

ADULT DAY HEALTH CARE

Level of Care 27

SERVICE PROCEDURE CODE/RATE

Effective January 1, 2009

The current rate for payment is effective from January 1, 2009 thru June 30, 2009

Provider Type	HCBS Waiver Service Description	Procedure Code	HIPAA Service Description	Units
85	Adult Day Health Care	932	Medical Rehabilitation Day Program-Sub. Category 2-Full Day	\$60.79 (per diem)
08	Support Coordination	T0012	ADHC Case Management	Monthly \$140.00
08	Transition Intensive Support Coordination	T0013	ADHC High Risk Case Management	Monthly \$157.00
08	Transition Service	T2038	Community Transition, Waiver	\$1,500.00 One time fee