
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/07/15	9.7	Reimbursement	17	Clarified that claims must be submitted after the week in which the service was delivered and the appendix reference was corrected. (changes made on page 1)