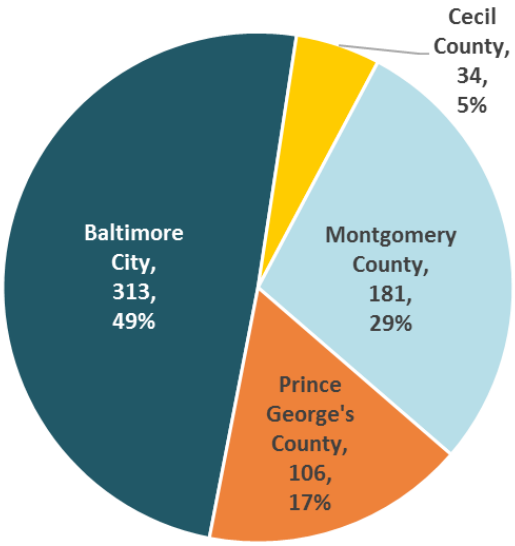
The Hilltop Institute

Assistance in Community Integration Services (ACIS): CY 2024 Review

The ACIS pilot program began in late 2017 with the goal of reducing unnecessary health services use among participants by providing tenancy and housing case management services through four lead entities (LEs) located in Baltimore City and Cecil, Montgomery, and Prince George's Counties. The program is targeted for adults who meet the U.S. Department of Housing and Urban Development's *head of household* definition. The pilot program is authorized under Maryland's §1115 HealthChoice Demonstration.

Total ACIS Participants Served, by Lead Entity

The four LEs served a total of 634 individuals throughout calendar year (CY) 2024. The distribution of participants was heavily dictated by the number of participants each LE was permitted to serve and includes all individuals served at any point in the year. Baltimore City served a majority (49%) of participants, while Cecil County served the least (5%).



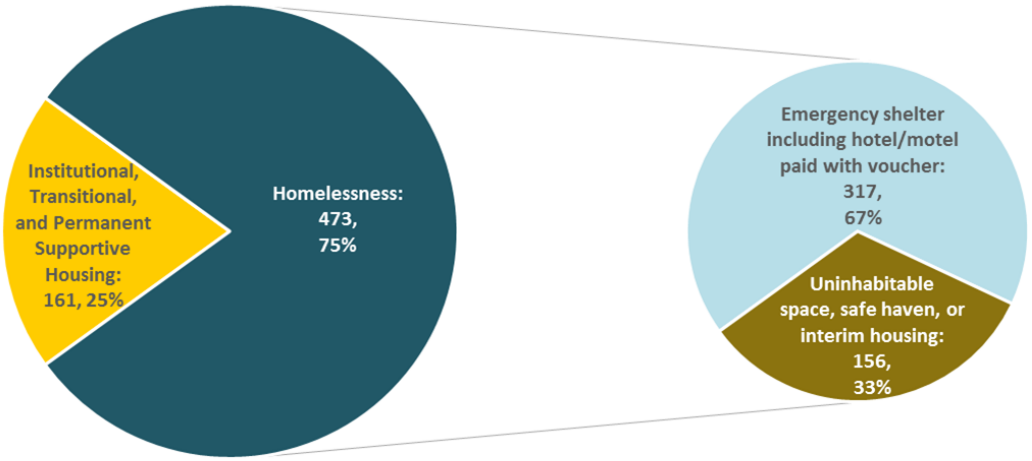
ACIS Participant Demographics

Demographics	Frequency (N=634)	Percentage
Sex		
Female	309	49%
Male	325	51%
Race/ Ethnicity		
Black	418	66%
Hispanic/Other*/Unknown	109	17%
White	107	17%
Age Group (Years)		
Under 30	83	13%
31 to 40	136	21%
41 to 50	119	19%
51 to 60	183	29%
61+	113	18%

The ACIS pilot program served more males (51%) than females (49%) in CY 2024. Among participants, 66% were Black, followed by 17% Hispanic/ Other/Unknown. Participants aged 51 to 60 years made up the largest age group overall: 29%.

* Other race/ethnicity may include Asian, Native American, or Pacific Islander/Alaskan.

Living Situation at Time of Enrollment



Most (75%) of ACIS participants were homeless when they enrolled in the program. Of those who were homeless, 67% were in emergency shelters paid for with a voucher, and the remaining 33% were in places not meant for habitation, safe havens, or interim housing.

Participants' Use of ACIS Services in CY 2024

Baltimore City and Montgomery County provided the highest PMPM eligible services per person (8.7 and 5.0, respectively). The average non-PMPM services per person ranged between 1.1 and 1.8.

Average Use of ACIS Services per Person, by Type and LE

Lead Entity	Average PMPM Eligible Services per Person	Average Non-PMPM Eligible Services per Person
Baltimore City	8.7	1.8
Cecil County	3.2	1.2
Montgomery County	5.0	1.6
Prince George's County	3.4	1.1

Utilization of Case Management Services, by Type

156 Intake Assessments

78 Separations

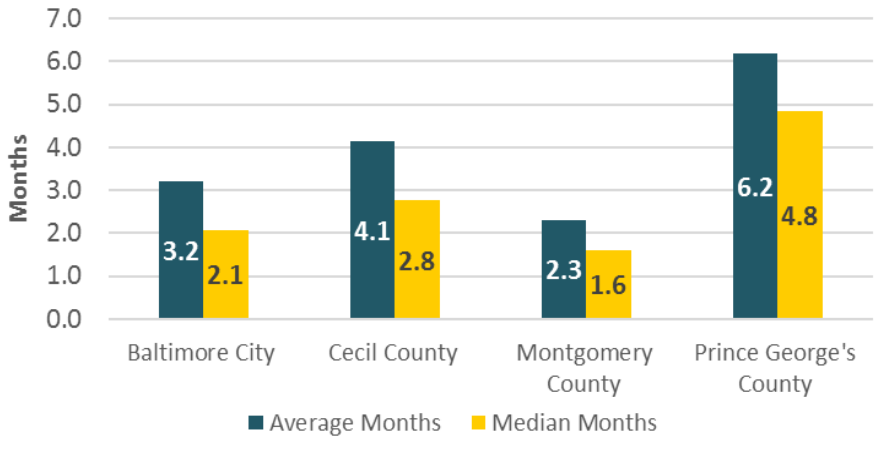
Housing case management accounted for 68% of the case management services provided to beneficiaries.

A total of 156 individuals received an ACIS intake assessment, regardless of subsequent enrollment status, and 78 participants exited the program, regardless of service utilization.

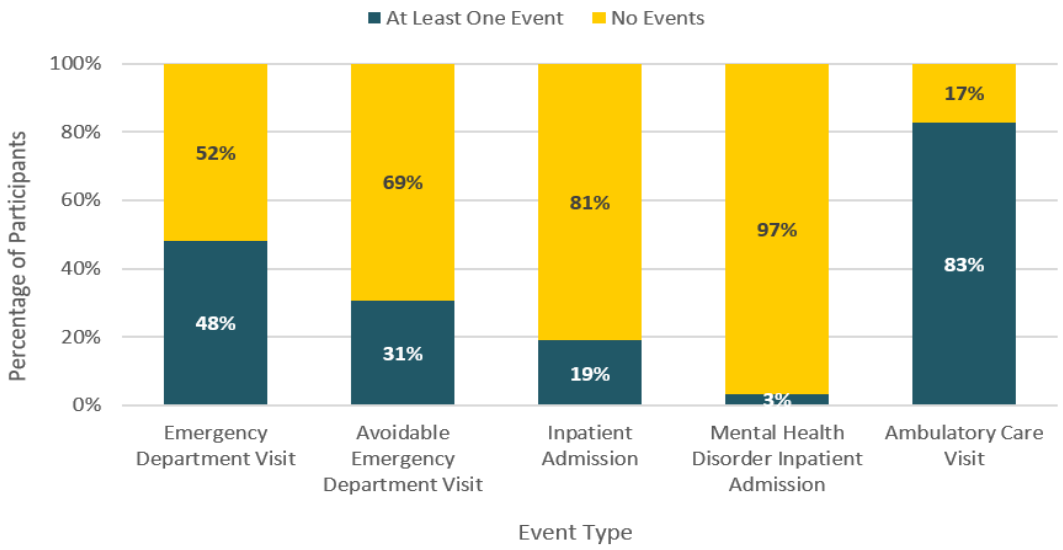
Average Time to Obtain Stable Housing

The majority of ACIS participants who enrolled between CY 2020 and CY 2024 achieved stable housing within the year. The months to achieve stable housing varied by LE.

* ACIS program models vary by LE, which can impact the amount of time participants spend in the program and the wait for housing.



Participants' Use of Health Services during Enrollment



Nearly half of ACIS participants (48%) had an ED visit.

A majority (83%) of ACIS participants had at least one ambulatory care visit during CY 2024.

Participants with a Primary Diagnosis of SUD or MHD

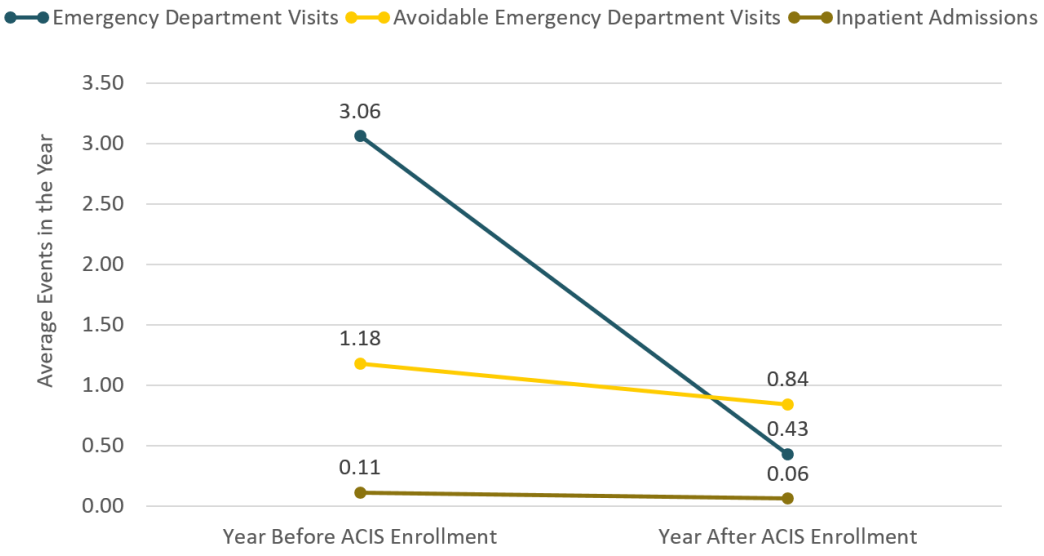
Diagnosis	Percentage
Diagnosis of Substance Use Disorder (SUD)	
Yes	46%
No	54%
Diagnosis of Mental Health Disorder (MHD)	
Yes	67%
No	33%

Nearly half (46%) of ACIS participants had a primary diagnosis (PDX) of SUD, while two-thirds had a PDX of MHD.

If a participant had at least one PDX of MHD on one claim, and at least one PDX of SUD on a different claim, then they appear in both categories.

Sub Analysis: Health Care Service Utilization before and after ACIS

Among 504 ACIS participants continuously enrolled in Medicaid before and after ACIS enrollment, emergency department visits and inpatient admissions were statistically significantly* lower in the year after ACIS enrollment.



Note: *Differences in average utilization between the year before and the year after enrollment were assessed using the Wilcoxon signed-rank test. Results were considered statistically significant at $p \leq 0.05$.

Methodology and Data Sources

Methodology

- Review included 634 ACIS participants who received at least one ACIS service during CY 2024
- Participant had to be enrolled in Medicaid at the time of ACIS service
- Only CY 2024 ACIS and MMIS2 services were included
- ***Sub Analysis***: Among continuously enrolled Medicaid participants, mean service utilization before and after ACIS enrollment was compared using the Wilcoxon signed-rank test.

Data Sources

- ACIS data collected by the LEs
- Maryland Medicaid Management Information System (MMIS2) data

Terms, Definitions, and Resources

Term	Definition
ACIS Participants' Qualifying Criteria[1]	1. Health Criteria (must meet at least one): ▪ Repeated incidents of ED use (defined as more than four visits per year) or hospital admissions ▪ Two or more chronic conditions, as defined by §1945(h)(2) of the Social Security Act 2. Housing Criteria (must meet at least one): ▪ Individuals who would experience homelessness upon release from the settings defined in 24 CFR 578.3 ▪ Those at imminent risk of institutional placement
Housing Case Management	Assisting participants to connect with health care and social service providers and supporting independent living skills.
Tenancy-Based Case Management	Assisting participants to connect with housing programs that support one's medical needs in the home.
Per Member Per Month (PMPM) Eligibility Payment	For LEs to receive the PMPM payment for a participant, at least three PMPM-eligible services must be provided that month. When less than three of these services are provided, they are considered non-PMPM eligible services.
Stable Housing	Once a participant's living situation at the time of ACIS service delivery is any of the following, they are considered stably housed: permanent housing (other than rapid re-housing (RRH)) for formerly homeless persons; permanent housing (RRH); owned by client, with or without an ongoing housing subsidy; rental by client in a public housing unit, or with no ongoing housing subsidy, or with GPD TIP housing subsidy, or with a housing choice voucher, or with an other ongoing housing subsidy, or with VASH housing subsidy; foster care home or foster care group home; or host home (noncrisis).
Substance Use Disorder	COMAR 10.09.70.02 defines a primary SUD diagnosis as the inclusion of one of the following: ICD-10 diagnosis codes: F10-19, O99310-99315, O99320- 99325, R780-785 with Revenue codes 0114, 0116, 0124, 0126, 0134, 0136, 0154, 0156, 0762, 0900, 0905-0906, 0911-0916, 0918-0919, 0944-0945, 0450- 0452, 0456, 0459 OR Procedure codes 99.201-99.205, 99.211-99.215, J8499, J2315.
Mental Health Disorder	Any primary diagnosis with the following ICD-10 codes: Codes that begin with F200-203, F205, F2081, F2089, F209, F21-24, F250, F251, F258, F259, F28-29, F301-304, F308-325, F328-334, F338-341, F348-349, F39-45, F48, F50, F53-54, F60, F63-66, F68-69, F843, F900-902, F908-913, F918-919, F930, F938-942, F948-949, F980-981, F984, F9888-989, F99, G21, G24-25, R45, O99, Z046 according to the COMAR definition of MHD.
Maryland Department of Health's ACIS Resource Page	1 https://health.maryland.gov/mmcp/Pages/ACIS.aspx