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Director

State of California Department of Health Services



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N.L.: 11-1002

Index: Mental Health Services

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

SUBJECT: OUTPATIENT MENTAL HEALTH SERVICES AS CCS BENEFITS

I. INTRODUCTION

The purpose of this numbered letter is to provide guidance and instruction on the authorization of:

Mental health services for mental health conditions that result from, complicate, or interfere with the treatment of a child's CCS medically eligible condition.

Mental health services for a CCS client, who has full scope, no share of cost Medi-Cal, as Early and Periodic Screening, Diagnosis, and Treatment Supplement Services (EPSDT-SS) by an Independent County CCS Program or state Regional Offices effective the date of this letter.

II. BACKGROUND

Services for the treatment of mental health problems resulting from or complicating a CCS medically-eligible condition, have been a benefit of the CCS Program for many years, either as a CCS benefit or as an EPSDT-SS benefit. However, the CCS Program has inconsistently authorized these services.



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Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

Everyone experiences ups and downs of life, but when the "downs" are associated with the CCS eligible condition and persist for six months or more, or the child or family are unable to carry on with care for the CCS eligible condition, mental health services can be authorized. Examples of the types of child or family mental health problems that could interfere with a child's treatment plan and could signal a need for mental health services are as follows:

- A. Emotional Problems suggesting a mental health disorder such as depression or anxiety might be indicated by symptoms that include:
 - 1. Major, unhealthy changes in sleeping or eating patterns;
 - 2. Prolonged lack of enjoyment of previously enjoyed activities; or
 - 3. Physical complaints by the child requiring frequent medical visits with no relevant physical/medical findings.
- B. Child Behavioral Problems can include development of oppositional or defiant behaviors, physical aggressiveness, or the damaging of property.
- C. Poor Adjustment Over Time to the child's medical condition by the child or family can be manifested by protracted and debilitating anxiety, grief, numbness, anger, or depression.
- D. Stressful Changes in the family such as divorce or separation of parents, the birth of a child, a major financial crisis, a serious medical or disabling condition in a parent or sibling, or frequent family arguing can lead to "stress pile up" that exceeds the parent's or child's ability to cope and disrupts of family function or treatment compliance.
- E. Substance Abuse (either alcohol or other drugs) by the family or the child interfering with treatment for the CCS--eligible condition.

III. DEFINITIONS

- A. Psychotherapist means a psychiatrist (a physician specializing in the practice of psychiatry or practicing psychotherapy), a psychologist, or a clinical social worker, licensed by the State of California pursuant to the Business and Professions code to provide psychotherapy.
- B. Psychosocial Assessment is a process, with input from the child and primary caregiver(s), of identifying the stresses impinging on them, the effects of the stresses, the social and financial support available to the child and family, how the child and family are coping, the presence of symptoms

of coping difficulties or mental disorders, and the willingness of the child, and caregiver, when appropriate, to accept intervention for the problems in coping or the mental disorders identified.

- C. Psychotherapy is the type of intervention provided by a psychotherapist, to assist the child, and caregiver when appropriate, in adaptation to a stressful situation and in improving coping ability. This intervention may be delivered by:

Individual Psychotherapy: counseling of the CCS-eligible child on a one-to-one treatment basis; usually 60 minutes per session.

Group Psychotherapy/Group Therapy: counseling of the CCS eligible child and at least one other child; usually 90 minutes per session.

Family Psychotherapy/Family Therapy: psychotherapy with a CCS eligible child and at least one other member of the family. Usually family therapy includes at least one parent or other adult caring for the CCS client on a 24-hour basis (foster parents or relatives acting as foster parents), and often includes any siblings in the home. Extended family members may be included if desired by the parents/guardians and the child agrees; usually 90 minutes to two hours per session.

- D. Crisis Intervention is intensive psychotherapy, for a period of one to four weeks in response to a sudden change in circumstances with which a child or the child's parents/caregivers are unable to cope. Crisis intervention may be provided as individual or family therapy depending on the child's age and needs.

IV. POLICY

- A. Mental health services are a CCS benefit for the evaluation and treatment of a mental health problem when the requested service:

1. Assesses and/or treats a mental health problem that interferes with, modifies, or delays the treatment of the CCS-medically eligible condition; or
2. Assesses or treats a mental health problem that is a complication of the CCS-eligible condition or the medical treatment of the condition;

- B. The request for mental health services can come from either the physician authorized to treat the CCS eligible condition or the mental health practitioner who will provide the services.
- C. The types of mental health services that can be authorized are:
 - 1. Individual psychosocial assessment and psychotherapy by a CCS-paneled Licensed Clinical Social Worker (LCSW), psychiatrist, or licensed clinical psychologist;
 - 2. Psychological or neuropsychological testing of cognitive functioning by a CCS paneled licensed psychologist when:
 - a. the CCS-eligible condition or treatment for the condition could impair brain function; or
 - b. It is necessary to assess a child or family's ability to follow a medical regimen or to benefit from complex medical procedures.
 - 3. Family assessment and therapy, which must include the child for at least part of each session, by a CCS paneled provider, either a LCSW, psychiatrist, or a licensed clinical psychologist.
 - 4. Group therapy by a CCS paneled provider, either a LCSW, psychiatrist or licensed clinical psychologist when a CCS client and other members of the group have similar problems or share similar situations.
 - 5. Crisis intervention for the CCS client and family, when indicated, by a CCS paneled provider, either a LCSW, psychiatrist, or a licensed clinical psychologist.
- D. If a problem behavior occurs only in school, the client's family should ask the school to provide psychotherapy or behavior modification. If the behavior occurs in settings besides the school, treatment is not solely the school's responsibility so CCS can authorize mental health services.
- E. If a client is eligible for Regional Center services and needs behavior modification because of the developmental disability, instead of psychotherapy, the Regional Center may be responsible for providing this service.

- F. Attempts must always be made to assist the family in the use of any other health coverage before using CCS or Medi-Cal coverage. A denial of other coverage is sufficient to support the authorization of CCS services. Requiring the client or family to use the appeal process to obtain coverage from another program or from a health insurer shall not be the practice of the CCS Program and shall not delay the authorization of mental health services by the CCS Program.

CCS shall make every effort to ensure that clients who need mental health treatment are assisted in obtaining treatment through the procedures described above. When necessary, parents or caregivers can be included in the client's treatment or referred to Family Service Associations or other appropriate agencies.

V. POLICY IMPLEMENTATION

- A. The CCS medical director or designee shall authorize the mental health services identified in IV.C above when there is documentation that the child may have a mental health problem that:
 - 1. Is related to the CCS medically eligible condition;
 - 2. Complicates the CCS medically eligible condition or its treatment; or
 - 3. Interferes with the treatment of the CCS medically eligible condition.
- B. Mental health services for a CCS client may be authorized when:
 - 1. The client is a Medi-Cal beneficiary, full scope with no share or cost or
 - 2. The client is a Healthy Families(HF) subscriber or
 - 3. There is a signed Program Services Agreement (PSA) for the client.
- C. If the psychotherapist is not paneled at the time of request for services, the CCS program shall provide the psychotherapist with a CCS panel application.
- D. Authorization for mental health services to a CCS-paneled provider shall be as follows:
 - 1. The number of psychotherapy sessions authorized shall be based on the medical documentation submitted and shall be at a frequency and duration of:

- a. Psychotherapy assessment and initial therapy; four to 8 sessions.
 - b. Individual, family, or group therapy; up to 26 weeks with a maximum of two sessions per week.
 - c. Crisis intervention; six to twelve sessions over one to four weeks.
2. Authorization for neuropsychological testing shall issued to a CCS paneled psychologist and shall cover a range of tests, as determined appropriate by the authorized psychologist, including such tests as the:
- a. Weschler Preschool and Primary Scale of Intelligence, Weschler Intelligence Scale for Children (WISC), or Weschler Adult Intelligence Scale (WAIS);
 - b. Leiter International Scale;
 - c. Kuhlman Binet or Stanford-Binet Intelligence Scales;
 - d. Halstead-Reitan Neuropsychological Battery, or
 - e. Luria-Nebraska Neuropsychological Battery.
- E. If the mental health services are authorized to a LCSW or a psychologist and the child receiving the services is a Medi-Cal beneficiary, full scope, no Share Of Cost SOC), the services shall be authorized as EPSDT SS, and
1. If authorized to an LCSW, the program shall assist the LCSW in obtaining a Medi-Cal provider number by contacting the Department of Health Services (DHS), Payment Systems Division, Provider Master File Section, P.O. Box 942732, Sacramento, CA 94234-7320; ATTN: EPSDT Analyst via FAX at (916) 654-9559 or by phone at (916) 255-6179 with the following information:
 - LCSW's name, address, phone number
 - Dates of services authorized
- The EPSDT Analyst will send a temporary Medi-Cal number and packet for completion and return by the provider to the DHS Provider Master File Section.
2. If authorized to a psychologist, the provider must be informed to bill using their Medi-Cal provider number.
- F. The medical consultant or designee shall review requests for an extension of the authorization for psychotherapy beyond the initial 26 weeks.

- G. If no specific mental health practitioner is identified when the request to authorize mental health services is received, an alternative resource may need to be located.
1. General information on locating a mental health practitioner is contained in Enclosure I.
 2. Services for a Medi-Cal beneficiary, full scope no SOC may be found through the county mental health program known as the Children's System of Care (refer to Enclosure II).
- H. Authorizations issued by the CCS Program for mental health services shall include:
1. The number of sessions authorized;
 2. Beginning and ending dates of authorization, not to exceed the term of the client's program eligibility; and,
 3. Instructions to use the appropriate provider number, as follows:
 - a. The psychotherapist's Medi-Cal provider number, when the CCS client is a Medi-Cal beneficiary, full scope no SOC;
 - b. The psychotherapist's CGP number, when the CCS client is not a full scope Medi-Cal beneficiary with no share of cost.
 4. Procedure codes to be used when claiming for the authorized services are as follows:
 - a. LCSWs are to use procedure code Z5816 for psychotherapy assessment, individual psychotherapy, family therapy, or group therapy, per hour for either CCS or EPSDT SS.
 - b. Psychologists are to use the appropriate billing code that represents the service provided which can include, for example, for either CCS or EPSDT SS:
 - X9502, for individual psychotherapy per hour or X9504 for 1.5 hours; orX9506, group therapy per person per session; or

2. Claims for CCS clients who are not Medi-Cal beneficiaries, full scope, no SOC, shall use a CGP provider number and be processed as follows:
 - a. Psychiatrists and licensed clinical psychologist's claims shall be coded with the eleven-digit CCS number and forwarded to EDS for adjudication.
 - b. LCSW claims shall be coded with the eleven digit CCS number and forwarded to CMS for pricing, as instructed in number 1, above.

- K. If the CCS Program finds that the psychotherapist requires training in the use of the HCFA 1500 claim form, the CCS Program should inform the provider that billing training is available through the EDS help line: (800) 541-7747.

If you have any questions, please call the CMS Public Health Social Work Consultant, Steven Sproger, L.C.S.W., Ph.D., at (916) 323-8064 or e-mail at ssproger@dhs.ca.gov.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Enclosure I: Helps for Locating a Mental Health Practitioner

A. Contacts for identifying a Mental Health Service Practitioner:

1. The local County Mental Health Plan's Children's System of Care Coordinator List May 3, 2001 (**See Enclosure II**).
2. California Psychiatric Association (916) 443-5196.
3. California Psychological Association (916) 325-9786, can provide a local psychological association contact or the following Website will provide the phone number and e-mail address of a Psychological Association chapter contact person: http://www.calpsychlink.org/about/local_chapters/index.htm
4. California Chapter of the National Association of Social Workers (NASW) (916) 442-9786 or the Website of the NASW: <http://www.socialworkers.org/clinreg/cr-search.asp>
5. Mental Health Services Locator service of the US Health and Human Services Department, Center for Mental Health Services (CMHS). This Internet-based service provides:
 - Links to the nearest mental health organizations as well as addresses phone numbers and information on services available.
 - Information on State mental health agencies, consumer and family organizations, CMHS grantees as well as State mental health statistics.
 - Instructions at the Services Locator site which can be accessed via the CMHS web site: www.mentalhealth.org.

B. Other Sources of Mental Health Services

1. Mental health problems not related to the client's CCS medically-eligible condition may be the responsibility of:
 - a. The county behavioral health/mental health plan if the client has full scope Medi-Cal or if the client is dangerous to him/herself or others.
 - Refer through the Children's System of Care Coordinator listed in Enclosure II.
 - The client or the client's family should be assisted to make contact with the county behavioral/mental health plan. Requests to the County Behavioral Health plan are best routed through the county Children's System of Care Coordinator. (Enclosure II, Children's System of Care list).
 - Follow-up is necessary to be sure the family made contact and the county mental health department agreed to serve the client.
 - b. Healthy Families if the client is enrolled in this program.
 - c. Private insurance, CHAMPUS or Medicare, if the client is covered.



Enclosure II:

County Mental Health Plan's Children's System of Care Coordinator List
As of May 3, 2001

Alameda

Carolyn Novosel/Child & Youth Services
Director
Alameda County Behavioral Health
Care
2000 Embarcadero Cove, 4th Floor
Oakland, CA 94606
(510) 567-8100
FAX: (510) 567-8130
novosel@bhcs.mail.co.alameda.ca.us

Jeff Rackmil, LCSW/CSOC Coordinator
Alameda County Behavioral Health
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303 Hegenberger Road, Suite 311
Oakland, CA 94621
(510) 383-1748
FAX: (510) 567-8130

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(530) 694-2146
FAX: (530) 694-2387
alpinehealth-fj@gbis.com

Amador

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Amador County Mental Health
1001 Broadway, Suite 201
Jackson, CA 95642-2649
(209) 223-6412
FAX: (209) 223-0920

Berkeley (City of)

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Family, Youth & Children's Services
1925 Derby Street
Berkeley, CA 94704
(510) 644-6617
FAX: (510) 644-6021

mmock@ci.berkeley.ca.us

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Chico, CA 95926-2218
(530) 891-2850
FAX: (530) 879-3352

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(209) 754-3134
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Colusa

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FAX: (530) 473-3142

Contra Costa

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595 Center Avenue, Suite 200
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formsby@hsd.co.contra-costa.ca.us

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Crescent City, CA 95531-8301
(707) 464-7224
FAX: (707) 465-4272

El Dorado

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El Dorado County Mental Health
344 Placerville Drive, Suite 17
Placerville, CA 95667-3920
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FAX: (530) 622-1293

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El Dorado County Mental Health
344 Placerville Drive, Suite 17
Placerville, CA 95667-3920
(530) 621-6290
FAX: (530) 622-3278

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981 Silver Dollar Avenue, Suite 2
South Lake Tahoe, CA 96150
(530) 573-3251
FAX: (530) 544-7128

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P.O. Box 11867
Fresno, CA 93775
(559) 445-3225
FAX: (559) 445-3516

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Janine Soleil, Children's Coordinator

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FAX: (707) 445-7547

Imperial

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Imperial County Behavioral Health
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202 North 8th Street
El Centro, CA 92243
(760) 482-4067
FAX: (760) 337-7499

Inyo

Gail Zwier, PhD/MH Director/Child
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162 Grove Street, Suite J
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(760) 873-6533
FAX: (760) 873-3277

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(661) 868-6707

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P.O. Box 496048
Redding, CA 96049-6048
(530) 225-5965
FAX: (530) 225-5977

Sierra

Children's Coordinator
Sierra County Mental Health
P.O. Box 265
Loyalton, CA 96118
(530) 993-6746
FAX: (530) 993-6759

Siskiyou

Paul Wertzberger, Program Manager
Siskiyou County Multi-Agency
Prevention Services (MAPS)
2060 Campus Drive
Yreka, CA 96097
(530) 841-4280
FAX: (530) 841-4299

Cora Thom, RN/MSN/Children's SOC
Coordinator
Siskiyou County Multi-Agency
Prevention Services (MAPS)
2060 Campus Drive
Yreka, CA 96097
(530) 841-4286
FAX: (530) 841-4299

Solano

Laura Fowler, Bureau Chief
Solano County Department of Health &
Social Services
1735 Enterprise Drive, Building 3, MS3-
220
Fairfield, CA 94533
(707) 421-6605
FAX: (707) 421-6619

Sonoma

Mary Jo Burns, LCSW/Children's SOC
Coordinator
Sonoma County Youth and Family
System of Care
3333 Chanate Road
Santa Rosa, CA 95404-1798
(707) 565-5148
FAX: (707) 565-4907

Stanislaus

Nancy Millberry, LCSW/Chief/Children's
Coordinator
Stanislaus County Mental Health
800 Scenic Drive
Modesto, CA 95350
(209) 525-7444
FAX: (209) 525-6291

Sutter-Yuba

Paula Ragland, LCSW/Youth Services
Program Manager
Sutter/Yuba County Mental Health
P.O. Box 1520
Yuba City, CA 95993
(530) 822-7200
FAX: (530) 822-7108

Rhonda Lawrence, CSOC Coordinator
Sutter/Yuba County Mental Health
P.O. Box 1520
Yuba City, CA 95993

Tehama

Ann Houghtby, MFCC/Children's
Coordinator
Tehama County Mental Health
1860 Walnut Street
Red Bluff, CA 96080
(530) 527-5631
FAX: (530) 527-0232

Tri-City

Stephanie Barone, Clinical Manager
Tri-City Mental Health Center
3201 Temple Avenue, Suite 250
Pomona, CA 91768
(909) 623-6131
FAX: (909) 469-0544

Trinity

Robert Strickler, LCSW/Children's
Coordinator
Trinity County Mental Health
P.O. Box 1640
Weaverville, CA 96093
(530) 623-1362
FAX: (530) 623-5830
tccc@tcoe.trinity.k12.ca.us

Tulare

Cheryl Duerksen, PhD/Assistant
Director of Administrative Services
Tulare County Mental Health
5957 South Mooney Boulevard
Visalia, CA 93277
(559) 737-4657
FAX: (559) 737-4572

Patricia Dicken, Division
Manager/Children's Coordinator
Tulare County Mental Health
5957 South Mooney Boulevard
Visalia, CA 93277
(559) 733-4660 x 2350
FAX: (559) 737-4572
pdicken@tularehhs.co.tulare.ca.us

Enclosure III: LCSW Supplemental Claiming Form

Form must be completed by the LCSW when billing for CCS authorized mental health services

Instruction for completion of Supplemental Claiming form:

1. Identify CCS client information: Name, date of birth, CCS Number and SSN (optional)
2. Enter date of service
3. Complete Items 1-3 for each date of service: type of service, length of therapy session, and who attended the session
4. Attach form to the FRONT of the HCFA 1500 Billing form for the same dates of service
5. Submit the LCSW Supplemental claiming form and the HCFA 1500 claim form to the CCS office that authorized the services.

Client Information:

Last Name: _____ First Name: _____ Date of Birth _____

CCS Number: _____ SSN (optional) _____

Date of Service(s) MM/DD/YY	1. Indicate Type of therapy	2. Specific Length of Therapy session(s)	3. Identify Participant Name/ Relationship	FOR STATE USE ONLY PRICING BY CMS Branch
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		
	[] Individual [] Family [] Group	[] 30 Minutes [] 60 Minutes [] 90 Minutes [] Other Min.		

Provider Name: _____

Provider Number: _____

Provider Signature: _____

Address: _____

For CCS Program use only

Review the LCSW Supplemental Claiming form to ensure:

- the dates on the form are the same as the dates on the HCFA claim form
all required items are completed for each date of service the provider has claimed

Forward the LCSW Supplemental Claiming Form with a copy of the CCS authorization and the original HCFA 1500 claim to:

Children's Medical Services Branch

Provider Services Unit

Attn: EPSDT Claims Analyst

P.O. Box 942732

Sacramento, CA 94234-7320

DO NOT SEND DIRECTLY TO EDS.

SAMPLE of COMPLETED FORM

Enclosure III: LCSW Supplemental Claiming Form-- Form must be completed by the LCSW when billing for CCS authorized mental health services

Instruction for completion of form:

1. Identify CCS client information: Name, date of birth, CCS Number and SSN (optional).
2. Enter date(s) of service
3. Complete Items 1-3 for each date of service: type of service, length of therapy session, and who attended the session
4. Attach form to the FRONT of the HCFA 1500 Billing form for the same dates of service
5. Submit the LCSW Supplemental claiming form and the HCFA 1500 claim form to the CCS office that authorized the service(s).

Client Information:

Last Name: White

First Name: Snow

Date of Birth: August 10, 1991

CCS Number: 0070021

SSN (optional): Not available

Date of Service(s) MM/DD/YY	1. Indicate Type of therapy	2. Specific Length of Therapy session(s)	3. Identify Participant Name/ Relationship	FOR STATE USE ONLY BILLING BY CMS Branch
03/03/02	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input checked="" type="checkbox"/> 60 Minutes <input type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.	Client	
03/10/02	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input type="checkbox"/> 60 Minutes <input checked="" type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.	Client, Mother, Mrs. White and Brother, Bob	
03/24/02	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input type="checkbox"/> 60 Minutes <input checked="" type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.	Client and Mother, Mrs. White	
04/01/02	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input checked="" type="checkbox"/> 60 Minutes <input type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.	Client	
04/08/02	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input checked="" type="checkbox"/> 60 Minutes <input type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.	Client	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	<input type="checkbox"/> 30 Minutes <input type="checkbox"/> 60 Minutes <input type="checkbox"/> 90 Minutes <input type="checkbox"/> Other Min.		

Provider Name: Simon Prince

Provider Number:

Provider Signature:

Address: 1640 Black Forest Drive
Apple City, CA 90000