ICC/IHBS Care Plan Progress Note Downtime Form

Client Name: Cal A. Midad Date of Service: 3/31/2023 Date of Documentation (S)

Client MRN: 1001-xx-xxxx Service Min: 35 Doc. Min: 5 Travel Min: 0 Total Min: 40

Face to Face Min: 35 Non Face to Face Min: 0 CPT Codes: ☑ Targeted Case Mgt (ICC) (70899-412)

Language Service Provided: English Interp. ☐ Yes ☑ No ☐ TCM No Fee (70899-402)

Diagnosis(es): F43.11; Z59.0; Z59.6 ☐

Purpose of Service:

To create a care plan for providing ICC services as client meets criteria for IS and will be needing ICC resources for his F43.11 and Z59.0 and Z59.6 needs

Date this plan was developed/discussed/agree upon with Client: 3/31/23

Did you complete the PWB/IS eligibility form and file in the chart: ☑ **Yes** ☐ **No**

Were other authorized health care decision makers consulted to develop goal/s? If yes, who was consulted:

Treatment team including therapist, certified peer support specialist, school psychologist, teacher

Client's need for ICC and/or IHBS services based on client's strengths and needs:

Client and family needs for linkage to low income housing and food stamps; Client also needs monitoring on passive S/I statements as well as reviewing care plan, problem list and treatment progress to assure all mental health needs are being met and client is adjusting to trauma. Client would also benefit from IHBS to assist with coping skills to help regulate calmness in his body.

Please check off all services that will be provided under this Care Plan:

☑ **Intensive Care Coordination (ICC)** ☑ **Intensive Home Based Services (IHBS)**

Treatment Objectives: *Goals, treatment, service activities and assistance*

(Complete a goal for all areas of functioning in which client has an impairment as identified in Psychosocial)

Living Arrangement Goal: Client and family struggling with aftermath of immigration trauma and struggle to reestablish family functioning with unresolved anger and grief. Client and family member avoid each other to minimize pain and memories. Client and family will be able to spend time at least one time each week.

Financial Status/Money Management Goal: Client and family will be linked to resources for low income housing and food stamp as they struggle to make enough.

Social/Communication Skills Goal: Client will establish relationships at school as he currently has no friends and isolates from peers, as he often feels persecuted and laughed at by peers.

Daily Activities Goal: Client will attend community gatherings or mass as he tends to stay in his room and isolate himself.

Educational/Vocational Goal: Client will attend school regularly as he misses much school due to fears, and is at risk for retention

Legal Goal: N/A

Substance Abuse Goal: N/A

Mental Health Management Goal: IHBS will provide self-regulation and relaxation skills to help client maintain a clam body and decrease trauma abreactions. - Established 6/16/2023.

Physical Health Care Goal: N/A

Transition Plan for when Client has achieved goals of this CP:

When client and family meet goals, client and family will be re-evaluated for any further needs and consideration of lower level of care.

Provider's Signature: Mark Lum, Psy.D. **Date:** 3/31/2023

Co-Signature (if needed): _____ **Date:** _____

1st Annual Review: By signing, I certify that I have reviewed this plan at least once annually and made any necessary updates to meet the beneficiary/client's needs.

Provider's Signature: _____ **Date:** _____

Co-Signature (if needed): _____ **Date:** _____

2nd Annual Review: By signing, I certify that I have reviewed this plan at least once annually and made any necessary updates to meet the beneficiary/client's needs.

Provider's Signature: _____ **Date:** _____

Co-Signature (if needed): _____ **Date:** _____