

# CASE MIX ASSESSMENT TOOL (CMAT) DRAFT 7.0 version 1.0

For research purposes only - Final operational instrument will retain only items useful for case mix. Paper version of automated CMAT.

## DEMOGRAPHICS

**1. Name of Patient** (last, first, MI, suffix) \_\_\_\_\_

**2. Medicare Number** \_\_\_\_\_

**3. Medical Record Number** \_\_\_\_\_

**4. Medicare Facility Identification Number** \_\_\_\_\_

**5. Gender**      1. Male       2. Female

**6. Date of Birth** (MM-DD-YYYY)     

**7. Education** (Highest Level Completed)     

    1. No schooling      4. High school

    2. 8th grade/less      5. Technical or trade school

    3. 9-11 grades      6. Some college

                                    7. Bachelor's Degree

                                    8. Graduate Degree

## SERVICE HISTORY

**8. Number of Psychiatric Admissions** Record the number of lifetime psychiatric admissions, not including this one.     

    0. None      1. 1-3

    2. 4-10      3. 11 or more

**9. Number of Medications** Record the number of different medications administered in last 7 days, including OTCs     

## STAY PARAMETERS

**10. Legal Status**     

    1. Voluntary

    2. Involuntary (e.g., civil court hold, admitted by guardian)

    3. Criminal court hold (e.g., forensic)

**11. Admission Date** (MM-DD-YYYY)     

**12. Assessment Date** (MM-DD-YYYY)     

**13. Type of Hospital**     

    1. Freestanding psychiatric hospital

    2. Exempt unit in a general hospital

    3. State psychiatric hospital

    4. Federal psychiatric hospital

    5. Other \_\_\_\_\_

**14. Housing Status:** Availability of housing at discharge     

    0. No      1. Yes      2. Discharge not expected

## PSYCHIATRIC and COMORBID CONDITIONS

**15. Psychiatric Diagnoses During Stay**

ICD-9 codes at admission		ICD-9 codes current
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>
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**16. Medical Diagnoses/ Complexities During Stay**

ICD-9 codes		Condition is unstable or out of control	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>		0.No      1.Yes	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>			<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ● <input type="text"/> <input type="text"/>			<input type="checkbox"/>

**17. Depressed** (Code for indicators observed in the last 3 days)

    0. Not exhibited

    1. Not exhibited in last three days but is reported to be present

    2. Exhibited 1-2 of last 3 days

    3. Exhibited daily, not persistent

    4. Exhibited daily, persistent

**a. Facial Expression:** sad, pained, worried facial expression (e.g., furrowed brow)     

**b. Tearfulness:** crying, tearfulness     

**c. Negative or Depressive Statements:** patient made negative statements (e.g., "Nothing matters; I would rather be dead; What's the use; Let me die"; regrets having lived so long)     

**d. Anxious Complaints:** repetitive anxious complaints (non-health related) (e.g., persistently seeks attention/reassurance)     

**e. Fears/Phobias:** expression (including non-verbal) of what appear to be unrealistic fears (e.g., fear of being abandoned, of being left alone, of being with others) or intense fear of specific objects or situations     

**f. Health Complaints:** repetitive health complaints (e.g., persistently seeks medical attention; excessive concerns with bodily functions)     

**g. Anger:** persistent anger with self or others (e.g., easily annoyed; anger at care received)

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## PSYCHIATRIC and COMORBID CONDITIONS (cont)

**18. Psychotic Symptoms** (Code for indicators observed in the last 3 days)

0. Not exhibited  
 1. Not exhibited in last three days but is reported to be present  
 2. Exhibited 1-2 of last 3 days  
 3. Exhibited daily, not persistent  
 4. Exhibited daily, persistent

**a. Hallucinations:** Erroneous/false perception involving any of the senses (hearing, vision, smell, taste, touch)

**b. Delusions:** Fixed false beliefs or thoughts

**c. Disorganized Thinking/Speech:** Loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality, etc.

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**19. Mania** - grandiosity, talkativeness, racing thoughts/flight of ideas, distractibility, agitation, irritability. Indicate if exhibited in last 3 days.

0. Not exhibited    1. Exhibited 1-2 of last 3 days    2. Exhibited daily

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**20. Danger to Others** (Code for most recent incidence)

0. Never exhibited  
 1. Instance prior to the last year  
 2. Instance in the last year  
 3. Instance in the last 30 days  
 4. Instance in the last 3 days

**a. Violence toward Others**

**b. Violent Ideation**

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**21. Aggression** (Code for frequency within the last 3 days)

0. Not exhibited  
 1. Not exhibited in last three days but is reported to be present  
 2. Exhibited 1-2 of last 3 days  
 3. Exhibited daily, not persistent  
 4. Exhibited daily, persistent

**a. Verbal Aggression**

**b. Physical Aggression** (e.g., attack or assault)

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**22. Self-injury and Suicidality**

**a. Considered performing a self-injurious act in the last 30 days**

0. No                      1. Yes

**b. Self-Injurious attempt** (Code for most recent instance)

0. Never  
 1. Attempt more than 1 year ago  
 2. Attempt in the last year  
 3. Attempt in the last 30 days  
 4. Attempt in the last 3 days

**c. Intent of any self-injurious attempt was to kill him/herself**

0. No/No attempt    1. Yes

**d. Suicide plan** - Patient has a current suicide plan

0. No                      1. Yes

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**23. Cognitive Function / Communication**

**a. Short-term memory OK** - seems/appears to recall after 5 minutes

0. Memory OK    1. Memory Problem

**b. Long-term memory OK** - seems/appears to recall distant past

0. Memory OK    1. Memory Problem

**c. Procedural memory OK** - Can perform all or almost all steps in a multi-task sequence without cues for initiation

0. Memory OK    1. Memory Problem

**d. Situational memory OK** - **Both** recognizes staff names/faces frequently encountered **AND** knows location of places regularly visited (bedroom, dining room, activity room, therapy room)

0. Memory OK    1. Memory Problem

**e. Daily decision making:** How well patient makes decisions about organizing the day (e.g., when to get up or have meals, which clothes to wear or activities to do)

**0. Independent** - decisions consistent/reasonable

**1. Modified Independence** - some difficulty in new situations only

**2. Minimally Impaired** - in specific situations, decisions become poor and cues/supervision necessary at those times

**3. Moderately Impaired** - decision is consistently poor, cues/supervision required at all times

**4. Severely Impaired** - never/rarely makes decisions

**f. Insight into mental health problems** - Degree of patient insight

0. Full                      1. Limited                      2. None

**g. Making self understood (Expression)** - Expressing information content -- however able

**0. Understood**—Expresses ideas without difficulty

**1. Usually understood**—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required

**2. Often understood** -- Difficulty finding words or finishing thoughts, prompting usually required

**3. Sometimes understood** -- Ability is limited to concrete requests

**4. Rarely/never understood**

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**24. Signs and Symptoms** (Code for indicators observed in last 3 days)

- |                                   |        |   |
|-----------------------------------|--------|---|
| 0. No                             | 1. Yes |   |
| <b>a. Dry mouth</b>               |        | <input style="width: 100%;" type="text"/> |
| <b>b. Nausea</b>                  |        | <input style="width: 100%;" type="text"/> |
| <b>c. Constipation</b>            |        | <input style="width: 100%;" type="text"/> |
| <b>d. Impaired Balance/ataxia</b> |        | <input style="width: 100%;" type="text"/> |
| <b>e. Edema</b>                   |        | <input style="width: 100%;" type="text"/> |

**25. Health Problems:**

- |  |                    |   |
|--|--------------------|---|
| <b>a. Pain</b> - Frequently complains or shows evidence of pain in last 3 days   |                    |   |
| 0. None  | 1. Less than daily | 2. Daily                                  |
|  |                    | <input style="width: 100%;" type="text"/> |
| <b>b. Sleep Problems</b> - Any sleep problems present on 2 or more of the last 3 days, including awakening earlier than desired, difficulty falling asleep, restless or nonrestful sleep, too much sleep, interrupted sleep. |                    |   |
| 0. No  | 1. Yes             | <input style="width: 100%;" type="text"/> |

**26. Substance Abuse/Dependence**

- |  |        |   |
|--|--------|---|
| <b>a. An increase in either amount or frequency of substance use within the past 30 days</b>   |        |   |
| 0. No  | 1. Yes | <input style="width: 100%;" type="text"/> |
| <b>b. Unable to control substance use within the past 30 days</b>  |        | <input style="width: 100%;" type="text"/> |
| 0. No  | 1. Yes |   |
| <b>c. Substance Abuse Withdrawal:</b> Severity of signs or symptoms possibly indicative of withdrawal from alcohol or drugs. Code for most severe level in last 3 days.                |        |   |
| <b>0. None</b>   |        |   |
| <b>1. Mild</b> - symptoms typical of early stages of withdrawal (e.g., agitation, "jitters", craving, hostility, gastrointestinal upset, anxiety, vivid dreaming)                      |        |   |
| <b>2. Moderate</b> - increased severity of early indicators, weakness, sweating, hot flashes, fainting, muscle twitching   |        |   |
| <b>3. Severe</b> - symptoms typical of late stages of withdrawal (e.g., exhaustion, seizures, tremors, tachycardia, disorientation, hyperventilation)                                  |        |   |
| <b>d. Intentional Misuse of Medication</b> - Misuse of prescription or over-the-counter medications in the <b>past 30 days</b> (e.g., uses medication for purpose other than intended) |        |   |
| 0. No  | 1. Yes | <input style="width: 100%;" type="text"/> |

**27. History of Abuse Towards Patient**

- |  |        |  |
|--|--------|--|
| 0. No  | 1. Yes |  |
| <b>a. Any history of physical abuse or assault</b> |        |  |
| <b>b. Any history of sexual abuse or assault</b>   |        |  |
| <b>c. Any history of emotional abuse</b>           |        |  |

## FUNCTIONING

**28. Activities of Daily Living:** Code for self-performance, last 3 days

- |   |  |   |
|---|--|---|
| <b>0. Independent</b> - no help, setup, or supervision - or help, setup or supervision provided only 1 or 2 times   |  |   |
| <b>1. Setup help only</b> - article or device provided or placed within reach of patient 3 or more times  |  |   |
| <b>2. Supervision</b> - oversight, encouragement or cueing provided 3 or more times - OR - supervision (1 or more times) plus physical assistance provided only 1 or 2 times (for a total of 3 or more episodes of help or supervision)   |  |   |
| <b>3. Limited Assistance</b> - patient highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times -OR- combination of non-weight bearing help with more help provided only 1 or 2 times (for a total of 3 or more episodes of physical help) |  |   |
| <b>4. Extensive Assistance</b> - patient performed part of activity on own (50% or more of subtasks) BUT help of the following type(s) was provided 3 or more times:<br>- Weight-bearing support (e.g., holding weight of limb, trunk)<br>- Full performance by another of a task (some of the time) or discrete subtask    |  |   |
| <b>5. Maximal Assistance</b> - patient was involved and completed less than 50% of subtasks on own, received weight bearing help or full performance of certain subtasks 3 or more times. Includes two person assists where the patient completes less than 50% of subtasks on own  |  |   |
| <b>6. Total Dependence</b> - full performance of activity by other(s)   |  |   |
| <b>8. Activity did not occur</b>  |  |   |
| <b>a. Personal Hygiene:</b> how patient maintains personal hygiene. Includes combing hair, brushing teeth, shaving, applying makeup, controlling body odor, washing/drying face, hands, and perineum (exclude baths & showers)  |  | <input style="width: 100%;" type="text"/> |
| <b>b. Locomotion:</b> how patient moves between locations in his or her room and adjacent corridor on same floor. If in wheelchair, self sufficiency once in wheelchair   |  | <input style="width: 100%;" type="text"/> |
| <b>c. Toilet Use:</b> How patient uses the toilet room (or commode, bedpan, urinal)   |  | <input style="width: 100%;" type="text"/> |
| <b>d. Eating:</b> How patient eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)   |  | <input style="width: 100%;" type="text"/> |

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## FUNCTIONING (cont)

### 29. Capacity to Perform Instrumental Activities of Daily Living

If patient *had been required* to carry out the activity over the **last 24 hours**, *speculate* and code for what you consider the patient's capacity (ability) would have been to perform the activity at that time

- 0. **Independent** - would have required no help, setup, or supervision
- 1. **Setup Help Only** - would have required help that would have been limited to providing or placing article/device within reach of patient; could have performed all other tasks on own
- 2. **Supervision** - would have required oversight, encouragement, or cueing
- 3. **Limited Assistance** - on some occasion(s) could have done on own, other times would have required help
- 4. **Moderate Assistance** - while patient could have been involved, would have required presence of helper at all times, and would have performed 50% or more of subtasks on own
- 5. **Maximal Assistance** - while patient could have been involved, would have required presence of helper at all times, and would have performed less than 50% of subtasks on own
- 6. **Total Dependence** - full performance by other(s) of activity would have been required at all times (no residual capacity exists)

- a. **Meal Preparation:** How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils)
- b. **Managing Medications:** How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)
- c. **Transportation:** How patient travels by vehicle (e.g., gets to places beyond walking distance)

### 30. Bladder Continence: In the last 3 days, control of urinary bladder function (includes dribbling)

- 0. **Continent** - Complete control - DOES NOT USE any type of catheter or other urinary collection device
- 1. **Continent With Catheter** - Complete control with use of catheter or urinary collection device that doesn't leak urine
- 2. **Infrequent Incontinence** - Not incontinent over last 3 days, but patient does have incontinent episodes
- 3. **Episode of Incontinence** - On one day
- 4. **Occasionally Incontinent** - On two days
- 5. **Frequently Incontinent** - Tended to be incontinent daily, but some control present (e.g., during day)
- 6. **Incontinent** - Inadequate control of bladder
- 8. **Did Not Occur** - No urine output from bladder.

### 31. Number of Falls in last 30 days

- 0. None
  - 1. One
  - 2. Two or more
- 

## SERVICE / TREATMENTS

### 32. Past ECT: Time since last ECT

- 0. Never received
  - 1. Instance prior to the last year
  - 2. Instance in the last year
  - 3. Instance in the last 30 days
  - 4. Instance in the last 3 days
- 

### 33. Control Interventions (Code for use of each device in the last 3 days)

- 0. Not used
- 1. Less than daily use
- 2. Daily use - night only
- 3. Daily use - day only
- 4. Night and day, but not constant
- 5. Constant use for full 24 hours (with periodic release)

- a. **Mechanical restraint, no ambulation**
- b. **Mechanical restraint, ambulation possible**
- c. **Chair prevents rising**
- d. **Physical/manual restraint by staff**
- e. **Seclusion room**

## DIAGNOSTIC STUDIES/LAB RESULTS

In the last 3 days, or since admission, code for the most recent test. For each test use the following codes:

- 0. Not evaluated
- 1. Evaluated, met criteria
- 2. Evaluated, did not meet criteria

### 34. White Blood Count, WBC: criteria - range 3.8 - 10.8

### 35. Head CT or MRI: criteria - No hemorrhages, infarcts, masses, or white matter hyperdensity.

### 36. Lithium Toxicity: criteria - 1.2 or lower

### 37. Completed by:

\_\_\_\_\_ (last, first, MI, suffix, degree)