HFS
Illinois Department of
Healthcare and Family Services

Illinois Medicaid – Crisis Assessment Tool (IM-CAT)
Rating and Summary Sheet

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 ☐ Youth in Care ☐ Biological parent ☐ Other court-appointed ☐ Adoptive parent ☐ Other: _____

Guardian Consent Received: ☐ Yes ☐ No ☐ N/A

2. SCREENING

☐ Initial crisis screening ☐ 24-hour non-emergency ☐ Other:

Date of Call:	Time of Call: ☐ am ☐ pm	Crisis Screener (name):	Team Response: ☐	Screener Credentials: ☐ PSW ☐ MHP ☐ QMHP ☐ LPHA

Date of Screening:	Begin Time of Screening: _____ ☐ am ☐ pm	End Time of Screening: _____ ☐ am ☐ pm	Diagnosis:

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:** _____

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☐ Withdrawn ☐ Other: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

☐ Good ☐ Fair ☐ Poor

Insight

☐ Good ☐ Fair ☐ Poor

Supporting Information: Document clinical observations to support the customer's current mental status as noted above.

For all CAT domains, the following categories and action levels are used:

0 No evidence of any needs.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

2 Action or intervention is required to ensure that the identified need is addressed.

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		☐	☐	☐	☐

NOTES/COMMENTS/CLARIFICATIONS:

8. SIGNATURES

Screener *(print name)*	**Signature**	**Date**
QMHP/LPHA Consult *(when applicable)*	**Signature**	**Date of Consultation**