



Assistance in Community Integration Services (ACIS)

PROGRAM MANUAL

TABLE OF CONTENTS

[LIST OF ACRONYMS & ABBREVIATIONS](#)

[PROGRAM MANUAL PURPOSE](#)

[SECTION 1: Program Design and Operations](#)

[Program Overview](#)

[Eligibility](#)

[ACIS Provider Enrollment and Conditions of Participation](#)

[Conflict-Free Case Management](#)

[Participating Entity \(PE\) Description](#)

[SECTION 2: Standards for Service Delivery](#)

[Service Definitions](#)

[Service Planning](#)

[Service Delivery](#)

[Provider Policies and Procedures](#)

[SECTION 3: Billing and Reimbursement Guidelines](#)

[Reimbursement Rates and Minimum Levels of Service Delivery](#)

[Claim Submission Format and Frequency](#)

[Information needed for Claim Submission](#)

[Payment for Services](#)

[SECTION 4: Quarterly Performance Measures Reporting](#)

LIST OF ACRONYMS & ABBREVIATIONS

- Assistance in Community Integration Services (ACIS)
- 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)
- Electronic Data Interchange (EDI)
- Electronic Funds Transfer (EFT)
- Electronic Health Record (EHR)
- Electronic Verification System (EVS)
- Emergency Department (ED)
- Electronic Provider Revalidation and Enrollment Portal (ePREP)
- Employer Identification Number (EIN)
- Fee-for-service (FFS)
- Hilltop Institute at the University of Maryland, Baltimore County (Hilltop)
- Home- and Community-Based Services (HCBS)
- Homeless Management Information System (HMIS)
- Lead Entity (LE)
- Long-term services and supports (LTSS)
- Managed care organization (MCO)
- Maryland Department of Housing and Community Development (DHCD)
- Maryland Department of Health (MDH)
- Maryland Medicaid Electronic Exchange (MMEE)
- Maryland Medicaid Information System (MMIS)
- National Plan & Provider Enumeration System (NPPE)
- National Provider Identifier (NPI)
- Participating Entity (PE)
- Per member per month (PMPM)
- Per member per year (PMPY)
- Permanent Supportive Housing (PSH)
- Primary care provider (PCP)
- Request for Solicitation (RFS)
- Serious Mental Illness (SMI)
- Specified Low-Income Medicare Beneficiaries (SLMB)
- Special Terms and Conditions (STCs)
- Qualified Medicare Beneficiary (QMB)

PROGRAM MANUAL PURPOSE

This program manual is intended to provide guidance for Maryland Medicaid providers delivering services through the Assistance in Community Integration Services (ACIS) program to eligible participants in Maryland.

The manual includes detailed information about the required scope of services; standards for service delivery; reimbursement and reporting requirements; eligibility and prioritization criteria, as well as expectations for coordination and collaboration with service provider organizations.

ACIS providers are expected to review this program manual in advance of implementing the ACIS program in their jurisdiction.

SECTION 1: Program Design and Operations

Program Overview

ACIS is authorized under 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. Following an Amendment to the Section 1115 Application, ACIS was approved by the Centers for Medicare and Medicaid Services (CMS) on January 12, 2025 to expand statewide with a maximum of 2,140 participant spaces.

The ACIS program has been in effect in Maryland since July 1, 2017 and provides Tenancy-Based Case Management Services/Tenancy Support Services and Housing 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. Services are delivered by local governmental agencies, known as Lead Entities (LEs). These LEs are Medicaid enrolled ACIS providers and can contract with Participating Entities (PEs) to provide case management services to ACIS participants.

Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services and 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.

This program manual contains information related to the implementation, service delivery, reimbursement, conflict-free case management, and the overall use of ACIS within Maryland. All ACIS providers must comply with the provisions set forth in The Code of Maryland Regulations (COMAR) [10.09.66](#). ACIS regulations were promulgated on May 12, 2025.

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:

Table 2. ACIS Eligibility Criteria

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

Note: To participate in ACIS, an individual must have full Medicaid benefits.

It is recommended that participants be checked for Medicaid eligibility prior to each service delivery through the eMedicaid system or by calling the Maryland Medicaid Electronic Verification System (EVS) at 1-866-710-1447. You will need a National Provider Identifier (NPI) or provider number to access the system.

Referral Requirements

A health care professional or MCO may refer Medicaid participants to ACIS; however, a referral is not required for enrollment into the ACIS program. A physician or other licensed clinician, such as a social worker, nurse practitioner or local health department worker, may also 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.

ACIS Provider Enrollment and Conditions of Participation

ACIS Lead Entity Award Process

Local governmental agencies, including local health departments, can apply to become an ACIS Lead Entity. These agencies must also be a member of their local Continuum of Care (CoC) program. To participate and receive the award, agencies must apply for the available participant spaces through the ACIS Solicitation process - Request for Responses.

Once MDH approves the application and allocates participant spaces to the Lead Entity, MDH will issue an Award Letter confirming participation in the ACIS program and their status as an “ACIS Lead Entity”. Applicable training and guidance will be provided to the LE to implement the ACIS program in their respective counties. An ACIS Addendum is completed to enroll as an ACIS provider.

Maryland Medicaid Provider Application

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 enroll as a Medicaid provider, ACIS Lead Entities must have the following documents to support their Medicaid provider application.

- MDH ACIS Award Letter
- ACIS Provider Addendum
- Type 2 Organizational NPI number with taxonomy code: 251B00000X Case Management
- W-9 Form
- Tax ID / Employer Identification Number (EIN)
- Disclosure of ownership and control form if the entity is a “For Profit” firm

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:

Step 1

ACIS providers will need an NPI number to apply to be a Maryland Medicaid Provider. In order to apply for an NPI, 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. Per MDH’s policy, ACIS providers must obtain a separate NPI for each practice location. Existing NPIs associated with the LE may not be used for ACIS.

Step 2

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.

Please note: As part of the enrollment application, ACIS providers must also upload an **ACIS Provider Addendum** and their **ACIS Award Letter**. If either document is not uploaded with the application, this may cause delays in the application approval process.

ACIS LEs have to take unique steps during the ePREP enrollment process. Review the recordings and PowerPoint presentations for guidance prior to enrolling in ePREP in order to minimize any delays or errors.

ACIS providers must also comply with COMAR [10.09.66.02](#) to participate in the ACIS program. ACIS providers also need to ensure that the case managers delivering Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services meet the qualification requirements as described in detail in ACIS Special Terms and Condition (STCs) - [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#) on the ACIS Provider Website.

Conflict-Free Case Management

Conflict-Free Case Management

The ACIS program authorized under Maryland Medicaid’s Section 1115 HealthChoice demonstration comes with a set of specific Medicaid Home and Community-Based Services (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 Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services. ACIS adopts a Conflict-Free Case Management (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 participants’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' progress towards achieving the goals identified in their HSCP, as well as their readiness to transition out of the program, as appropriate.

Participating Entity (PE) Description

ACIS LEs may deliver services themselves as long as CFCM requirements are met. However, ACIS LEs may identify one or more key community partners to participate in the ACIS program to deliver ACIS program services in their respective counties. These entities are referred to as Participating Entities (PEs) and may include:

- Local entities providing Tenancy-Based Case Management Services/Tenancy Support Services and 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:

- Collaborating with the LE to design, implement, monitor and evaluate the ACIS program;
- Delivering services (if applicable);
- Contributing to data sharing/reporting;
- Signing required data sharing agreements; and
- 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 services, 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.

MDH requires that both LEs and PEs comply with ACIS program Special Terms and Conditions specified within [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#), and ensure accurate ACIS data tracking for purposes of program management, billing and evaluation.

Conditions for PE Engagement

Service definitions, payment methodologies and provider qualifications originally specified in ACIS Protocol - Attachment F have not changed. However, in order to ensure that these standards are being met by both the LE and the PE, MDH would like to outline clarifying conditions for PE engagement. Each PE must be able to:

- enter into a contractual agreement with an LE;
- maintain providers that meet the qualifications outlined in ACIS Protocol - Attachment F;
- provide ACIS services as defined within ACIS Protocol - Attachment F;
- bill an LE for minimum three services rendered to an ACIS program participant in a given month; and,
- record and transmit required ACIS data in specified timeframes.

LE Responsibilities in Contracting with PEs

In addition to the conditions for PE engagement, LEs are responsible for maintaining or implementing the following requirements:

ACIS Services

LEs must ensure that current and potential ACIS PEs have the ability to provide ACIS services. These include Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services. Please refer to ACIS Protocol - Attachment F for more details on eligible services.

Primary PE

An LE may contract with multiple PEs for one individual. However, only one PE can provide services to that individual and submit a bill for those services in any single month. Individuals may be transitioned to a different PE in a subsequent month if needed.

Avoidance of Supplantation

The ACIS program operates under the strict prohibition, outlined in the CMS-approved Special Terms and Conditions, against duplicating or supplanting existing federal funding. **Supplantation** refers to using ACIS funds to replace an existing funding source already dedicated to a specific service or program, rather than to supplement it.

To comply with this rule, states are prohibited by CMS from using ACIS funds to replace the work or funding provided by other non-Medicaid federal or state agencies. Instead, ACIS must be integrated with existing social services and housing assistance.

LEs must ensure that neither they nor their PEs enroll individuals who are already receiving services through a non-ACIS federally-funded, duplicative program. These individuals cannot be counted toward ACIS enrollment or services.

To qualify an individual as an ACIS enrollee, PEs must receive payment for ACIS services provided to the individual, and they must report all service encounter and enrollment data to the LE. LEs are responsible

for implementing procedures to prevent ACIS enrollees from simultaneously enrolling in and receiving services through other federally funded programs that are duplicative of ACIS.

Data Reporting Capability

LEs must ensure current and potential ACIS PEs can meet ACIS program reporting deadlines and requirements. Required data includes Medicaid beneficiary-level information such as Medicaid ID, full name, date of birth, and social security number. As a funding requirement, both LEs and PEs must provide program and financial data to MDH upon request.

Agreements

LEs must require current and future ACIS PEs to have at least two formal agreements: a Data Use Agreement (DUA) for the legal transfer of participant data between the LE and PE; and a formal business contract between LE and PE. MDH advises LEs to include contract language allowing for extensions (option years). This flexibility extends contracts beyond an annual basis, easing the administrative load of yearly renewals. LEs should also factor in local jurisdictional contract approval requirements into their timelines. MDH urges LEs to strategically select PE payment models, such as value-based or pay-for-performance, to ensure accountability for high-quality services.

MDH recommends that the contractual agreement contain language, which ensures four items of importance:

- minimally acceptable standards for data quality (timeliness of data submission and the ability to deliver clean, usable data in a HIPAA compliant manner);
- commitment to serving a minimum number of ACIS participants, threshold to be set by the LE;
- ability to report ACIS billable services to the LE as per the schedule determined by the LE;
- ability to withhold funds or invoke a cancellation clause if the agreed upon service delivery or other criteria are not met.

Executed contracts and DUAs must be submitted to MDH via email to mdh.medicaidacis@maryland.gov as electronic copies. This must occur at least annually, or with any contract modification, and prior to the PE providing ACIS services.

SECTION 2: Standards for Service Delivery

Service Definitions

Under the ACIS program, ACIS providers are required to provide at least three Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services per member per month (PMPM). These services may include:

- Conducting a community integration assessment, identifying the participant's preferences related to housing (type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the individual), assistance in budgeting for housing/living expenses, assistance in connecting the individual with social services to assist with filling out applications and submitting appropriate documentation in order to obtain sources of income necessary for community living and establishing credit, and in understanding and meeting obligations of tenancy;
- Assisting individuals to connect with social services to help with finding and applying for housing necessary to support the individual in meeting their medical care needs. This may include arranging for or providing transportation for services provided in the plan of care. Developing an individualized community integration plan based upon the assessment as part of the overall person centered plan. Identifying and establishing short and long-term measurable goal(s), and establishing how goals will be achieved and how concerns will be addressed;
- Participating in person-centered plan meetings at redetermination and/or revision plan meetings as needed;
- Providing supports and interventions per the person-centered plan (individualized community integration portion);
- Providing supports to assist the individual in communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager;
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers;
- Connecting the individual to training and resources that will assist the individual in being a good tenant and lease compliance, including ongoing support with activities related to household management;
- Service planning support and participating in person-centered plan meetings at redetermination and/or revision plan meetings as needed;
- Coordinating and linking the recipient to services including primary care and health homes; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; hospitals and

emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports;

- Entitlement assistance including assisting individuals in obtaining documentation, navigating and monitoring application process and coordinating with the entitlement agency; and
- Assistance in accessing supports to preserve the most independent living, including skills coaching, financing counseling, anger management, individual and family counseling, support groups and natural supports.

Services are further detailed in ACIS Protocol - Attachment F.

Service Planning

Service planning involves the ACIS provider or its authorized third party to work with the qualified ACIS participant and/or their authorized representatives to complete the required HSCP. The HSCP includes essential participant information, financial status, living status, housing barriers and goals, their strengths and preferences for Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services, available community resources choice of service provider (if applicable) as well as attestation and signatures from the assessor and the participant agreeing to the terms and conditions.

Once the HSCP is completed by the ACIS provider for a qualified ACIS participant, it is then provided to the entity delivering the ACIS services to inform care. It must be noted that the entity creating the care plan must be separate from the entity delivering ACIS to ensure alignment with the CFCM model.

The HSCP will guide the delivery of Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services. While ensuring that the ACIS participants have the resources and support needed for housing stability, the service providers create a pathway to long-term stability, independence, and well-being of the participant.

Service Delivery

Providers must 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 Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services per member per month must be provided to a participant.

Following are the service delivery requirements:

- 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 service 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 HSCP; and
- All services delivered must be documented in the provider’s case management system for monitoring and reporting purposes.

PLEASE NOTE: As per the [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#), settings must meet the home and community-based setting requirements as specified in the benefit and in accordance with 42 CFR 441.710(a)(1) and (2). Case management services delivered to individuals at the LE or PE/ Provider-owned or controlled settings must be assessed for compliance with the settings criteria. Private homes where services are received can be presumed compliant and do not require an initial assessment, but do need to be incorporated into ongoing monitoring for the settings criteria. Please note that when an individual receives services from a paid unrelated caregiver in the caregiver’s home, this is considered a provider-owned or controlled setting and must be assessed for compliance. The state will conduct this assessment at a regular cadence.

Provider Policies and Procedures

ACIS Lead Entity Award and Maryland Medicaid Provider Application

The ACIS providers must apply to MDH using the Solicitation application available on the ACIS website to be awarded participant spaces and become an ACIS Lead Entity. Once the ACIS provider is awarded the number of participant spaces based on MDH’s assessment, MDH will issue the MDH ACIS Award Letter.

The ACIS Lead Entity is then eligible to enroll as a Maryland Medicaid Provider Type - GH (ACIS LE)-through ePREP. Requirements for enrollment as a Maryland Medicaid provider are discussed in Section 1.

Duties and Responsibilities

The ACIS provider is responsible for leadership, coordination, oversight and monitoring of the ACIS program in its jurisdiction and will serve as the organizing hub and contact point for the ACIS program with all collaborators, facilitate the financial process by billing MDH and paying the PEs, and coordinate with designated subcontractors. The ACIS provider 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, **effective January 1, 2025**;
- maintaining its formal enrollment with Maryland Medicaid as an enrolled Medicaid Provider with a Medicaid Provider Number;
- complying with the requirements listed in the Special Terms and Conditions and Protocols of Maryland's Section 1115 HealthChoice demonstration, and
- retaining contractual relationships with existing ACIS PEs and complying with 42 CFR 441.700-441.745.
- If ACIS providers 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 providers are required to retain all records for a minimum of 6 years.

SECTION 3: Billing and Reimbursement Guidelines

Reimbursement Rates and Minimum Levels of Service Delivery

MDH has determined two billing codes with their specific unit rates which will be used by ACIS providers also known as Lead Entities to bill for reimbursement for the ACIS program. ACIS providers must use the appropriate diagnosis and billing codes when submitting claims for reimbursement. Reimbursement is contingent upon the full Medicaid coverage of the participant.

It is the responsibility of the ACIS provider to ensure that the ACIS participant has active Medicaid coverage prior to service delivery. Providers should confirm Medicaid coverage upon participant enrollment, as well as on the date of service delivery through the Maryland Medicaid’s EVS which can be accessed through the eMedicaid system or by calling 1-866-710-1447. Effective July 1, 2025, ACIS providers will be reimbursed by Maryland Medicaid through the MDH claiming process using the following billing codes:

Table 2. Medicaid ACIS Reimbursement Methodology for Minimum Payment to ACIS Providers

Homegrown Procedure/ Billing Codes and Description	Payment (per unit rate)	Place of Service Code	Place of Service Description	Date of Service	Telehealth Modifier	Service Type Modifier
W9900-Assistance in Community Integration Services	\$725 PMPM	99	ACIS in community	Date of the 3rd service	None	Use V1 if two out of the three services provided are Tenancy-Based CM Services. Use V2 if two out of the three services provided are Housing CM Services
W9900-Assistance in Community Integration Services	\$725 PMPM	99	ACIS via Telehealth	Date of the 3rd service	GT	Use V1 if two out of the three services provided are Tenancy-Based CM Services. Use V2 if two out of the three services

						provided are Housing CM Services
W9910-ACIS LE Compliance	\$100 PMPY	99	ACIS in community	Date when the Plan of Care is approved	None	
W9910-ACIS LE Compliance	\$100 PMPY	99	ACIS LE Compliance via telehealth	Date when the Plan of Care is approved	GT	

Please Note: Providers may only bill W9900 once per calendar month while providers may only bill W9910 once per calendar year.

W9900 - ACIS

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 in a month. 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. Records need to be maintained documenting the completion of the minimum level of service delivery for each reimbursement claim submitted. The ACIS providers must submit claims to MDH on a fee-for-service (FFS) basis **ONLY**. ACIS providers are not to bill Managed Care Organizations (MCOs) for these services.

W9910 - ACIS LE Compliance

MDH will reimburse ACIS providers one time on an annual basis for \$100 per member for compliance activities.

PLEASE NOTE: All ACIS providers are required to meet the compliance requirements under Maryland's HealthChoice Medicaid Section 1115 Demonstration authorities, specifically, [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#): Assistance in Community Integration Services Pilot Protocol to receive yearly reimbursement for compliance activities.

The date of service on the claim form will be the date when the HSCP is approved. Records need to be maintained documenting the completion of compliance activities. MDH may request this documentation to serve as evidence of compliance before reimbursing \$100 per member per year.

Claim Submission Format and Frequency

ACIS providers may choose their own Claims Submission Format. ACIS billing is submitted as a FFS claim to Maryland Medicaid. **Please note that claims must be received within 12 months of the date of service.** The current available billing pathways are:

- 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
- 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.

Information needed for Claim Submission

An ACIS provider must be an enrolled Medicaid provider at the time of claim submission otherwise the claims will be rejected. Information related to the billing codes and rates as well as claims submission formats are discussed in the previous sections. Additional information that the ACIS providers will need for submitting claims for reimbursement is provided below:

Training

ACIS providers must receive training/proficiency on how to bill Maryland Medicaid claims. More information and billing tutorials can be found on the [Maryland Medicaid Fee-For-Service Billing website](#). Providers can view the [CMS 1500 Provider Billing Training](#) for clarity of instructions as well as refer to additional information on billing options and support on the ACIS Website.

Diagnosis Codes

ACIS providers are required to use a Diagnosis Code (Z-codes) when submitting a claim for reimbursement of ACIS program services. The diagnosis code describes the participant's condition and the reason for services. ACIS providers should utilize a diagnosis code related to homelessness for all claims submitted under the ACIS program. Diagnosis codes related to homelessness are outlined in the table below.

Table 3. Medicaid ACIS ICD-10 Codes

Codes	Description
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified

If a provider is uncertain as to the specific nature of the member's homelessness (for example, sheltered homelessness versus unsheltered homelessness), they may use the diagnosis code Z59.00 to submit the claim.

Payment for Services

Payment for services is made by electronic funds transfer (EFT) only. Contracted providers will set up EFT during the Medicaid provider enrollment process. The ACIS provider must contact the [General Accounting Division](#) of the Comptroller of Maryland for assistance with setting up an EFT:

- By phone Monday through Friday between 8:30 a.m. and 4:30 p.m. EST. at 410-260-7813 or toll-free at 888-784-0144
- By email at GAD@marylandtaxes.gov

Payment Coding and Procedures

- The ACIS provider (LE) shall submit the request for payment of services rendered according to procedures established by MDH and in the form designated by MDH.
- The ACIS provider (LE) must use one of the three methods described previously for submitting claims.
- Use of correct billing codes and amounts is essential to avoid claim denials.
- To be reimbursed, the diagnosis codes must be included in the claim submission.
- MDH reserves the right to deny the claim request if the claim form is not completed properly as required by MDH.

SECTION 4: Quarterly Performance Measures Reporting

ACIS providers must submit quarterly ACIS Performance Measurement Reports to MDH based on the reporting schedule identified by MDH. Providers will report to MDH on the “Quarterly Reporting Template” provided by MDH for ACIS related Performance Measures reporting. The reporting schedule is as follows:

Table 5: Reporting Schedule

Reporting Period	Report Due Date	Reports Due
July 1 - September 30	October 15	Quarterly Performance Measures Report
October 1 - December 31	January 15	Quarterly Performance Measures Report, Semi-Annual Narrative
January 1 - March 31	April 15	Quarterly Performance Measures Report
April 1 - June 30	July 15	Quarterly Performance Measures Report, Annual Narrative

If a quarterly report indicates that an ACIS provider's performance is below MDH expectations, the provider, in collaboration with the Participating Entities, has 30 days from the report's due date to develop and submit an Action Plan, Training and Technical Assistance Plan, or a Quality Improvement Plan, which must be signed by both parties, to the ACIS Program Manager.

MDH will regularly review the performance of ACIS providers against key requirements. Failure to meet the minimum requirements may result in the establishment of a Corrective Action Plan. Continued underperformance may lead to MDH requesting the ACIS provider to either reduce the ACIS participant spaces or withdraw from the program.

Future participation in the ACIS program will take into consideration the ACIS provider's ability to meet or exceed performance goals.

For assistance and further clarification on the contents of the ACIS Program Manual, please email the ACIS Team at MDH at: mdh.medicaidacis@maryland.gov