LOUISIANA MEDICAID PROGRAM

07/08/15

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
07/08/15	Appendix B	Forms	1	Link provided to access the Request for Payment/Override Form on the Office of Aging and Adult Services' website