



HFS

Illinois Department of Healthcare and Family Services

Illinois Medicaid – Crisis Assessment Tool (IM-CAT 2025) 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: Insurance Coverage:
Guardianship Status: Guardian Consent Received:
2. SCREENING
Date of Call: Time of Call: Crisis Screener (name): Team Response: Screener Credentials:
Date of Screening: Begin Time of Screening: End Time of Screening: Diagnosis:
3. DISPOSITION
Community stabilized (list community resources below) City/State: Date:
Hospitalized at: City/State: Admission Date:
4. MENTAL STATUS: Document clinical observations to support client's current mental status as noted below.
Observations
Appearance: Speech: Eye Contact: Motor Activity: Affect:
Mood
Cognition
Thoughts and Perception
Behavior
Judgment Insight

**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; no need for action   | 2 | Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed. |
| 1 | Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. | 3 | Need is dangerous or disabling. 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**

<b>RISK BEHAVIORS</b>		N/A	0	1	2	3		N/A	0	1	2	3
Victimization/Exploitation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Sexually Problematic Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Self-Harm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5: Aggressive Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-21: Flight Risk/Runaway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+: Suicide Risk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Non-Suicidal Self-Injur. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+: Decision Making		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Delinquent/Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+: Intentional Misbehavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Suicide Risk Module</b> (complete when Risk Behaviors, Suicide Risk item is rated 1, 2, or 3)												
Ideation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of Attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awareness of Others' Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>BEHAVIORAL/EMOTIONAL NEEDS</b>		N/A	0	1	2	3		N/A	0	1	2	3
Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3+: Anger Control/Frustration Tol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3+: Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Conduct/Antisocial Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical/Repetitive Behaviors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Failure to Thrive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-18: Oppositional Behav./Non-Compl.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FUNCTIONING NEEDS</b>		N/A	0	1	2	3		N/A	0	1	2	3
Living Situation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-5: Feeding/Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-21: School/Preschool/Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1+: Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/Intellectual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Parental/Caregiving Role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Compliance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Job Functioning/Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CAREGIVER RESOURCES &amp; NEEDS</b> Client is their own guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, skip this section)												
		N/A	0	1	2	3		N/A	0	1	2	3
Supervision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health/Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Residential Stability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-21: Empathy with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROTECTION</b>		N/A	0	1	2	3		N/A	0	1	2	3
Safety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES/COMMENTS/CLARIFICATIONS:**

**8. SIGNATURES**

**Screener** (*print name*)

**Signature**

**Date**

**QMHP/LPHA Consult** (*when applicable*)

**Signature**

**Date of  
Consultation**