## LOUISIANA MEDICAID PROGRAM

11/09/19

## ISSUED: REPLACED:

## CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
11/09/19	9.2	Recipient Requirements	3	Revision were made to clarify recipient requirements regarding nursing facility level of care criteria for the Request for Services Registry.