



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. 11
September 30, 2008

To: Autism Waiver Providers

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

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

Re: Revision to Billing for Intensive Individual Support Services (IISS)

Effective October 1, 2008 the unit of service for IISS is changing from one hour to a half hour. As of this date, IISS providers may only bill in half hour units of service. This change in the unit of service for billing IISS does not change the limitation that waiver participants may receive a maximum of thirty hours a week of IISS, as specified in their waiver plan of care.

The payment rate for IISS is \$14.86 per unit of service. If less than a full unit of service is provided, the time may not be rounded up for billing purposes. A revised FY 2009 payment rate chart is enclosed.

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
Revised Payment Rates Effective October 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	\$14.86 per half 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.

09/29/08