ILLINOIS DEPARTMENT OF Healthcare and Family Services

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

1. CLIENT INFORMATION

First Name:	Last Name:	RIN:	Date of Birth:	Gender:

Insurance Coverage: ☐ Medicaid - FFS ☐ Medicaid – Managed Care ☐ Private Insurance ☐ None ☐ Unknown

Insurance Company: ☐ N/A

Guardianship Status: ☐ Own guardian ☐ Youth in Care ☐ Biological Parent ☐ Other court appointed ☐ Adoptive Parent ☐ Other: _____

Interpreter Services: ☐ None required ☐ TDD/TYY ☐ American Sign Language ☐ Other: _____ ☐ Spoken Language: _____

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

2. SCREENING ☐ Initial crisis screening ☐ 24-hour non-emergency ☐ Discharge ☐ Other: _____

Date of Call:	Time of Call: ☐ am ☐ pm	Crisis Screener (name):	Screener Credentials: ☐ MHP ☐ QMHP ☐ LPHA
Date of Screening:	**Begin Time of Screening:** _____ ☐ am ☐ pm	**End Time of Screening:** _____ ☐ am ☐ pm	**Diagnosis:**

3. TRANSFERS ☐ N/A

☐ **Hospital to Hospital**	**Sending Hospital:**	**City/State:**	**Transfer Date:**
	Receiving Hospital:	**City/State:**	
☐ **SASS to SASS**	**Sending SASS:**	**City/State:**	**Transfer Date:**
	Receiving SASS:	**City/State:**	

4. 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:** _____

5. MENTAL STATUS: Document clinical observations to support client's current mental status as noted below.

Appearance and Behavior:

Threatening:	☐ Yes	☐ No	Mood:	☐ WNL ☐ Depressed ☐ Manic ☐ Anxious ☐ Angry ☐ Expansive ☐ Labile
Suicidal:	☐ Yes	☐ No		
Homicidal:	☐ Yes	☐ No	Affect:	☐ WNL ☐ Sad ☐ Angry ☐ Flat ☐ Constricted ☐ Inappropriate
Impulse Control:	☐ Poor	☐ Good		
Hallucinatory:	☐ Yes	☐ No	Insight:	☐ Good ☐ Fair ☐ Poor
Delusional:	☐ Yes	☐ No	Orientation:	☐ WNL ☐ Impaired
Judgment:	☐ WNL	☐ Impaired	Cognition:	☐ WNL ☐ Loose Associations/Disorganized
Memory:	☐ WNL	☐ Impaired	**Please note: WNL = Within Normal Limits**	

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."

6. ASSESSMENT

RISK BEHAVIORS	N/A	0	1	2	3		N/A	0	1	2	3
0-6: Self-Harm	☐	☐	☐	☐	☐	6+: Sexually Problematic Behavior	☐	☐	☐	☐	☐
1-6: Aggressive Behavior	☐	☐	☐	☐	☐	6+: Fire Setting	☐	☐	☐	☐	☐
3-6: Flight Risk	☐	☐	☐	☐	☐	6+: Danger to Others	☐	☐	☐	☐	☐
3+: Suicide Risk	☐	☐	☐	☐	☐	6+: Other Self-Harm (Recklessness)	☐	☐	☐	☐	☐
3+: Decision-Making	☐	☐	☐	☐	☐	6+: Non-Suicidal Self-Injur. Behavior	☐	☐	☐	☐	☐
3+: Intentional Misbehavior	☐	☐	☐	☐	☐	6+: Delinquent/Criminal Behavior	☐	☐	☐	☐	☐
6-21: Runaway	☐	☐	☐	☐	☐	6+: Community Safety	☐	☐	☐	☐	☐
BEHAVIORAL/EMOTIONAL NEEDS	**N/A**	**0**	**1**	**2**	**3**		**N/A**	**0**	**1**	**2**	**3**
Depression		☐	☐	☐	☐	3-18: Oppositional	☐	☐	☐	☐	☐
Anxiety		☐	☐	☐	☐	3+: Anger Control/Frustration Tol.	☐	☐	☐	☐	☐
Adjustment to Trauma		☐	☐	☐	☐	3+: Impulsivity/Hyperactivity	☐	☐	☐	☐	☐
0-6: Atypical/Repetitive Behaviors	☐	☐	☐	☐	☐	6+: Conduct/Antisocial Behavior	☐	☐	☐	☐	☐
0-6: Emotional Control	☐	☐	☐	☐	☐	6+: Psychosis (Thought Disorder)	☐	☐	☐	☐	☐
0-6: Failure to Thrive	☐	☐	☐	☐	☐	6+: Substance Use	☐	☐	☐	☐	☐
0-21: Attachment Difficulties	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐
FUNCTIONING NEEDS	**N/A**	**0**	**1**	**2**	**3**		**N/A**	**0**	**1**	**2**	**3**
Living Situation		☐	☐	☐	☐	1+: Sleep	☐	☐	☐	☐	☐
Family Functioning		☐	☐	☐	☐	0-6: Feeding/Elimination	☐	☐	☐	☐	☐
Social Functioning		☐	☐	☐	☐	0-21: School/Preschool/Daycare	☐	☐	☐	☐	☐
Developmental/Intellectual	☐	☐	☐	☐	☐	16+: Parental/Caregiving Role	☐	☐	☐	☐	☐
Medication Compliance		☐	☐	☐	☐	21+:Employment	☐	☐	☐	☐	☐
PROTECTION	**N/A**	**0**	**1**	**2**	**3**		**N/A**	**0**	**1**	**2**	**3**
Safety		☐	☐	☐	☐	Marital/Partner Violence in the Home		☐	☐	☐	☐
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		☐	☐	☐	☐	Health/Behavioral Health		☐	☐	☐	☐
Involvement with Care		☐	☐	☐	☐	Family Stress		☐	☐	☐	☐
Social Resources		☐	☐	☐	☐	0-21: Empathy with Children	☐	☐	☐	☐	☐
Caregiver Residential Stability		☐	☐	☐	☐						

7. NOTES/COMMENTS/CLARIFICATIONS:

8. SIGNATURES

Screener *(print name)* | **Signature** | **Date**

QMHP/LPHA Consult *(when applicable)* | **Signature** | **Date of Consultation**