



**MEDICAL CARE POLICY ADMINISTRATION  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201

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Governor

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Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM  
Home Health Transmittal No. 31**

August 29, 1997

Home Health Agency Administrators

**FROM:** Joseph M. Millstone, Director  
Medical Care Policy Administration

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

Preauthorization

Pursuant to COMAR 10.09.04.06A (2), preauthorization is required for services rendered in any thirty day period for which the provider anticipates interim payments in excess of the Medicaid average nursing facility rate. Effective September 1, 1997 the rate is raised from \$2,966.40 to \$3,198.60. All other preauthorization procedures remain the same.

Questions concerning this transmittal should be directed to the Staff Specialist for Home Health Services at (410) 767-1474.