Maryland
DEPARTMENT OF HEALTH

**Frequently Asked Questions and Answers for the
Assistance in Community Integration Services (ACIS) Program
<mark>September 30, 2025</mark>**

1. ACIS Program

a. What is the ACIS Program and is it available statewide to all jurisdictions in Maryland?

MDH Response: The ACIS program has been in effect in Maryland since July 1, 2017 and provides housing and tenancy-based case management services to eligible participants who are currently experiencing or are at risk for homelessness to assist them in obtaining the services of state and local housing programs.

ACIS is authorized under a Section 1115 demonstration which authorizes Maryland's managed care program, known as HealthChoice. The Maryland Department of Health (MDH) has leveraged the Section 1115 authority to test innovative programs that result in healthier outcomes for Medicaid participants.

Under the ACIS program, the state provided a set of Home and Community Based Services (HCBS) to eligible individuals capped at 900 individuals annually until December, 2024. Following an Amendment to the Section 1115 demonstration application, ACIS was approved by Centers of Medicare and Medicaid Services (CMS) on January 12, 2025 to expand statewide.

ACIS participant spaces are available to all jurisdictions who apply and get approved by MDH to participate in the ACIS program with a maximum of 2,140 participant spaces out of which 620 participant spaces are already allotted to ACIS Lead Entities.

2. Target Population

a. Who would be eligible to participate in the ACIS Pilot Program?

MDH Response: Under the ACIS program, housing and tenancy-based case management services are provided to individuals who meet the state's needs-based criteria. Those criteria are as follows:

- Fully enrolled as Medicaid participants;
- Receive services through a HealthChoice managed care organization (MCO) OR be enrolled in Fee-For-Service (FFS) Medicaid; and
- Meet at least one of the following health criteria **and** at least one of the following housing criteria:

Health Criteria	Housing Criteria
● Repeated incidents of emergency department (ED) use or hospital admissions (defined as more than 4 visits per year); *or*	● Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; *or*
● Two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act.	● Those at imminent risk of institutional placement.

b. Does chronic substance use or mental illness qualify?

MDH Response: Yes; chronic substance use or mental illness each would qualify as one of the two necessary "chronic conditions" as described in the ACIS Pilot Protocol. As defined in §1945(h)(2) of the Social Security Act, the term "chronic condition" has the meaning given that term by the Secretary and shall include, but is not limited to, the following:

(A) A mental health condition
(B) Substance use disorder
(C) Asthma
(D) Diabetes
(E) Heart disease
(F) Being overweight, as evidenced by having a Body Mass Index (BMI) over 25

c. How do you define "those at imminent risk of institutional placement?"

MDH Response: An individual is considered to be at imminent risk for placement in an institutional setting[1] if the individual is at risk for institutional placement in the absence of ACIS community based services: housing and tenancy-based case management services as described in the ACIS Pilot Protocol.

d. Does the individual experiencing homelessness have to be nursing home placement eligible? Is there a way around this?

MDH Response: No; a chronically homeless Medicaid participant does not necessarily need to be nursing home eligible to qualify for the ACIS program. The individual only needs to meet the eligibility criteria listed in the ACIS Pilot Protocol.

e. If an individual is currently enrolled in a housing support program with minimal support services, would they be eligible for the ACIS program to enhance the current support services provided?

MDH Response: If an individual is currently receiving any federally funded services as described in

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[1] 24 CFR 578.3(2) defines these settings as an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility.

CMS STC 28: [ACIS Pilot Protocol](#), Medicaid or otherwise, the individual is not eligible for ACIS. The Lead Entity must assure the state, and in turn the state must assure CMS that the ACIS program funds do not duplicate or supplant existing federal funding.

f. Can ACIS case management staff assist those homeless individuals that would meet the criteria for this program but lack Medicaid benefits at the time of identification?

MDH Response: ACIS program participants must be enrolled in Maryland Medicaid at the time of service in order to participate in and receive services through the ACIS program. Any services rendered to non-eligible individuals cannot be reimbursed by the State.

g. Are the currently available participant spaces distributable statewide or solely to one jurisdiction? If statewide, are there a minimum number of people that need to be served?

MDH Response: The ACIS participant spaces are available on a statewide basis. There is no minimum number of individuals that must be served per jurisdiction. Each ACIS-qualified jurisdiction is eligible to participate in the ACIS program and apply for the participant spaces using the online Provider Solicitation available on the ACIS website starting January 1, 2026. Award of participant spaces is not limited to Lead Entities previously approved to participate in the ACIS program.

h. Can multiple members of a single household be enrolled in the ACIS Pilot?

MDH Response: Providing ACIS to multiple individuals within one household is duplicative and is not allowable. The ACIS program is intended for adults who meet the criteria for head of household as defined by the Department of Housing and Urban Development and who concurrently meet ACIS eligibility criteria defined in the [ACIS Pilot Protocol](#).

i. Can Lead Entities enroll minors in the ACIS program?

MDH Response: No, jurisdictions cannot enroll minors under the age of 18 years old in the ACIS program unless the minor who presents a qualifying disability and is also the head of a household that is absent any ACIS-eligible adult.

HUD provides the following [guidance](#) regarding minor eligibility for supportive housing programs:

- *Can a child with a disability qualify a household as chronically homeless?*

  Under the definition of chronically homeless, the head of household (either an adult or a minor if there is no adult present) must have the qualifying disability and meet all of the other criteria (i.e., length of time homeless) in order for a family to be considered chronically homeless.

  ***In the instance that a minor is head of household and without any eligible adults, that minor may be enrolled in the ACIS program, with MDH's prior approval.*

j. Is a referral required for enrollment into the ACIS program?

MDH Response: A referral is not required to enroll into the ACIS program; however, an MCO or a health care professional including a physician or other licensed clinician, such as a social worker, nurse practitioner or local health department worker, may refer Medicaid participants to the ACIS providers. Participants may also self-refer by reaching out to active ACIS providers. Prior authorization is not required for ACIS.

3. <u>Provider Enrollment</u>

a. **Who can apply to be a Lead Entity to participate in the ACIS program?**

MDH Response: Local governmental agencies, including local health departments, can become ACIS Lead Entities. These agencies must also be a member of their local Continuum of Care (CoC) Program. To participate and receive the award, agencies must respond using the ACIS Solicitation form. Once MDH approves the agency and allocates participant spaces to the Lead Entity, MDH will issue an Award Letter confirming the agency's participation in the ACIS program and their status as an "ACIS Lead Entity."

b. **How does the Lead Entity enroll as an ACIS Provider?**

MDH Response: The ACIS Lead Entity is then required to enroll as a Maryland Medicaid provider. To do so, they must select Provider Type "GH" (ACIS LE) within Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP). To participate in ACIS, a provider shall meet all conditions for participation as set forth in COMAR [10.09.36](). To enroll as a Medicaid ACIS provider, an organization must take two steps:

<u>Step 1</u>

ACIS providers will need an National Provider Identifier (NPI) number to apply to be a Maryland Medicaid Provider. In order to apply for a NPI to access the system, providers must refer to the [National Plan & Provider Enumeration System (NPPES) website](). Each ACIS provider should create an account with NPPES and then apply for a *Type 2 Organizational Provider Type*. When applying for an NPI, providers must associate a taxonomy code with the application. Prospective ACIS providers must select a taxonomy as *251B00000X Case Management*.

Additional information on the NPI application process can be found in the [tutorial]() provided by NPPES. <u>Per MDH's policy, ACIS providers must obtain a separate NPI for each practice location. Existing NPIs associated with the Lead Entity may not be used for ACIS.</u>

<u>Step 2</u>

After the receipt of the **Type 2 Organizational NPI**, eligible ACIS providers need to enroll as a Maryland Medicaid Provider. To do so they must create an ePREP **business** account. Providers then must apply to be a "GH" (ACIS LE) Provider Type with Maryland Medicaid which is a dedicated Provider Type for the ACIS program. To enroll as Provider Type-GH), please visit the [ePrep Provider Portal](). ACIS providers must create an account in [ePREP](). Instructions and training guides for ePREP can be found [here](). Individual case managers are not eligible to enroll as an ACIS provider.

4. Services

a. What are housing and tenancy-based case management services?

MDH Response: Housing and tenancy-based case management services are a set of services that assist participants with finding and securing appropriate housing, and supporting them in their obligations as tenants. ACIS aligns with Maryland's existing housing programs to effectively leverage limited resources and make available an array of high-quality services for Marylanders with complex needs.

b. With a minimum of three (3) ACIS-qualified services per member per month, do these services need to be different?

MDH Response: Once the individual is assessed for ACIS eligibility and has gone through the community based vulnerability assessment, an individual may receive more than one of the same type of housing and tenancy-based case management services listed in the [ACIS Pilot Protocol](#) during a given month. ACIS Providers must also refer to COMAR [10.09.66.04](#) for information on covered services under the ACIS program as well as COMAR [10.09.66.05](#) for information on limitations. It must be noted that services do not include the provision of room and board or the payment of rental costs.

At least three qualified housing and tenancy-based case management services per member per month must be provided to a participant. Service delivery requirements are as follows:

- Providers are allowed to provide more than one service per day based on the participant's need;
- Of the three qualified services provided in a month, MDH highly encourages to deliver at least one service in-person but all three services can be delivered virtually at the request of the participant;
- Virtual contacts may be made by telephone, or another electronic format in accordance to Maryland Medicaid telehealth guidance;
- Services are to be delivered at the level of intensity needed to help the participant achieve the goals identified in the person-centered Housing Supports Care Plan (HSCP); and
- All services delivered must be documented in the provider's case management system for monitoring and reporting purposes.

c. What is the process for assessing Medicaid eligibility of ACIS Pilot participants?

MDH Response: ACIS Lead Entities must establish that ACIS participants are already Medicaid enrolled through the MDH [Eligibility Verification System (EVS)](#) both (1) at initial program enrollment and (2) at least on a monthly basis following enrollment as long as the Lead Entity is providing ACIS services and is claiming payment specific to this participant. Lead Entities should have programmatic processes in place to ensure that an ACIS participant is indeed Medicaid-enrolled each time services are rendered in order to qualify for receipt of reimbursement for services.

d. Are there any Medicaid services that an ACIS participant might be enrolled in that would be considered duplicate or render the individual ineligible to receive housing and tenancy-based case management services through ACIS?

MDH Response: If an individual is currently receiving any of the services described in [ACIS Pilot Protocol](), or that could be considered a duplication of any such services that are supported by federal funding, Medicaid or otherwise, the individual is not eligible for ACIS. Individuals who receive care through other Maryland home and community-based services waivers are also not eligible to participate in the ACIS program.

5. <u>Housing Supports Care Plan</u>

a. What is a Housing Supports Care Plan (HSCP) and why is it required to run the ACIS program?

MDH Response: The ACIS program authorized under Maryland Medicaid's Section 1115 HealthChoice demonstration comes with a set of Medicaid Home and Community-Based Services related Special Terms and Conditions (STCs) from CMS. Under the STCs, ACIS requires an HSCP to be developed for each ACIS participant once the participant is deemed eligible for ACIS enrollment. As the ACIS program adopts the Conflict-Free Case Management model to ensure compliance with the STCs, it must be ensured that the entity completing the person-centered HSCP with the ACIS enrolled participant is separate from the entity delivering the housing and tenancy-based case management services.

Conducting a whole-person assessment of need using the HSCP with each eligible participant enables understanding of the participant's needs, including but not limited to their medical, mental health, and substance use disorder needs. HSCP also includes a set of questions related to participant's choice of functional and community support and their personal and housing goals and priorities.

Additionally, ACIS Providers receive reimbursement per member on an annual basis for completing compliance activities. To claim for reimbursement for compliance activities, the ACIS Provider must provide the date of completion of the HSCP.

b. When should the HSCP be completed and how frequently?

MDH Response: It is required that HSCP must be completed for each participant enrolled in the ACIS program upon enrollment. The HSCP must be reviewed, and revised upon reassessment of functional needs, at least every 12 months, or when the participants's circumstances or needs change significantly, or at the request of the participant.

c. Does the entity completing the HSCP with the participant have to conduct this assessment in-person?

MDH Response: MDH highly encourages ACIS providers to complete the HSCP in-person; however, this service can be delivered virtually at the request of the participant.

6. <u>Billing</u>

a. How many services per participant must be delivered to receive reimbursement from MDH for ACIS services?

MDH Response: ACIS Providers must ensure before submitting claims for reimbursement that at least three qualified housing and tenancy-based case management services were delivered in the month to the eligible participant. Providers must also ensure the participant is fully enrolled in Medicaid at the time of service delivery.

b. What are the billing codes used for ACIS?

MDH Response: The ACIS providers will be reimbursed by Maryland Medicaid through the MDH claiming process using the following home-grown billing codes:

- <u>W9900-Assistance in Community Integration Services:</u> ACIS providers are reimbursed at a per member per month (PMPM) rate of $725 for delivering a minimum of three services to qualified ACIS participants. ACIS providers can only bill once in any given calendar month for a participant. The date of service on the claim form will be the date of the third service.

- <u>W9910-ACIS LE Compliance:</u> MDH will reimburse ACIS providers one time on an annual basis for $100 per member for compliance activities. The date of service on the claim form will be the date when the HSCP is approved.

c. How much time after services are rendered to an ACIS participant can the ACIS Provider submit the claims?

MDH Response: Claims that are submitted by ACIS Providers within 12 months of the date of service will only be reimbursed. Any claim being submitted after 12 months of service delivery will be denied by MDH.

d. What is the process for claim submission?

MDH Response: ACIS Providers can use any one of the following billing pathways to submit claims for reimbursement:
- Electronic Data Interchange (EDI)
  - An Electronic Health Record (EHR) or a billing system of the ACIS provider's choosing. The system must have the capacity to submit, via EDI, 837 batch files to MDH
  - The billing system will need to output an .edi file
  - The .edi file will be uploaded to the Maryland Medicaid Electronic Exchange (MMEE) web portal by the provider or a clearinghouse on the provider's behalf.
  - Further information can be found [here](#).
- eMedicaid
  - a web-based option for electronic claim submission where a CMS 1500 form will be completed electronically and submitted.
- Paper Claim

- CMS 1500 forms (to be mailed or sent through a secure email route to MDH for which instructions will be provided upon request)
- Please note that paper claims may take up to 90 days to process. Electronic claim filing facilitates faster claim processing and payment.

ACIS Providers can view the [CMS 1500 Provider Billing Training](#) for clarity of instructions.