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

**Rating and Summary Sheet**

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| **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  Biological Parent  Adoptive Parent | | Youth in Care  Other court appointed  Other: | **Interpreter**  **Services:** | None required  American Sign Language  Spoken Language: | | TDD/TYY  Other: | |
| **Guardian Consent Received:**  Yes  No  N/A | | | | | | | | |

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| **2. SCREENING**  Initial crisis screening  24-hour non-emergency  Discharge  Other: | | | |
| **Date of Call:** | **Time of Call:** | **Crisis Screener (name):** | **Screener Credentials:** |
|  | am  pm |  | MHP  QMHP  LPHA |
| **Date of Screening:** | **Begin Time of Screening:** | **End Time of Screening:** | **Diagnosis:** |
|  | am  pm | am  pm |  |

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| **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:** |  |

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| **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:** | |

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| **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 |
| Suicidal: | Yes | No | Expansive | | | Labile | | | |  |
| Homicidal: | Yes | No | Affect: | WNL | Sad | Angry | | Flat | | Constricted | |
| Impulse Control: | Poor | Good | Inappropriate | | | | | | | |
| 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** | | | | | | | | |

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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.”** | | | |

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| **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 |  |  |  |  |  |  |  | | | | | | | | |

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| **7. 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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