State of California-Health and Human Services Agency
Department of Health Services

California Department of Health Services
SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

June 13, 2005

N.L.:11-0605
Index: Benefits

TO: ALL CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS, MEDICAL CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: DELEGATION OF AUTHORITY FOR AUTHORIZATION OF AURAL REHABILITATION SERVICES TO COUNTY CCS PROGRAMS AND CMS REGIONAL OFFICES

INTRODUCTION

The purpose of this Numbered Letter (NL) is to provide policy for CCS Independent County programs, CMS Regional Offices, and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for authorization of Aural Rehabilitation services. These services require authorization as Early and Periodic Screening Diagnosis and Treatment Supplemental Services (EPSDT SS) for children enrolled in the CCS program who are full scope, no share of cost Medi-Cal beneficiaries. These services also require separate authorization for CCS/Healthy Families (HF) and CCS-only clients.

BACKGROUND

It is difficult to acquire oral communication skills in the presence of a hearing loss. The development of communication skills in young children is intricately associated with the acquisition of other developmental skills including cognition, motor, psychosocial, and self-help skills. Aural rehabilitation, speech and language therapy facilitate development of these skills. Aural rehabilitation is focused on the acquisition of auditory skills and includes teaching children to use their residual hearing, adjusting to the use of hearing aids or alternative listening devices (ALD), developing their lip reading skills, and working with the family to increase their skills in communicating with the CCS-eligible child.

The provision of aural rehabilitation services is intended to guide the child through normal stages of hearing, speech, and language development and to monitor the progress and development of these skills on an ongoing basis. Codes for aural rehabilitation are included in the service code groups provided to CCS approved Communication Disorder Centers (CDC) and Centers of Excellence for Cochlear Implants.

POLICY

I. Effective the date of this letter, requests for Aural Rehabilitation (AR) services shall be authorized by CCS program case management staff when requested by a CCS paneled Speech-Language Pathologist providing services in conjunction with a CDC or a Cochlear Implant Center and found to be medically necessary to treat the client's eligible medical condition.

II. Authorizations shall be issued on a time-limited basis, not to exceed a six month period.

III. Separate authorizations are only required when the services will be provided by a speech pathologist who is not a member of a CDC or Cochlear Implant Center.

IV. Treatment authorizations may be renewed when there is documentation provided that includes:

A. A progress report including:

1. The start and end dates of just completed therapy.

2. The child's therapy attendance expressed as "sessions attended versus sessions scheduled".

3. The beginning performance and progress achieved for each goal of the previous treatment plan.

B. A revised treatment plan including new goals with baseline performance criteria, means and method of measurement and criteria for mastery.

IMPLEMENTATION

I. Authorizations for aural rehabilitation shall be issued when:

A. There is documentation that the AR is related to the child's hearing loss.

Such documentation may include:

1. Relevant history.

2. An audiologic summary or statement of hearing acuity.

3. A summary of any previous or concurrent therapy, including school-based services.

4. Information about other agency involvement.

5. The results and interpretation of assessment measures.

6. The prognosis for treatment including assessment of cognitive ability to benefit from treatment.

7. Recommendations including frequency and duration of the therapy. (Example: One hour session, two times per week for six months.)

8. A treatment plan listing goals and the following for each goal:

a. The beginning baseline performance for each goal.

b. The behavioral objectives with means and methods of measurement. (Example: Identify one key word in a short sentence given a choice of three key words.)

c. The criterion for mastery for each goal. (Example: The child will identify the key word in 12 out of 15 sentences.)

d. Specific goals for parent education, training and collaboration with other providers.

B. The provider is CCS approved. (If the provider is not CCS approved, inform the provider of the approval requirement and provide information on obtaining approval. You may hold the request pending review of the application or the provider can be asked to re-submit the request when CCS approval has been granted.)

C. The prescription for the services indicates the frequency and duration.

II. A Service Authorization Request (SAR) number shall be issued to the Medi-Cal provider number of the CCS approved speech pathologist submitting the request.

III. The appropriate Healthcare Common Procedure Code System (HCPCS) codes and units of service shall be issued on the SAR.

AR related to the use of hearing aids	30 minutes = 1 unit	Z5940
AR related to the use of ALD's	30 minutes = 1 unit	Z5944
AR following cochlear implant	30 minutes = 1 unit	Z5942

IV. The authorization shall be identified as EPSDT SS for CCS clients, with full scope, no share of cost Medi-Cal eligibility, when not performed at a Medi-Cal certified outpatient rehabilitation center (see Appendix A), a CCS approved Communications Disorder Center (CDC) or a Medi-Cal approved cochlear implant center of excellence.

- "EPSDT SS" must be indicated on the SAR, with special instructions from the drop down menu.

- "EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item or service."

V. Do not indicate "EPSDT SS" on the SAR for authorizations for CCS clients who are CCS-only or CCS-HF.

VI. For all clients: Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that include the following:

1. Beginning baselines and ending performance for each goal so that progress can easily be assessed by the reviewer;

2. Any new measurable goals with baseline performance including means and method of measurement;

3. Attendance expressed as the number of sessions attended/sessions scheduled;

4. Information regarding any early intervention or school services received.

If you have questions regarding these policy changes, please contact the nurse consultant at your CMS Regional Office.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Attachment
Appendix A

ATTACHMENT A
MEDI-CAL CERTIFIED OUTPATIENT REHABILITATION CENTERS

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
REH04526F	ASIAN NETWORK PHYSICAL	ALAMEDA	(510) 268-0222	310 8TH ST	OAKLAND	CA	94607-6527
HSP40488G	EDEN MEDICAL CENTER	ALAMEDA	(510) 537-1234	20103 LAKE CHABOT RD	CASTRO VALLEY	CA	94546-5341
HSP40611F	CHILDRENS HOSP MED CTR	ALAMEDA	(415) 654-5600	51ST AND GROVE STREETS	OAKLAND	CA	94609-0000
HSP40087F	ALTA BATES-HERRICK HOSP	ALAMEDA	(510) 204-4444	2001 DWIGHT WAY	BERKELEY	CA	94704-2608
HSP40039F	ENLOE MEDICAL CENTER-	BUTTE	(916) 891-7300	W 5TH AVE & ESPLANADE	CHICO	CA	95926-0000
HSP40225F	FEATHER RIVER HOSP	BUTTE	(916) 877-9361	5974 PENTZ RD	PARADISE	CA	95969-5593
HSP40276F	CONTRA COSTA CO HLTH SVS	CONTRA COSTA	(510) 370-5000	2500 ALHAMBRA AVE	MARTINEZ	CA	94553-3156
HSP40079H	DOCTORS MEDICAL CENTER-	CONTRA COSTA	(510) 970-5000	2000 VALE RD	SAN PABLO	CA	94806-3808
HSP40079I	DOCTORS MEDICAL CENTER-	CONTRA COSTA	(510) 977-5000	2000 VALE RD	SAN PABLO	CA	94806-0000

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
HSP40180F	JOHN MUIR MEDICAL CENTER	CONTRA COSTA	(510) 939-3000	1601 YGNACIO VALLEY RD	WALNUT CREEK	CA	94598-3122
HSP40417G	SUTTER COAST HOSPITAL	DEL NORTE	(707) 464-8511	800 E WASHINGTON BLVD	CRESCENT CITY	CA	95531-8359
HSP40060F	COMMUNITY MEDICAL CENTER	FRESNO	(559) 459-6000	2823 FRESNO ST	FRESNO	CA	93721-1324
HSP40097H	BRIM HOSPITALS, INC	HUMBOLDT	(707) 445-5111	2200 HARRISON AVE	EUREKA	CA	95501-3215
ZZT40045F	EL CENTRO COMMUNITY HOSP	IMPERIAL	(619) 339-7100	ROSS AND IMPERIAL AVE	EL CENTRO	CA	92243-0000
ZZT40295G	MERCY HOSPITAL	KERN	(661) 632-5000	2215 TRUXTUN AVE	BAKERSFIELD	CA	93301-3698
REH04546F	BAKERSFIELD THERAPY CTR	KERN	(661) 638-0643	6001-C TRUXTUN AVE	BAKERSFIELD	CA	93309-0611
ZZT40036F	BAKERSFIELD MEMORIAL HOS	KERN	(805) 327-1792	PO BOX 1888	BAKERSFIELD	CA	93303-1888
ZZT40149I	CALIFORNIA HOSP MED CTR-	LOS ANGELES	(213) 748-2411	1401 S GRAND AVE	LOS ANGELES	CA	90015-3010
REH70014F	CASA COLINA CHILDREN'S	LOS ANGELES	(909) 596-7733	255 E BONITA AVE	POMONA	CA	91767-1933

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
ZZT42019F	CASA COLINA HOSP FOR REH	LOS ANGELES	(909) 596-7733	255 E BONITA AVE	POMONA	CA	91767-1933
ZZT40299J	CATHOLIC HLTHCRE W SO CA	LOS ANGELES	(818) 997-0101	14500 SHERMAN CIR	VAN NUYS	CA	91405-3052
ZZT40625F	CEDARS-SINAI MEDICAL CTR	LOS ANGELES	(310) 855-5000	8700 BEVERLY BLVD	LOS ANGELES	CA	90048-1804
ZZT40123F	CHILDRENS HOSPITAL OF LA	LOS ANGELES	(213) 660-2450	4614 W SUNSET BLVD	LOS ANGELES	CA	90027-6062
ZZT40369F	CITRUS VALLEY MED CTR-	LOS ANGELES	(818) 962-4011	1115 S SUNSET AVE	WEST COVINA	CA	91790-3940
ZZT40146F	CITY OF HOPE NATIONAL	LOS ANGELES	(818) 359-8111	1500 DUARTE RD	DUARTE	CA	91010-3012
ZZT11544F	COMM SPEECH & HRG CENTER	LOS ANGELES	(213) 785-2911	18740 VENTURA BLVD	TARZANA	CA	91356-6300
ZZT40267F	DANIEL FREEMAN MEMORIAL	LOS ANGELES	(310) 674-7210	333 N. Prairie Ave, Inglewood, CA	INGLEWOOD	CA	90301-4501
HSP40468J	GARDENA HOSP, LP	LOS ANGELES	(310) 532-4200	1145 W REDONDO BEACH BLV	GARDENA	CA	90247-3528
ZZT40067F	GLENDALE ADVENTIST MED C	LOS ANGELES	(818) 409-8000	1509 WILSON TER	GLENDALE	CA	91206-4007
ZZT40438F	HUNTINGTON MEMORIAL HOSP	LOS ANGELES	(818) 397-5000	100 W CALIFORNIA BLVD	PASADENA	CA	91105-3097

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
ZZT40353F	LITTLE COMPANY OF MARY H	LOS ANGELES	(310) 540-7676	4101 TORRANCE BLVD	TORRANCE	CA	90503-4664
HSP40468I	MEMORIAL HOSP OF GARDENA	LOS ANGELES	(310) 532-4200	1145 W REDONDO BEACH BLV	GARDENA	CA	90247-3528
HSP40485G	MEMORIAL HOSPITAL MED	LOS ANGELES	(310) 933-2000	2801 ATLANTIC AVE	LONG BEACH	CA	90806-1737
ZZT40116F	NORTHRIDGE HOSP FOUNDATI	LOS ANGELES	(818) 885-8500	18300 ROSCOE BLVD	NORTHRIDGE	CA	91325-4105
ZZT40078F	SAN PEDRO & PENINSULA	LOS ANGELES	(310) 832-3311	1300 W 7TH ST	SAN PEDRO	CA	90732-3593
ZZT40191G	ST MARY MEDICAL CENTER	LOS ANGELES	(310) 491-9129	1050 LINDEN AVE	LONG BEACH	CA	90813-3321
ZZT40191H	ST MARY MEDICAL CENTER	LOS ANGELES	(562) 491-9000	1050 LINDEN AVE	LONG BEACH	CA	90813-3321
ZZT40351F	TORRANCE MEMORIAL	LOS ANGELES	(310) 325-9110	3330 LOMITA BLVD	TORRANCE	CA	90505-5073
ZZT40103F	WHITE MEMORIAL MEDICAL	LOS ANGELES	(213) 268-5000	1720 E CESAR E CHAVEZ AV	LOS ANGELES	CA	90033-2414
HSP40175H	WHITTIER HOSP MED CTR	LOS ANGELES	(562) 945-3561	9080 COLIMA RD	WHITTIER	CA	90605-1600
HSP40175G	WHITTIER HOSP MED CTR	LOS ANGELES	(310) 945-3561	9080 COLIMA RD	WHITTIER	CA	90605-1600

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
HSP40130F	CHILDREN'S HOSPITAL	MADERA	(209) 225-3000	9300 VALLEY CHILDRENS PL	MADERA	CA	93638-8761
HSP40444H	MERCY MEDICAL CTR MERCED	MERCED	(209) 385-7000	301 E 13TH ST	MERCED	CA	95340-6211
HSP40444G	MERCY MEDICAL CTR MERCED	MERCED	(209) 385-7000	301 E 13TH ST	MERCED	CA	95340-6211
HSP40248F	COUNTY OF MONTEREY	MONTEREY	(408) 755-4111	1441 CONSTITUTION BLVD	SALINAS	CA	93906-3100
REH04542F	TRAN MILOU CORP	ORANGE	(714) 887-1900	10900 WARNER AVE	FOUNTAIN VLY	CA	92708-3846
HSP40580G	LA PALMA INTERCOMMUNITY	ORANGE	(714) 522-0150	7901 WALKER ST	LA PALMA	CA	90623-1722
HSP40580H	VHS OF ORANGE CO, INC	ORANGE	(714) 670-1400	7901 WALKER ST	LA PALMA	CA	90623-1722
ZZT40168F	ST JUDE MEDICAL CTR	ORANGE	(714) 871-3280	101 E VALENCIA MESA DR	FULLERTON	CA	92835-3809
REH04541F	CHI COCO CORP	ORANGE	-	18672 FLORIDA ST	HUNTINGTON BH	CA	92648-1925
ZZT40348G	UNIV OF CALIF IRVINE	ORANGE	(714) 456-6112	101 CITY DR S	ORANGE	CA	92868-3201
REH04535F	JOHNSON RANCH REHAB	PLACER	(916) 780-2020	2550 DOUGLAS BLVD	ROSEVILLE	CA	95661-3996

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
REH04537F	BAY THERAPY GROUP, INC	RIVERSIDE	(760) 416-9842	1445 N SUNRISE WAY	PALM SPRINGS	CA	92262-3700
ZZT40243H	TENET HEALTHSYSTEM	RIVERSIDE	(619) 323-6774	1150 N INDIAN CANYON DR	PALM SPRINGS	CA	92262-4872
ZZT40022G	RIVERSIDE HEALTHCARE SYS	RIVERSIDE	(909) 788-3100	4445 MAGNOLIA AVE	RIVERSIDE	CA	92501-4135
ZZT40292F	RIVERSIDE CO REGIONAL	RIVERSIDE	(714) 785-7116	26520 CACTUS AVE	MORENO VALLEY	CA	92555-3911
HSP40017G	MERCY HOSP OF SACRAMENTO	SACRAMENTO	(916) 453-4453	4001 J STREET	SACRAMENTO	CA	95819-3626
HSP40599G	U C DAVIS MEDICAL CENTER	SACRAMENTO	(916) 453-2011	2315 STOCKTON BLVD	SACRAMENTO	CA	95817-2201
HSP40590G	METHODIST HOSP OF SACTO	SACRAMENTO	(916) 423-3000	7500 HOSPITAL DR	SACRAMENTO	CA	95823-5403
ZZT40245F	ARROWHEAD REG MED CTR	SAN BERNARDINO	(909) 387-8111	400 N PEPPER AVE	COLTON	CA	92324-1801
REH04543F	COFORDO, INC	SAN BERNARDINO	(909) 941-7177	9116 FOOTHILL BLVD	RCH CUCAMONGA	CA	91730-6564
ZZT40089F	SAN BERNARDINO COMM HOSP	SAN BERNARDINO	(909) 887-6333	1500 W 17TH ST	SN BERNRDNO	CA	92411-1203
HSP43037F	SUN HEALTH ROBERT H	SAN BERNARDINO	(909) 473-1200	1760 W 16TH ST	SN BERNRDNO	CA	92411-1160

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
HSP40327G	LOMA LINDA UNIVERSITY	SAN BERNARDINO	(714) 796-7311	11234 ANDERSON ST	LOMA LINDA	CA	92354-2804
ZZT40271F	CHILDREN'S HOSP & HLTH C	SAN DIEGO	(619) 576-1700	3020 CHILDRENS WAY	SAN DIEGO	CA	92123-4223
ZZT40026G	GROSSMONT DIST HOSP	SAN DIEGO	(619) 465-0711	5555 GROSSMONT CENTER DR	LA MESA	CA	91942-3019
ZZT23228F	NAVAL HOSP	SAN DIEGO	-	34520 BOB WILSON DR	SAN DIEGO	CA	92134-2098
ZZT40115F	PALOMAR MEDICAL CENTER	SAN DIEGO	(619) 739-3000	555 E VALLEY PKWY	ESCONDIDO	CA	92025-3048
ZZT40636F	PALOMAR POMERADO HEALTH	SAN DIEGO	(619) 675-5520	15615 POMERADO RD	POWAY	CA	92064-2405
ZZT40024F	PARADISE VALLEY HOSPITAL	SAN DIEGO	(619) 470-4321	2400 E 4TH ST	NATIONAL CITY	CA	91950-2098
ZZT40025F	REGENTS OF THE UNIV CA	SAN DIEGO	(619) 543-6222	200 W ARBOR DR	SAN DIEGO	CA	92103-9000
ZZT40270H	SCRIPPS MEMORIAL HOSP-	SAN DIEGO	(619) 691-7000	435 H ST	CHULA VISTA	CA	91910-4307
ZZT40077G	SCRIPPSHEALTH	SAN DIEGO	(619) 260-7118	4077 5TH AVE	SAN DIEGO	CA	92103-2105

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ZZT40100F	SHARP MEMORIAL HOSP	SAN DIEGO	(714) 277-6121	7901 FROST ST	SAN DIEGO	CA	92123-2701
REH04534F	SKCAY ENTERPRISES, INC	SAN DIEGO	(858) 675-7766	15725 POMERADO RD	POWAY	CA	92064-2057
ZZT40128F	TRI-CITY MEDICAL CENTER	SAN DIEGO	(619) 940-7329	4002 VISTA WAY	OCEANSIDE	CA	92056-4506
HSP40047G	CALIFORNIA PACIFIC MED	SAN FRANCISCO	(415) 563-4321	CLAY & BUCHANAN	SAN FRANCISCO	CA	94115-0000
HSP42004F	LAGUNA HONDA HOSPITAL	SAN FRANCISCO	(415) 664-1580	375 LAGUNA HONDA BLVD	SAN FRANCISCO	CA	94116-1499
HSP40228F	SAN FRANCISCO GEN HOSP	SAN FRANCISCO	(415) 206-8455	1001 POTRERO AVE	SAN FRANCISCO	CA	94110-3594
HSP40055F	ST LUKES HOSPITAL	SAN FRANCISCO	(415) 647-8600	3555 CESAR CHAVEZ	SAN FRANCISCO	CA	94110-4490
HSP40457H	ST MARY'S MEDICAL CENTER	SAN FRANCISCO	(415) 668-1000	450 STANYAN ST	SAN FRANCISCO	CA	94117-1079
HSP40454G	UCSF MEDICAL CENTER	SAN FRANCISCO	(415) 476-1000	505 PARNASSUS AVENUE	SAN FRANCISCO	CA	94143-0001
HSP40008G	CALIFORNIA PACIFIC MED	SAN FRANCISCO	(415) 565-6003	CASTRO & DUBOCE STREETS	SAN FRANCISCO	CA	94114-0000
HSP40033H	UCSF STANFORD HLTH CARE	SAN FRANCISCO	-	1600 DIVISADERO ST	SAN FRANCISCO	CA	94115-3010

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HSP40167F	SAN JOAQUIN GENERAL HOSP	SAN JOAQUIN	(209) 468-6000	500 W HOSPITAL RD	FRENCH CAMP	CA	95231-0000
ZZT11666G	CENTRAL REHAB CLINIC	SAN LUIS OBISPO	(805) 543-5144	1334 MARSH ST	SN LUIS OBISP	CA	93401-3396
REH56546F	EASTER SEALS TRI-CO CA	SAN LUIS OBISPO	(805) 543-4122	4251 S HIGUERA ST	SN LUIS OBISP	CA	93401-7700
ZZT40506F	SIERRA VISTA REGIONAL	SAN LUIS OBISPO	(805) 543-6550	1010 MURRAY AVE	SN LUIS OBISP	CA	93405-8800
ZZT40633G	TWIN CITIES COMM HOSP	SAN LUIS OBISPO	-	1100 LAS TABLAS RD	TEMPLETON	CA	93465-9704
ZZR06502F	REHAB RES CTR SAN MATEO	SAN MATEO	(415) 697-8924	1764 MARCO POLO WAY	BURLINGAME	CA	94010-4503
HSP40113F	SAN MATEO MEDICAL CENTER	SAN MATEO	(415) 573-2222	222 W 39TH AVE	SAN MATEO	CA	94403-4398
ZZT40107H	CATHOLIC HEALTHCARE WEST	SANTA BARBARA	(805) 739-3000	1400 E CHURCH ST	SANTA MARIA	CA	93454-5906
ZZT40107G	CHW CENTRAL COAST	SANTA BARBARA	(805) 988-2460	1400 E CHURCH ST	SANTA MARIA	CA	93454-5906
REH56536F	EASTER SEALS TRI-CO, CA	SANTA BARBARA	(805) 692-6822	5178 HOLLISTER AVE	SANTA BARBARA	CA	93111-2526
HSP40031G	REHABILITATION INSTITUTE	SANTA BARBARA	(805) 967-5934	2415 DE LA VINA ST	SANTA BARBARA	CA	93105-3819

Provider #	Provider Name	County	Phone	Address	City	State	Zip Code
HSP41103G	LUCILE SALTER PACKARD	SANTA CLARA	(415) 497-8000	725 WELCH RD	PALO ALTO	CA	94304-1601
HSP40215I	SAN JOSE HOSP, LP	SANTA CLARA	(408) 998-3212	675 E SANTA CLARA ST	SAN JOSE	CA	95112-1932
HSP40038F	SANTA CLARA VLY MED CEN	SANTA CLARA	(408) 885-5000	751 S BASCOM AVE	SAN JOSE	CA	95128-2604
REH04522F	TRANSITIONS: A REHAB GRP	SANTA CLARA	(408) 842-6868	7101 MONTEREY ST	GILROY	CA	95020-6615
HSP40242F	DOMINICAN HOSP	SANTA CRUZ	(408) 462-7700	1555 SOQUEL DR	SANTA CRUZ	CA	95065-1794
HSP40312J	SHASTA REGIONAL MEDICAL	SHASTA	(530) 244-5400	1100 BUTTE ST	REDDING	CA	96001-0852
HSP40312I	REDDING MEDICAL CENTER	SHASTA	(530) 244-5400	1100 BUTTE ST	REDDING	CA	96001-0853
HSP40367F	NORTHBAY MEDICAL CENTER	SOLANO	(707) 429-3600	1200 B GALE WILSON BLVD	FAIRFIELD	CA	94533-3587
HSP40291G	SUTTER MEDICAL CENTER	SONOMA	(707) 576-4200	3325 CHANATE RD	SANTA ROSA	CA	95404-1707
ZZT40057F	KAWEAH DELTA DISTRICT HO	TULARE	(209) 734-2211	400 W MINERAL KING AVE	VISALIA	CA	93291-6237
HSP40335F	SONORA REGIONAL MED CTR	TUOLUMNE	(209) 532-3161	1000 GREENLEY RD	SONORA	CA	95370-5200

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ZZT40236F	SIMI VALLEY HOSP & HLTH	VENTURA	(805) 527-2462	POST OFFICE BOX 819	SIMI VALLEY	CA	93062-0819
ZZT40082F	ST JOHNS HOSPITAL	VENTURA	(805) 988-2500	1600 N ROSE AVE	OXNARD	CA	93030-3723
ZZT40082G	ST JOHN'S REGIONAL	VENTURA	(805) 988-2500	1600 N ROSE AVE	OXNARD	CA	93030-3722
REH70020F	TRI-COUNTIES EASTER SEAL	VENTURA	(805) 647-1141	10730 HENDERSON RD	VENTURA	CA	93004-1832
ZZT49008F	VENTURA CO MEDICAL CTR	VENTURA	(805) 652-6000	3291 LOMA VISTA RD	VENTURA	CA	93003-3099
HSP40127H	CATHOLIC HEALTHCARE W II	YOLO	(530) 669-5355	1325 COTTONWOOD ST	WOODLAND	CA	95695-5131