

ADDENDUM C-- 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

2. 8th grade/less

3. 9-11 grades

4. High school

5. Technical or trade school

6. Some college

7. Bachelor's Degree

8. Graduate Degree

SERVICE HISTORY8. 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

16. Medical Diagnoses/ Complexities During Stay

ICD-9 codes

Condition is unstable or out of control
0.No 1.Yes

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 situationsf. 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)