

**CONFIDENTIAL PATIENT INFORMATION**

CA W&amp;I Code, Section 5328,

42 CFR Part 2, 45 CFR Parts 160 &amp; 164

County of Orange Health Care Agency  
**Mental Health and Recovery Services**

HCA Custodian of Records

200 W. Santa Ana Blvd, Ste 125, Santa Ana, CA 92701

Patient: **Luz, Adriana**

MRN: 1000-90-4962

DOB/Age/Gender: 7/23/2017 6 years Female

Patient Location: CYS CEGU

**Care Plans**

Document Name:	BH ICC IHBS Care Plan PN - Text
Service Date/Time:	12/16/2022 11:39 PST
Document Status:	Auth (Verified)
Performed By:	Lum, Mark S (12/16/2022 11:39 PST)
Signing Clinician/Date of Signature	Lum, Mark S (12/16/2022 11:39 PST)

**BH ICC IHBS Care Plan PN Entered On: 12/16/2022 1:16 PM PST**  
**Performed On: 12/16/2022 11:39 AM PST by Lum, Mark S****Signatures**

Provider: Pitts, Cheryl A

Provider Signature Obtained: Signature Obtained

Lum, Mark S - 12/16/2022 11:39 AM PST

**ICC IHBS PN**

Encounter Smart Template : Facility: CYS CEGU Orangewood

FIN: 100022284089

Diagnosis Treated Today : F43.11 Post traumatic stress disorder - acute

F93.0 Separation anxiety disorder of childhood

F98.0 Enuresis not due to a substance or known physiological condition

T72.22XA Child sexual abuse confirmed

Z59.0 Homelessness

Date this plan was developed/discussed/agreed upon with Client : 12/16/2022 PST

Were other authorized health care decision makers consulted to develop goal/s? : Yes

If yes, who was consulted : CFT meeting included SSA social worker, CEGU primary therapist, CASA worker, CEGU Psychiatrist, OCDE psychologist

Did you complete the PWB/IS eligibility form? : Yes

Client's need for ICC and/or IHBS services based on client's strengths and needs : Client trauma abreaction as a result of abandonment by mother, death of father, traumatic separation from family when crossing border, sexual assault (molestation), exposure to dangers, witnessed death during journey from Central America; Client's mistrust and inability to relate appropriately to adult and peers. Needs support to adjust to Orangewood and preparation for foster placement. Decrease and eliminate verbal and physical aggression towards peers and adults.

Please check off all services that will be provided under this Care Plan : Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS)

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**Plan & TX Objectives**

Purpose of Service : Care plan written for providing ICC and IHBS services, which include care coordination, linking, monitoring and strength based interventions designed to address behaviors and symptoms due to unresolved trauma issues. The services will help client in accessing needed medical, educational and social services. Client is a dependent of the court with an open case in SSA Child Welfare. Her current diagnosis is as follows: F43.11; F93.0; F98.0; T74.22XA and Z59.0.

Living Arrangement Goal : Yes

Living Arrangement Goal : Placement in a foster family setting until biological parent or relatives can be located for possible placement and /or reunification. Placement permanency.

**Mental Health and Recovery Services**Patient: **Luz, Adriana**

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**Care Plans**

Additional goal - after 3 failed foster placement which resulted in separation from cousin and deterioration of client's functioning, goal is to prepare client for STRTP placement and eventually reunite with cousin in foster placement, once she can stabilize enough to transition there. - 11/1/23

*Financial Status/Money Management Goal :* No

*Social/Communication Skills Goal :* Yes

*Social/Communication Skills Goal :* Improved social relationships with peers and adults. Build trusting relationships. Reduce physical aggression towards adults and peers.

*Daily Activities Goal :* Yes

*Daily Activities Goal :* Adjust to Orangewood placement, reduce emotional outbursts, aggression and improve social relationships with peers and adults in placement, educational and social settings.

*Educational/Vocational Goal :* Yes

*Educational/Vocational Goal :* Evaluation and placement in proper educational setting that is culturally competent and will help decrease the social isolation that client experiences due to the impact of trauma history. Provide evaluation and testing for educational strengths and deficits.

*Legal Goal :* No

*Substance Abuse Goal :* No

*Mental Health Management Goal :* Yes

*Mental Health Management Goal :* Provide IHBS services to improve clients ability to cope with her emotions impacted by multiple losses and traumas.

*Physical Health Care Goal :* Yes

*Physical Health Care Goal :* Referral to MD for evaluation, monitoring and treatment by physician due to daily nocturnal bed wetting and recent sexual assault (molestation by stranger).

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**Transition Plan**

*Transition Plan for when client has achieved goals of this Care Plan :* Will continue to coordinate care and insure smooth transition to foster placement and insure all mental health needs continue to be met during transition including transferring and consultation with new providers of mental health services.

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**Annual Reviews**

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

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**NEW Billable Services**

*Service :* Targeted Case Management, Each 15 Min 70899-412

*Service Minutes :* 28 minute(s)

*Doc Minutes :* 7 minute(s)

*Travel Minutes :* 0 minute(s)

*Total Minutes :* 28 minute(s)

*Face to Face Minutes :* 28 minute(s)

*Non-Face to Face Time :* No

*I opened the Charge Details Window :* Yes

*MHP Modifiers :* M56 w/ Social Svcs, M61 Age Specific

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**Image 49 -** Images currently included in the form version of this document have not been included in the text rendition version of the form.