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**CHAPTER 9: ADULT DAY HEALTH CARE WAIVER**

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**REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/01/16	9.7	Reimbursement	17	The billing form used by ADHCs is being changed from the uniform bill (UB-04) claim form to the Centers for Medicare and Medicaid Services' (CMS 1500) health insurance claim form.
04/01/16	Appendix E	Claims Filing	12	The billing form used by ADHCs is being changed from the uniform bill (UB-04) claim form to the Centers for Medicare and Medicaid Services' (CMS 1500) health insurance claim form.