



STATE OF MARYLAND

**DHMH**

PT 3-08

Office of Health Services  
Medical Care Programs

Maryland 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**  
**Home Health Transmittal No. 48**

August 2, 2007

**TO:** Home Health Agency Administrators

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

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

**RE:** Preauthorization

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Pursuant to COMAR 10.09.04.06A(2), preauthorization is required for services rendered in any 30-day period for which the provider anticipates interim payments in excess of the Medicaid average nursing facility rate. Effective July 1, 2007, this rate is \$6,027.90. All other preauthorization procedures remain the same.

Questions concerning this transmittal should be directed to the Staff Specialist for Home Health Services at (410) 767-1448 or 1-877-4MD-DHMH extension 1448.