



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care ProgramsMaryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Waiver for Children with Autism Spectrum Disorder Transmittal No. 10
June 10, 2008

To: Autism Waiver Providers *Susan J. Tucker*

From: Susan J. Tucker, Executive Director
Office of Health Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Re: Fiscal Year 2009 Program Rate Increases

On July 1, 2008, payment rates will increase for certain services under the Home and Community Based Services Waiver for Children with Autism Spectrum Disorder. The regulatory authority for these changes may be found in COMAR 10.09.56 under Regulation .22D(4). Payment rates affected by this regulation will be increased by 2.5 percent effective July 1 of each year. **Providers may bill using the new rates for services provided on or after July 1, 2008.**

Some waiver services are reimbursed in one hour or ½ hour units. If less than one hour of service is provided, the time may not be rounded up to one hour. Residential habilitation services are reimbursed on a per day basis. Program payment for services shall be the lesser of the Medicaid fee for service schedule or the provider's actual cost. Providers, therefore, may not submit claims for reimbursement in excess of their cost to provide the service.

Only services approved on the waiver participant's Plan of Care or Addendum may be reimbursed. Payment for authorized waiver services covered under this program shall be considered as payment in full and may not be supplemented by payment from other sources.

Questions regarding this transmittal should be directed to Marlana R. Hutchinson, Autism Waiver Coordinator, at 410-767-5220.

Attachment (1)

cc: Autism Waiver Contacts
Maryland State Department of Education

**WAIVER FOR CHILDREN WITH AUTISM SPECTRUM DISORDER
Payment Rates Effective July 1, 2008**

Service	Procedure Code	New Payment Rate
Residential Habilitation-Regular	Z9300	\$195.92 per day
Residential Habilitation-Intensive	Z9301	\$391.86 per day
Intensive Individual Support Services	W9306	\$29.71 per hour
Therapeutic Integration Services	W9307	\$11.88 per half hour (service is to be provided a minimum of 2 hours and a maximum of 4 hours)
Respite Care	W9314	\$23.20 per hour
Family Training	W9315	\$97.48 per hour
Supported Employment	W9311	\$98.66 per half day
*Environmental Accessibility Adaptation	W9320	\$1,500 per 36-month period

Please note that a provider's travel time is not reimbursable by Medicaid. Other billing limitations apply, as specified in COMAR 10.09.56.

*This rate is not subject to annual inflationary adjustment.