

# ADULT DAY HEALTH CARE

Level of Care 27

## SERVICE PROCEDURE CODE/RATE

Effective February 1, 2009

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

<b>Provider Type</b>	<b>HCBS Waiver Service Description</b>	<b>Procedure Code</b>	<b>HIPAA Service Description</b>	<b>Units</b>
85	Adult Day Health Care	932	Medical Rehabilitation Day Program-Sub. Category 2 - Full Day	\$60.78 (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