



## Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

**ACIS Lead Entity**

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If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – 5pm.**

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All providers are required to use the electronic **Provider Revalidation and Enrollment Portal**, or ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the “Additional Information” section under “Practice Information” within the ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)) “Applications” tab, along with any additional documents requested within the addendum.

### Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP



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**Attestation of compliance with Duties of the Lead Entity (see below) for the Assistance in Community Integration Services (ACIS) Special Terms and Conditions [Check one]**

☐ Yes

☐ No

**Duties of the Lead Entity**

The Lead Entity is responsible for leadership, coordination, oversight and monitoring of the ACIS program and will serve as the organizing hub and contact point for the ACIS program with all collaborators, facilitate the financial, and coordinate with designated subcontractors, including the beneficiary’s Managed Care Organization.

The Lead Entity will build or expand upon current housing support services and related care coordination efforts pertaining to housing and tenancy- based case management services and not duplicate or displace any preceding such services. The Lead Entity will ensure an integrated continuum of care for ACIS participants.

The Lead Entity will not duplicate any other Medicaid covered service through the ACIS program. The organization attests to its compliance with the requirements listed in the Specials Terms of Conditions of Maryland’s Medicaid section 1115(a) demonstration entitled, “Maryland HealthChoice”(Project Number 11-W-00099/3).

**Attached Documentation of ACIS Award Letter [Required]**

☐ Yes

**Attestation of the ACIS Lead Entity’s Record Keeping**

- ☐ The organization’s records will include that the Medicaid participant for whom it is submitting a claim has met the eligibility and engagement criteria as described in the Maryland Medicaid Assistance in Community Integration Services program eligibility criteria and reimbursement methodology.