



**Maryland Department of Health  
Office of Innovation, Research, and Development Provider  
Solicitation - Request for Responses**

***Assistance in Community Integration Services Program***

**Date Released: March 2, 2026**

**Due Date for Responses: March 27, 2026**

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## LIST OF ACRONYMS

- Assistance in Community Integration Services (ACIS)
- Calendar Year (CY)
- Centers for Medicare and Medicaid Services (CMS)
- Code of Maryland Regulations (COMAR)
- Conflict-Free Case Management (CFCM)
- Continuum of Care (CoC)
- Coordinated Entry Systems (CES)
- Emergency Department (ED)
- Electronic Data Interchange (EDI)
- Electronic Funds Transfer (EFT)
- Electronic Health Record (EHR)
- Electronic Verification System (EVS)
- Electronic Provider Revalidation and Enrollment Portal (ePREP)
- Employer Identification Number (EIN)
- Federal Poverty Level (FPL)
- Fee-for-Service (FFS)
- Fiscal Year (FY)
- Health Insurance Portability and Accountability Act (HIPAA)
- Hilltop Institute at the University of Maryland, Baltimore County (the Hilltop Institute)
- Homeless Management Information System (HMIS)
- Housing Supports Care Plan (HSCP)
- Long Term Services and Supports (LTSS)
- Lead Entities (LEs)
- Managed Care Organization (MCO)
- Maryland Medicaid Information System (MMIS)
- Maryland's Section 1115 Demonstration (HealthChoice Demonstration)
- Participating Entities (PEs)
- Per Member Per Month (PMPM)
- Per Member Per Year (PMPY)
- Permanent Supportive Housing (PSH)
- Primary Care Provider (PCP)
- Special Terms and Conditions (STCs)

## TERMS AND DEFINITIONS

For purposes of this solicitation, the following abbreviations or terms have the meanings indicated below:

- **ACIS Provider** - A local health department or county government entity that has a Maryland Medicaid Provider Agreement in effect to operate ACIS Program under Maryland and Federal regulations.
- **Centers for Medicare and Medicaid Services (CMS)** - The federal agency that administers Medicare, Medicaid and the Children's Health Insurance Program, including Maryland's Section 1115 Waiver.
- **Section 1115 Waiver** - Section 1115 of the Social Security Act gives authority to the States for experimental, pilot, or demonstration projects promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serve Medicaid populations.
- **Code of Maryland Regulations (COMAR)** - The Code of Maryland Regulations, often referred to as COMAR, is the official compilation of all administrative regulations issued by agencies of the state of Maryland. COMAR is available on-line at [www.dsd.state.md.us](http://www.dsd.state.md.us).
- **Conflict Free Case Management (CFCM)** - Model that ensures independent, "conflict-free," person-centered care planning for each Medicaid participant served through an Home and Community Based Services program.
- **Dual eligible (also dually eligible or dual)** - eligibility for and/or enrollment in both the federal Medicare program and Maryland's Medicaid program.
- **Home and Community-Based Services (HCBS)** - services authorized under the Medicaid state plan or under section 1915(c) of the Social Security Act that help the elderly or persons with disabilities live independently in their homes or the community.
- **Local Health Department (LHD)** - Local health departments administer and enforce state, county and municipal health laws, regulations and programs in Maryland's 23 counties and Baltimore City and are overseen by the Public Health Services of the Department.
- **Local Time** - Eastern Standard Time, as observed by the State of Maryland.
- **Medicaid/Medical Assistance** - A program, jointly funded by the federal and state governments, which pays for medical care for low-income individuals and families, as well as older adults and individuals with disabilities. To receive Medicaid, an individual must go through an application process and meet certain financial requirements.

- **Medicaid State Plan** - A written agreement between a state and the federal government that outlines Medicaid eligibility standards, provider requirements, payment methods and health benefit packages. A Medicaid State Plan is submitted by each state and approved by CMS.
- **Normal State Business Hours** - The hours of 8:00 a.m. – 5:00 p.m., Monday through Friday except state holidays, which can be found at [www.dbm.maryland.gov](http://www.dbm.maryland.gov).
- **Participant** - An individual who is enrolled in the ACIS Program.
- **Service Area** - A Maryland county in which an applicant's potential participants live.
- **State Medicaid Agency (SMA)** - Maryland Medicaid within Maryland Department of Health that provides state-level oversight of the ACIS Program

## **ACIS PROGRAM OVERVIEW**

The Maryland Department of Health (MDH), through the Office of Innovation, Research, and Development, is soliciting applications from qualified local health departments and local government entities to become Assistance in Community Integration Services (ACIS) Lead Entities (LEs) in Maryland. ACIS is authorized by the Centers for Medicare and Medicaid Services (CMS) under Maryland's Section 1115 Waiver, Maryland HealthChoice (Project Number: 11-W-00099/3), and operates in accordance with all applicable Special Terms and Conditions (STCs) effective January 13, 2025 through December 31, 2026. The program provides Home and Community-Based Services (HCBS) to Medicaid enrolled individuals who are currently experiencing or are at risk of homelessness.

Maryland currently has four approved ACIS LEs: the Baltimore City Mayor's Office of Homeless Services, Cecil County Health Department, Montgomery County Department of Health and Human Services, and the Prince George's County Health Department. As a cornerstone strategy for integrating care for individuals with complex health and housing needs, MDH is expanding the ACIS program statewide. In January 2025, Maryland was approved by CMS to increase ACIS participant spaces to a maximum of 2,140 individuals. Currently, ACIS has allocated 620 participant spaces among the four currently enrolled ACIS LEs. The remaining 1,520 participant spaces are available for allocation among new and existing ACIS LEs. This solicitation reflects the state's commitment to expanding access to housing stability and community integration services across Maryland by allowing existing ACIS LEs to expand and new LEs to join the ACIS Program.

### **Program Purpose and Services**

ACIS is designed to support eligible individuals in securing and maintaining stable housing through qualified tenancy-based case management/tenancy support services, and housing case management services. The program assists participants in accessing state and local housing programs and building the skills necessary for long-term housing stability.

Covered services include, but are not limited to:

- Community integration assessments
- Development and ongoing revision of a person-centered community integration plan with measurable goals
- Coordination and connection to social and supportive services identified in the plan
- Assistance communicating with landlords or property managers regarding accommodation

- needs
- Participation in meetings related to housing or service coordination
- Training and resource support related to tenancy, housing stability, and household management

**ACIS Participant Eligibility**

To be eligible to receive ACIS, individuals must be fully enrolled as Medicaid participants and must:

- 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:

**ACIS Eligibility Criteria:**

Health Criteria	Housing Criteria
<ul style="list-style-type: none"> <li>● Repeated incidents of emergency department (ED) use or hospital admissions (defined as more than 4 visits per year); <i>or</i></li> </ul>	<ul style="list-style-type: none"> <li>● Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; <i>or</i></li> </ul>
<ul style="list-style-type: none"> <li>● Two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act.</li> </ul>	<ul style="list-style-type: none"> <li>● Those at imminent risk of institutional placement.</li> </ul>

Note: To participate in ACIS, an individual must have full Medicaid benefits. ACIS does not include room and board.

**Reimbursement Methodology**

ACIS LEs are reimbursed through the MDH claiming process. Claims can be submitted using a paper or electronic CMS 1500 professional claim form. LEs may also use an Electronic Data Interchange (EDI) option.

Maryland Medicaid reimburses for housing and tenancy-based services at a bundled rate of \$725 per member per month that requires a minimum of three eligible services to be delivered each month to each ACIS participant. ACIS is a Fee-For-Service (FFS) benefit; therefore, providers are not to bill MCOs for these services.

Maryland Medicaid reimburses for qualified compliance activities which includes completion of the

Housing Supports Care Plan per participant as well as complying with other ACIS STC requirements on an annual basis. These activities will be reimbursed at \$100 per member per year as a FFS benefit. ACIS LEs may not bill MCOs for these services.

Additional Information on the ACIS Program can be found at the [ACIS Program Provider Webpage](#).

## **SECTION 1: QUALIFICATIONS FOR FUNDING AND PARTICIPATION**

### **1.1 Eligible Applicants**

- MDH will accept applications from Local Health Departments and/or other county government entities (e.g., local management boards); or a consortium of entities serving a county or region consisting of more than one county.
- MDH will not consider competing applications from multiple entities within a particular county. If multiple entities within a county wish to apply, MDH encourages the entities to work together to submit a joint application. This should be reflected in submitted Letters of Intent.
- ACIS applications shall specify a LE that will be the single point of contact for MDH.
- Applicants must have submitted a Letter of Intent (LOI) to MDH on or before 5PM on March 13, 2026. Incomplete LOIs or LOIs received after the deadline will not be accepted. If the applicant does not have access to the LOI template and instructions, please reach out to the ACIS team on [mdh.medicaidacis@maryland.gov](mailto:mdh.medicaidacis@maryland.gov)
- Applicants agree to serve as the LE for the duration of the ACIS program and meet Lead Entity requirements outlined in subsections below.

#### **1.1.1 Lead Entity Requirements**

To be eligible for consideration to be an ACIS LE, the applicant must provide information to satisfy the following requirements :

1. Be a part of, an entity of a county government.
2. May subcontract with entities delivering services known as Participating Entities (PEs).
  - a. *Participating Entities* are formally contracted providers who deliver and seek reimbursement for ACIS services rendered to eligible participants. They can be public, non-profit entities organized under section 501(c)(3) of the Internal Revenue Code of 1986; or private for-profit entities that are legally authorized to conduct business in the State of Maryland to deliver ACIS services. These subcontracted entities must enter into a contractual agreement with the LE. PE employees selected

to deliver ACIS services must comply with the service provider qualifications and provide qualified services outlined in the [ACIS Protocol - Attachment F](#). Additionally, each PE must bill its LE for services rendered to an ACIS participant in a given month as well as record and transmit required ACIS data in specified timeframes. Additional detail on PEs is outlined in Section 1.1.3.

3. Be responsible for local leadership, coordination, oversight, and monitoring of the ACIS Program in their county. It must serve as the organizing hub and contact point for ACIS with the State and all other stakeholders collaborators, including the participant's MCO.
4. Must have the ability to submit billing claims to MDH for service delivery reimbursements, disperse funds to PEs, collect performance metrics, engage in data sharing and submit reports to MDH. Be a member of its local Continuum of Care (CoC). The CoC Program is designed to promote community wide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to and effect utilization of mainstream programs by homeless individuals and families.
5. Must become an enrolled Medicaid ACIS Lead Entity by enrolling through Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP).
6. Must meet all participation requirements in COMAR 10.09.36
7. Must comply with Conflict-Free Case Management (CFCM) guidelines as described in Section 1.1.4.
8. Must meet ACIS reporting and documentation requirements.
9. Must ensure participants have active full Medicaid coverage prior to enrollment and service delivery.

### **1.1.2 Lead Entity Responsibilities**

Once MDH approves the application and allocates participant spaces to the applicant, MDH will issue an Award Letter confirming participation in the ACIS program and their status as an "ACIS Lead Entity." The ACIS LE 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 ePREP.

LEs must deliver a minimum of three services per participant per month to receive reimbursement from Maryland Medicaid. All providers must meet documentation standards, participate in evaluation activities conducted by MDH, CMS, or their contractors, and **ensure there is no duplication of federal funding**. Additional details on program requirements and qualified services are detailed in [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS &](#)

Attachment F ACIS Protocol. Please note that the payment methodology for ACIS has been updated since the ACIS Protocol release.

The ACIS LE will be responsible for:

- Building or expanding upon current housing support services and related care coordination efforts pertaining to housing and tenancy-based case management services; not duplicating or displacing any preceding services;
- Ensuring an integrated CoC for ACIS program participants;
- Coordinating with local Coordinated Entry Lead Agencies or CoCs or their designated sources to request referrals;
- Determining and documenting that the participant is eligible for ACIS services according to the established eligibility criteria through initial assessment;
- Not duplicating any other Medicaid covered service through the ACIS Program;
- Providing a minimum of three services per month to each participant to receive reimbursement from Maryland Medicaid;
- Billing MDH through the Maryland Medicaid Information System (MMIS) using the home grown billing codes specified by MDH;
- Maintaining its formal enrollment with Maryland Medicaid as an enrolled Medicaid Provider with a Medicaid Provider Number;
- Complying with the requirements listed in the STCs and Protocols of Maryland's Section 1115 HealthChoice demonstration;
- Retaining contractual relationships with existing ACIS PEs and complying with [42 CFR 441.700-441.745](#).
- If ACIS LEs elect to contract with other entities for CFCM or service delivery, they are required to provide a copy of the contract to MDH prior to the second quarter of the State Fiscal Year.
- ACIS LEs are required to retain all records for a minimum of 6 years.

**Please note:** ACIS is a Fee-for-Service Program and only reimburses LEs; however, if an ACIS participant is enrolled with a MCO, then the LE is responsible to coordinate with the ACIS participant's MCO. MCOs may even refer eligible participants to the ACIS LE for enrollment into the ACIS Program.

HealthChoice is the name of Maryland's statewide mandatory managed care program. The HealthChoice Program provides healthcare to most Medicaid beneficiaries. An eligible Medicaid

participant enrolls in a MCO of their choice and selects a primary care provider (PCP) to oversee their medical care. In the HealthChoice Program, 9 MCOs are enrolled to provide a full range of health care services. In addition to providing Medicaid-covered services to those enrolled in the MCO, an MCO has specific standards and responsibilities concerning the provision of certain care.

### **1.1.3 Participating Entity Description**

ACIS LEs are allowed to deliver services themselves as long as CFCM requirements as described in 1.1.4 are met. However, ACIS applicants may identify one or more other entities to participate in the ACIS program. These Participating Entities (PEs) are the key community partners that will participate in the ACIS program service delivery and may include:

- Local entities providing tenancy-based case management services/tenancy support services and/or housing case management services under current or future contract with the Lead Entity.
- Health services and specialty mental health agencies; other public agencies or departments—such as county alcohol and substance use disorder programs, human services agencies, criminal justice/probation entities and housing authorities; or other entities that have significant experience serving the target population within the participating county.

*Duties and Responsibilities of each Participating Entity include:*

- Collaborate with the LE to design, implement, monitor and evaluate the ACIS program;
- Provide a letter of commitment to the LE for inclusion in the application;
- Deliver services (if applicable); contribute to data sharing/reporting, including
- Signing required data sharing agreements;
- Complying with MDH policies, and the guidance set forth by the CMS.

If the LE chooses to contract with one or more PEs to provide ACIS, MDH expects that the LE will follow its own local government procurement or grant subcontracting protocol. Before a PE can provide ACIS services to participants, the LE must have appropriate contracts, data use agreements and business associate agreements in place that describe roles, services, charges, data sharing, and record keeping and reporting requirements with the PEs. These agreements must be made available to MDH upon request.

#### **1.1.4 Conflict-Free Case Management (CFCM)**

The ACIS program authorized under Maryland Medicaid’s Section 1115 HealthChoice demonstration comes with a set of specific Medicaid HCBS STCs. HCBS is a program type that was created to provide opportunities for Medicaid participants to receive services in their own home or community rather than in an institution or similar setting. Federal rules attached to HCBS programs require that an independent, “conflict-free,” person-centered care plan be developed for each Medicaid participant served through an HCBS program.

ACIS requires a Housing Supports Care Plan (HSCP) to be developed for each ACIS participant upon enrollment. ACIS case managers will use the HSCP to guide the delivery of housing and tenancy-based case management services. ACIS adopts a CFCM model to ensure compliance with its authorization under Maryland Medicaid’s Section 1115 HealthChoice Demonstration STCs. Under the ACIS program, each ACIS participant must have a completed HSCP and its requirements are as follows:

- The entity that creates the HSCP with the participant must be separate from the entity delivering the direct case management services to participants enrolled in ACIS.
- The HSCP cannot be completed by anyone who is related to the Medicaid participant by blood or anyone who is financially responsible for the participant or legally empowered to make decisions on their behalf.
- The HSCP must be reviewed, and revised upon reassessment of functional needs, at least every 12 months, or when the participant's circumstances or needs change significantly, or at the request of the participant.

It must be ensured that the entity creating the HSCP carries out the following tasks:

- Scheduling a time with the enrollee and/or their authorized representatives to complete a person-centered HSCP. MDH highly encourages providers to complete the HSCP in-person; however, this service can be delivered virtually at the request of the participant.
- Conducting a whole-person assessment of need with each eligible participant and then working with the participant to develop a person-centered HSCP that incorporates the total needs of the participant, including but not limited to their medical, mental health, and substance use disorder needs, as well as the participant’s needs for functional and community support and their personal and housing goals and priorities.
- Ensuring the attestation on the HSCP from the participant.

- Working flexibly and collaboratively to ensure that all HSCPs are developed and all services delivered under the Program remain aligned with participant needs and priorities, including as those needs and priorities evolve.
- Reviewing and updating the HSCP with the participant at least annually, as well as when the participant’s needs and circumstances change significantly and at the request of the participant.
- Assessing the participants’s progress towards achieving the goals identified in their HSCP, as well as their readiness to transition out of the Program, as appropriate.

**1.1.5 Application Timeline**

The ACIS application timeline is outlined in the following table:

<b>ACIS Program Solicitation Timeline</b>	<b>Dates</b>
ACIS Presentation at the Local Health Officers’ Roundtable	02/11/26
Letters of Intent (LOI) open to LHOs	02/17/26
Application posted on the ACIS Provider Website	03/02/26
Applicant Webinar	03/09/26
LOI due to MDH	03/13/26
ACIS Request for Responses/ Application due to MDH	03/27/26
ACIS Application Review Process	April 6-24, 2026
ACIS Program Award Notifications	05/01/26
ACIS Program Onboarding Begins	05/18/26

**1.1.6 Solicitation Point of Contact**

Abigail Godwin, *Health Policy Analyst*  
 Office of Innovation, Research, and Development  
 Maryland Department of Health  
[mdh.medicaidacis@maryland.gov](mailto:mdh.medicaidacis@maryland.gov)

**SECTION 2: ACIS APPLICATION SUBMISSION REQUIREMENTS**

In order to apply, the applicant must have submitted a LOI on or before 5PM on March 13, 2026. Incomplete LOIs or LOIs received after the deadline will not be accepted. MDH would have also confirmed the receipt of LOI to the applicant via email.

The Applicant must complete, sign, and submit the ACIS application **on or before 5PM on March 27, 2026** . Prior to completing this application, it is strongly suggested that the applicants carefully review the following documents that govern the ACIS Program.

- [COMAR 10.09.66](#) -Assistance in Community Integration Services
- [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#)
- [ACIS Program Executive Summary](#)
- [ACIS Frequently Asked Questions](#)
- [ACIS Provider Transmittal](#)

In order for this application to be considered complete for the purposes of submission, all components of the application in Section 3 must be completed, and the application must be signed by an authorized representative of the LE (See Attachment A).

### **SECTION 3: ACIS APPLICATION COMPONENTS**

Applicants must provide the following information as part of the ACIS Application. Applicants must submit this information as part of one document or separate attachments. Please note that ALL components in this Section must be submitted to MDH in order to be considered for participation in the ACIS Program:

#### **3.1 Cover Letter**

Applicants shall submit a cover letter to include the following information:

- Name of the applicant and the applicant's eligibility to participate in the ACIS Program, please refer to Section 1 for details;
- Primary contact for the application, including name, title, address, phone number(s), fax number and email address;
- Applicant's organizational mission and rationale for wanting to establish an ACIS Program in their jurisdiction including the applicant's specific experience (if any) providing services to this population; and
- Applicant's commitment to complying with ACIS Regulations and the [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#)

Please include the following box with information requested in the Cover Letter:

NAME OF APPLICANT: \_\_\_\_\_

TITLE OF APPLICANT: \_\_\_\_\_

LEAD ENTITY: \_\_\_\_\_

TYPE OF LEAD ENTITY: \_\_\_\_\_

**Please identify if the application is from a Local Health Department, a County Government Entity, a Consortium of Entities Serving a County, or a Consortium of Entities like LHDs of Multiple Counties). If a Consortium of Entities is Applying, one Entity has to be identified as a Lead Entity.**

NUMBER OF ACIS PARTICIPANT SPACES REQUESTED: \_\_\_\_\_

### **3.2 Project Abstract and Narrative**

Applicants must provide a written summary of the proposed program initiative. Describe the overarching vision for the ACIS Program and how the applicant intends to:

- Build and strengthen existing relationships in the community, centered upon provision of tenancy-based case management services/tenancy support services and housing case management services, and improve collaboration;
- Demonstrate improvement in health outcomes and reduction in unnecessary and/or inappropriate services for the participant;
- Explain how the ACIS Program interventions will be aligned with long-term community goals and objectives;
- Design the program model and provide access to and availability of appropriate housing inventory for ACIS participants, and associated subsidies and/or payment sources;
- Affirm that services do not duplicate any other Medicaid covered service;
- Identify specific program objectives and strategies including description of planned/proposed activities, the time frame to implement the activities, what would the activity aim to achieve etc. Explain how these strategies will be implemented to provide ACIS tenancy-based case management services/ tenancy support services and/or housing case management services and how these align with target population's needs; and

Please provide information in the following tables:

**LEAD ENTITY TABLE**

Name of Lead Entity	Address	Main Contact	Title

**PROPOSED PARTICIPATING ENTITY TABLE**

Name of Participating Entity/ Entities	Address	Main Contact	Title

**3.3 Target Population(s) and Referral Process**

Describe the methodology used to identify the ACIS Program target population(s), such as data analyses or needs assessment of the target population(s). It is strongly encouraged to utilize existing Community Health Needs Assessments (CHNAs) or other related processes to describe the health need for the ACIS Program in applicant’s jurisdiction.

The LE must describe how it will recruit and enroll Medicaid participants who qualify for ACIS services based upon the eligibility criteria outlined in the ACIS overview. Describe how the target population will be screened, prioritized, and referred to the ACIS Program. Additionally, describe the proposed outreach efforts for ACIS enrollment. Applicants must describe the plan for a process for verifying members’ Medicaid eligibility with MDH; and explain the process for successfully enrolling members into the ACIS Program.

If the LE or PEs already provide supportive housing services, describe how the ACIS program will result in an expansion of supportive housing services for the qualified individuals served in the applicant’s jurisdiction. The ACIS Program must incorporate or build upon current care coordination

efforts and not duplicate or displace them.

### 3.4 Lead Entity and Proposed Participating Entity Capability Statement

Applicants must describe and discuss their experience collaborating with ACIS-related service providers (Participating Entities), serving as a primary lead on multi-entity projects, overseeing and distributing program funds to other entities, ensuring deliverables are met, and that reporting is accurate and timely. Specify any current or past activities related to the proposed ACIS Program in which the LE has been involved. Explain organization’s experience and expertise in coordinating and collaborating with service providers.

If the applicant includes proposed PEs, it must be demonstrated that the PE meets the requirements as per the [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#). Explanation of the PEs role must be clear and appropriate given the target population and selected strategies.

### 3.5 Key Personnel/Positions

Applicants must identify positions, describe the roles, and qualifications of key personnel who will lead or manage the ACIS Program in their jurisdiction. Include the proposed LE organizational chart and corresponding staffing plan, detailing the operational/reporting structure of the LE, in collaboration with any proposed PEs. Note the percentage of full-time equivalence (FTE) assigned to the ACIS Program for each staff position.

Within this section, MDH expects the PE and LE to identify and justify staff-to-participant ratios that will ensure quality service provision to ACIS participants.

MDH expects each LE to have dedicated personnel to oversee the submission, tracking, and troubleshooting of billing claims and payments between the LE, MDH, and any PEs. Applicants must complete the table below:

**KEY PERSONAL TABLE**

ACIS Positions (please identify planned ACIS personnel - e.g. leadership, billing, contracts, etc...)	Expected date of Hire	Full-Time Equivalence (FTE)	Credentials	Number of years of professional experience
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### 3.6 Daily Operations, Communication Plan, and CFCM Work Plan

Applicants must describe the proposed daily operational management structure for the ACIS Program, including who will have the decision making authority and how PEs will be involved in decision-making. Identify a main point of contact at the LE who will support and coordinate with PEs.

Describe the external communication plan that will be employed to communicate with providers, participants, and other stakeholders.

Additionally, applicants must submit a work plan to implement Conflict-Free Case Management (CFCM) as described in Section 1.1.4. **It must be noted that the entity that creates the HSCP with the ACIS participant must be separate from the entity delivering the direct case management services to participants enrolled in ACIS.** Applicants must provide the work plan in the following format.

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### CFCM Work Plan

- 1) Client Identification - initial assessment for ACIS eligibility:** please describe which entity will be responsible for determining ACIS eligibility for the individual (meeting Medicaid coverage requirement, health and housing criteria).

Please note: No referral is required for the ACIS program; however, individuals could be referred by PCPs, MCOs, CoCs, Coordinated Entry System or any other entity in the community. Some individuals could be walk-ins as well.

- 2) Creating Plan of Care:** please describe which entity and staff will complete the Housing Supports Care Plan (HSCP) with the client after being identified as ACIS eligible.

Please note: Once the HSCP is completed, both the staff member and the client must attest on the HSCP document to ensure that the information provided is accurate and complete. HSCP template will be provided by MDH when an LE is onboarded.

- 3) Approving Plan of Care:** please describe which entity and staff will be responsible to approve the HSCP once it is filled out with the participant. Generally the entity completing the HSCP with the client is the one approving it as well.

Please note that this HSCP will **only** serve as a source of information to identify the specific housing needs and goals of the client. Once HSCP is approved, it will be passed on to the PE contracted with the LE to deliver ACIS services to identify specific actions that need to be taken to meet the housing goals described in the HSCP.

- 4) Delivering Services:** please describe the entity/entities you propose will be delivering housing and tenancy-based case management services to ACIS participants. Services could be delivered by the LE itself or the PE it subcontracts with. You may list down the name(s) of proposed PE(s).

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### **3.7 Data Sharing & Reporting**

Applicants must describe the overall plan for tracking and documenting progress of the ACIS Program as a whole, as well as for each PE and each target population. Provide information on the

specific systems and tools that will be utilized to support data entry, storage, and sharing.

The LE and its PEs must comply with all applicable state and federal laws, such as the Health Information Portability and Accountability Act (HIPAA) and 42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records, which may include entering into appropriate business associate or data sharing agreements, as needed to support the operational and reporting needs of the ACIS Program.

Final approval of this application will be subject to the LE's mandatory agreement to comply with MDH data use policies and Data Use Agreement (DUA) which will govern the exchange and use of the data collected during the ACIS Program. A DUA will be provided by MDH to the LE upon contracting.

The LE should provide an attestation of its agreement to collect and report on CMS approved performance measures. These measures will be captured in the quarterly and annual reports that the ACIS LE is required to submit to MDH. MDH will issue a reporting template with instructions during onboarding of the LE. The purpose of the annual report is to demonstrate progress toward program goals, and ensure that the ACIS Program is conducted in compliance with the requirements set forth in the CMS STCs.

Applicants must agree to create and maintain all records necessary to fully disclose the extent and eligibility for services provided to individuals in the Medicaid program, as well as any information relating to payments claimed by providers<sup>1</sup> for furnishing ACIS services. Affirm that the applicant understands and is able to comply with these requirements.

### **3.8 Demonstrating Quality Improvement**

Explain the approach to quality improvement and change management that the LE plans to use. Explain how the ACIS Program will identify needed adjustments, a process for carrying out the change, and a process for observing and learning from the implemented change(s). Describe the LE's plan to conduct ongoing monitoring of ACIS-related performance of the PEs and to make subsequent adjustments if issues are identified. Describe processes to be implemented by the LE to

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<sup>1</sup> *Maryland Medicaid is prohibited from paying for any items or services furnished, ordered, or prescribed to excluded individuals or entities ([General Provider Transmittal No. 73](#)). It is the responsibility of the awardee to attest monthly that all employees and contractors have been routinely searched, as per the aforementioned transmittal. The Grantee must be able to demonstrate, upon request, that this verification has been performed utilizing the following databases: <https://exclusions.oig.hhs.gov>; [sam.gov](http://sam.gov) and any such other databases as MDH may prescribe.*

provide technical assistance, impose corrective action upon the PE, and terminate its ongoing engagement in the ACIS Program, if poor performance is identified and persists.

### **3.9 Financial Capacity to Execute the ACIS Program**

MDH will pay a rate of \$725 for delivering a minimum of three qualified services per member per month. Additionally, a rate of \$100 per member per year will be provided for delivering compliance activities mainly for completing HSCP for each participant. The ACIS Program is funded 50% by State General Funds and 50% by Federal Funds. LEs will be required to bill Medicaid. Please note that claims must be received within 12 months of the date of service; therefore LEs should expect delays in payment. Additionally, LEs should not expect to be able to bill at full capacity each month (e.g. a PE may not be able to deliver three services to a participant within a particular billing period).

Please describe the LE's financial capacity to execute the ACIS Program, based on the proposed number of participant spaces requested as part of this application. Please describe how the LE intends to cover operational costs during the startup period, as well as to maintain high quality service provision in times of low participation.

**Please note: MDH will not be involved in determining the distribution of funds between LEs and PEs. Both parties must determine the standards of distribution of funds in the agreements they establish with each other.**

## **SECTION 4: REVIEW OF APPLICATIONS AND NOTICE OF SELECTION**

### **Evaluation Criteria**

The ACIS Program solicitation is a competitive process that will result in the selection of one or more qualified ACIS LEs based on the information provided as part of the LOI and this application outlining the program need, capability, resources, as well as quality and scope of the application.

There will be a review period after MDH receives applications that will allow MDH to ask clarifying questions to the ACIS program applicants. Program applicants' responses may influence the final decision. If the ACIS Program applicant or any of the proposed PEs are currently out of compliance or delinquent on any MDH corrective action, the ACIS Program applicant is not eligible for funding.

### **Notice of Selection**

MDH will notify all applicants via email regarding the completion of the Solicitation process.

Successful applicants will receive an ACIS Award Letter as an attachment in an email along with information on next steps for onboarding as an ACIS LE. Applicants who will be unsuccessful will be informed through an email communication as well.

### **Appeal of Selection Decision**

Appeals of the selection determination may be made only by those applicants responding to this solicitation. Any appeal related to this solicitation shall be subject to the provisions of COMAR 10.01.03, except that MDH shall hold a hearing, consider any exceptions and render a final decision within thirty (30) days of the date an appeal is filed. Appeals must be filed with the Solicitation Point of Contact within seven (7) calendar days of the date of receipt by the applicant of a letter of non-selection. MDH may move forward with the successful selected applicant(s) notwithstanding an appeal. Appeal by an unsuccessful applicant under this solicitation does not delay the progress to the next phase of the ACIS application process.

## ATTACHMENT A

### ATTESTATIONS AND CERTIFICATION

I certify that, as the representative of the ACIS Lead Entity, I agree to the following conditions:

- The ACIS Lead Entity will help develop and participate in routine ACIS Provider status update calls with MDH and other participants.
- Final approval of this application will be subject to the Lead Entity's enrollment as an ACIS Provider with Maryland Medicaid. The Lead Entity attests that it will ensure/maintain its formal enrollment with Maryland Medicaid as an enrolled Medicaid Provider with a Medicaid Provider Number upon becoming an ACIS Provider.
- The Lead Entity will enter into data sharing agreements with MDH as needed to ensure HIPAA compliance and full capacity to perform data reporting requirements.
- The Lead Entity will report and submit timely and complete data/information to MDH in a format specified by the state.
- The Lead Entity shall submit quarterly and annual reports in a manner specified by MDH.
- The Lead Entity will respond to general inquiries from the state pertaining to the ACIS Program within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by MDH. MDH will consider reasonable timelines that will be dependent on the type and severity of the information when making such requests.
- The Lead Entity understands that there must be no duplication and/or supplantation of federal funding.
- The Lead Entity understands that the state of Maryland must abide by all requirements outlined in the STCs and Post Approval Protocols, and the Lead Entity will make every effort to ensure compliance with those requirements, and assist the state in complying with them. The state may suspend or terminate ACIS Program in a jurisdiction if corrective action has been imposed and persistent poor performance continues. Should a termination take place, the state shall provide notice to the Lead Entity and request a close-out plan due to the state within 30 calendar days, unless significant harm to participants is occurring, in which case the state may request a close-out plan within 10 business days. All state requirements regarding ACIS Program termination can be found in the Post Approval Protocols.
- The Lead Entities will ensure that ACIS Participating Entities meet minimum

documentation standards and cooperate in any evaluation activities by MDH, CMS, or their contractors.

- The Lead Entity understands changes to reporting requirements may occur or be expanded as necessary to support a successful ACIS Program evaluation. MDH will try to minimize any changes and consult with leadership in assessing any adjustments.
- The Lead Entity attests that it will retain contractual relationships with its existing ACIS Program Participating Entities and will provide copies of the contracts to the MDH upon request, including ensuring that any data sharing is HIPAA compliant through the use of business associate and/or data sharing agreements, as required by federal law.
- The Lead Entity attests its compliance with 42 CFR 441.700-441.745.
- The Lead Entity attests that the entity that will authorize the services will be external to the agency or agencies that provide the services.
- The Lead Entity attests that appropriate separation of assessment, treatment planning and service provision functions will be incorporated into the organization's conflict of interest policies.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of ACIS Program participation requirements as specified in the [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#) and the [Frequently Asked Questions \(FAQ\)](#) document.

<b>Signature and Name of the Lead Entity Representative (Local Health Department or County Government):</b>	<b>Date:</b>
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