  |  | 1+: Sleep | | |  |  |  | |  | |  | |
| Developmental/Intellectual | |  |  |  |  |  |  | 16+: Parental/Caregiving Role | | |  |  |  | |  | |  | |
| Medication Compliance | |  |  |  |  |  |  | 16+: Employment | | |  |  |  | |  | |  | |
| **CAREGIVER RESOURCES & NEEDS** | | Client is their own guardian:  Yes  No (*if* ***YES****, skip this section)* | | | | | | | | | | | | | | | | |
|  | | **N/A** | **0** | **1** | **2** | **3** |  |  | | | **N/A** | **0** | | **1** | | **2** | | **3** |
| Supervision | |  |  |  |  |  |  | Mental Health | | |  |  | |  | |  | |  |
| Involvement with Care | |  |  |  |  |  |  | Family Stress | | |  |  | |  | |  | |  |
| Caregiver Residential Stability | |  |  |  |  |  |  | 0-21: Empathy with Children | | |  |  | |  | |  | |  |
| **PROTECTION** | | **N/A** | **0** | **1** | **2** | **3** |  |  | | | **N/A** | **0** | | **1** | | **2** | | **3** |
| Safety | |  |  |  |  |  |  | Family Violence in the Home | | |  |  | |  | |  | |  |

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| **NOTES/COMMENTS/CLARIFICATIONS:** | | | | | |
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| **8. SIGNATURES** | | | | | | |
| **Screener** *(print name)* |  | **Signature** |  | **Date** |  | |
|  |  |  |  |  |  | |
| **QMHP/LPHA Consult** *(when applicable)* |  | **Signature** |  | **Date of Consultation** |  | |
|  |  |  |  |  |  | |
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