

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

July 2, 2007

CLTC-ADHC

07-09

MEDICAID BULLETIN

TO: Medicaid Providers of Adult Day Health Care

SUBJECT: CLTC: Reimbursement Changes for Adult Day Health Care

The South Carolina Department of Health and Human Services (SCDHHS) will increase the rate of reimbursement for Adult Day Health Care services beginning with dates of service **on or after July 1, 2007**. The current rate for Adult Day Health Care will be increased by \$3.00 per day.

Claims for participants receiving Adult Day Health Care and Adult Day Health Care Nursing services in the Community Choices waiver will continue to be filed through the Care Call system. **Claims may not be filed outside of the Care Call system for these participants.** The following table lists the current procedure code utilized in the waivers that have Adult Day Health Care as a service and the new rate effective with dates of service on and after July 1, 2007:

Program	Procedure Code	Procedure Description	Reimbursement Rate after July 1, 2007
Community Choices	LTC10	Adult Day Health Care	\$45.00/day
Mental Retardation/ Related Disabilities	X6987	Adult Day Health Care	\$45.00/day

If you have any questions concerning the above information, please contact your Program Manager at (803) 898-2590. Thank you for your continued participation in the South Carolina Medicaid program.

/s/

Susan B. Bowling
Acting Director

SBB/wsk

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