Maryland
DEPARTMENT OF HEALTH

ACIS 2026 Solicitation

Frequently Asked Questions (FAQs)

NOTE: This FAQs document will be updated as queries are received from potential ACIS applicants.

1. **Having difficulty working on the ACIS LOI Template provided by MDH? How should the issue be resolved?**

   MDH Response: If an applicant is having trouble with the LOI template, please feel free to copy and paste the questions into a separate document. We just ask that the applicants limit their responses to three pages.

2. **What is the distinction between the terms "ACIS Lead Entity" and "ACIS Provider"?**

   MDH Response: The terms "ACIS Lead Entity" and "ACIS Provider" are used interchangeably. Once a Local Health Department (LHD) or County Government is approved for ACIS participant spaces and receives an Award Letter, it becomes the Lead Entity. At that point, the Lead Entity enrolls as a Maryland Medicaid Provider (Provider Type GH), effectively becoming the ACIS Provider.

3. **The ACIS LOI/ Application requires each county to specify the number of potential participant spaces they are requesting. How must applicants determine the target population and the number of participant spaces to request for their counties?**

   MDH Response: To help determine this number, it is suggested to consider publicly available data, or looking to the county/local Continuum of Care entities for data.

   An example of publicly available data that could be useful is the **US Department of Housing and Urban Development (HUD) Point in Time (PIT) Count.** Counties could use the most recent annual count to assess county homelessness levels and how many could potentially qualify for ACIS enrollment by meeting the eligibility criteria.

   When calculating the number of spaces based on the potential number of qualifying individuals, please also ensure that the **LHD staff-to-participant ratio for the program is reasonable and justifiable.**

4. **If a County Government lacks Medicaid provider capacity or ePREP billing ability, can it partner with an enrolled Participating Entity to deliver ACIS services as well as bill Medicaid while County Government retains coordination, oversight, and monitoring responsibilities?**

MDH Response: Participating Entities (PEs) are defined as community partners contracted with LEs to deliver ACIS services to eligible participants, but under the current ACIS model, PEs are *not* permitted to bill Medicaid for services related to the ACIS Program.

A PE is reimbursed directly by the LE. To bill Medicaid, an entity must be enrolled as a GH-ACIS Provider Type, for which the entity must receive an Award Letter that is only issued to the LE.

Furthermore, MDH recommends that County Government Departments bill directly but if they do not have the ability/ capacity to bill Medicaid, they should partner with their Local Health Department (LHD) to apply for the ACIS participant spaces and bill for the ACIS Program.

5. **If a County Government does not have the ability to bill Medicaid, who should they partner with to submit a joint application?**

MDH Response: County Governments that lack ability/ capacity to bill Medicaid could submit a joint application with the Local Health Department (LHD) that would allow the LHD to bill Medicaid on their behalf while the County Department could coordinate, oversee and manage the ACIS Program.

6. **Is there an administrative funding allowance to support staffing needs for billing purposes?**

MDH Response: For County Governments/ LHDs who do not have an administrative bandwidth and would require funds to allow staffing up, it must be noted that the $725 PMPM rate should help cover these costs.

The LE typically retains a portion of the $725 to manage the program and uses the remainder to reimburse the PE. Additionally, the $100 per member per year is available for compliance activities and the completion of the Housing Support Care Plan (HSCP).

7. **Are there any rules/requirements for how counties will select their Participating Entity? Can the LE just choose a provider or is a more competitive process required?**

MDH Response: MDH will provide guidance on PE eligibility requirements, their role etc., but does not interfere in the selection process, the procurement method, or the payment terms established between the LE and the PE. We only ask that once a contract is finalized, the LE shares a copy with MDH for our records.

8. **If a Lead Entity received funding through the Projects for Assistance in Transition from Homelessness (PATH) program, how will ACIS program work alongside without duplicating?**

MDH Response: The ACIS program, as stipulated in the CMS-approved Special Terms and Conditions, strictly prohibits the duplication or supplantation of existing federal funding.

Supplantation is the use of funds to replace, rather than supplement, an existing funding stream that is already allocated for a particular service or program. CMS prohibits states from using ACIS funds to replace or supplant the work or funding of another federal or state non-Medicaid agency and must be integrated with existing social services and housing assistance.

Lead Entities that receive federal housing dollars through both the PATH program and the ACIS program must clearly delineate which services are covered by each funding source. It must be noted that ACIS funds cannot be used for room and board. ACIS funding can be used to **supplement** services—for example, expanding the number of cases supported from 20 to 40, thereby increasing the number of individuals served. A Lead Entity may use ACIS funds to deliver expanded services alongside existing federal funding, provided the expansion of services can be demonstrated

Lead Entities must ensure that ACIS funds and PATH funds do not replace one another to prevent supplantation and duplication. They can, however, use ACIS funds to **supplement** existing services, thus expanding the overall support provided to individuals.

9. **In a situation where the available 1,520 participant spaces are not filled through the existing solicitation process, would there be another round of solicitation?**

   <u>MDH Response:</u> Following the conclusion of the 2026 ACIS solicitation process, the ACIS Team's immediate focus will be on onboarding and supporting new Lead Entities. This includes providing guidance to ensure a smooth program implementation within their respective jurisdictions. Should participant spaces remain available after this initial solicitation, a subsequent request for response/solicitation opportunity for the remaining participant spaces is anticipated, likely within the following year.

10. **Will there need to be a separate ePrep account for billing for ACIS?**

    <u>MDH Response:</u> 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.

11. Is there a maximum page count for the application?

MDH Response: While there is no strict maximum page limit for the application submission, applicants should maintain a reasonable page count to ensure the information provided is both relevant and clear.

12. If approved in May, how soon will Lead Entities need to have their first round of participant spaces filled?

MDH Response: Upon receiving an ACIS Award Letter, Lead Entities will begin enrollments in ePrep to become ACIS Providers. MDH will support this onboarding process by offering guidance and technical assistance. Although there is no mandatory timeline for filling all participant spaces, past experience suggests that jurisdictions are generally able to fill awarded ACIS participant spaces within one year of receiving the award.

13. Is ACIS Program a grant fundingIs the ACIS Program considered a source of grant funding?

MDH Response: ACIS Program is not a grant. It is funded 50% by State General Funds and 50% by Federal Funds.

14. What will happen to the ACIS Program if CMS does not approve Maryland's §1115 Demonstration Extension Application prior to its expiration date of 12/31/2026?

MDH Response: As the existing section 1115 authority expires on Dec 31, 2026, the Department submitted the Section 1115 demonstration extension application on September 26th for the period of January 2027- December 2031. Since ACIS is authorized under the 1115, we are expecting increased scrutiny and cannot determine how the program will run past the existing demonstration period until the extension application is approved by CMS. Negotiations with CMS on the 1115 extension application are likely to begin soon. Currently we are working with CMS to update our BN reports. At this time, the Department has included in the budget and planning for the next FY and fully back this program.