

ADULT DAY HEALTH CARE

Level of Care 27

SERVICE PROCEDURE CODES/RATES

Effective July 1, 2009

The current rate for payment is effective from July 1, 2009 thru June 30, 2010.

| 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 | \$64.40 (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 |