
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
02/01/11	9.3	Recipient Rights and Responsibilities	3	Changed the name of office where appeal requests are filed (change made on page 3)
02/01/11	9.9	Program Monitoring	6	Changed the name of office where appeal requests are filed (change made on page 5)
02/01/11	Appendix A	Contact Numbers	1	Change the office name and address where appeal requests are filed