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MARYLAND MEDICAL ASSISTANCE PROGRAM
ACIS Transmittal No. 1
August 18, 2025

TO: Assistance in Community Integration Services Providers
 Local Health Departments
 Managed Care Organizations

FROM: Monchel Pridget, Acting Director 
 Office of Medical Benefits Management

RE: Coverage of Assistance in Community Integration Services for Fee-for-Service
 Medicaid Participants, Effective July 1, 2025

NOTE: **Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.**

This transmittal provides guidance for Maryland Medicaid coverage for housing and tenancy-based case management services, known as Assistance in Community Integration Services (ACIS), effective July 1, 2025. The program is capped at 2,140 participant spaces. ACIS providers receive reimbursement for delivering housing and tenancy-based case management services. Only ACIS Lead Entities with approved participant spaces may enroll with Medicaid to administer ACIS.

Participant Eligibility Criteria

To be eligible to receive ACIS, Medicaid participants shall:

- (1) Be enrolled in and receive services through a HealthChoice managed care organization (MCO) or through Fee-For-Service (FFS) Medicaid; and
- (2) Meet at least one of the health criteria **and** at least one of the housing criteria described in Table 1 below.

Table 1. Medicaid ACIS Eligibility Criteria	
Health Criteria	Housing Criteria
Repeated incidents of emergency department (ED) use or hospital admissions (defined as more than 4 visits per year)	Individuals are at risk of experiencing homelessness upon release from the settings defined in 24 CFR 578.3
Two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act	Those at imminent risk of institutional placement

Referral Requirements

A health care professional or MCO may refer Medicaid participants to ACIS, however, a referral is not required. Prior authorization is also not required for ACIS.

ACIS Provider Enrollment and Conditions of Participants

Local health departments or local governmental agencies can apply to be an “ACIS Lead Entity” via the online ACIS Request for Application form. If approved, awardees will receive an ACIS Award Letter.

Approved ACIS Lead Entities must meet the following requirements:

- (1) Has been awarded participant spaces in the ACIS program through the Request for Application process;
- (2) Is responsible for leadership, coordination, oversight, and monitoring of ACIS in their jurisdiction;
- (3) Will serve as the organizing hub and contact point for ACIS with all collaborators, including the participant’s MCO;
- (4) Will facilitate the financial arrangement and payments with designated subcontractors; and
- (5) Become an enrolled Medicaid ACIS provider.

Qualified ACIS Lead Entities must enroll in Medicaid as an “ACIS” provider type through the electronic Provider Revalidation and Enrollment Portal (ePREP). To enroll as a Medicaid ACIS provider, an organization must take two steps:

- (1) Obtain a Type 2 National Provider Identifier (NPI), with Taxonomy 251B00000X Case Management, through the [National Plan and Provider Enumeration System](#) for the organization it intends to enroll as an ACIS provider. Per the Maryland Department of Health’s (MDH) policy, ACIS providers must obtain a separate NPI for their program; and
- (2) Submit a new enrollment application via [ePREP](#) as an ACIS provider.

As part of the enrollment application, ACIS Lead Entities must also upload the requested Provider addendum and their ACIS Award Letter. If either document is not uploaded with the application, this may cause delays in the application review process.

ACIS providers must meet all conditions for participation as set forth in COMAR 10.09.36.03.

Coordination of Care with Managed Care Organizations

MDH will confirm participation in ACIS and direct MCOs to follow up with participants as needed to ensure any necessary coordination of care. Quarterly, MDH will share participant lists with MCOs who have members in the ACIS program.

Housing and Tenancy-Based Case Management Services

It is the responsibility of the ACIS Lead Entity 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

[Electronic Verification System](#) which can be accessed through the Medicaid system or by calling 1-866-710-1447.

The ACIS provider must assist the ACIS participant in obtaining the services of state and local housing programs to locate and support the individual's medical needs in the home. ACIS participants can receive services in-person or via telehealth. Eligible housing and tenancy-based case management services include:

- (1) Conducting community integration assessments to identify the participant's needs and preferences;
- (2) Developing a person-centered community integration plan;
- (3) Meetings related to housing support, crisis management, and person-centered planning;
- (4) Assistance in connecting individuals with social services defined in the integration plan;
- (5) Assistance in communication with property managers or landlords for accommodation needs; and
- (6) Connecting the participant to training and resource support related to being housed and household management.

For more detailed descriptions regarding covered ACIS services, providers should review [Attachment F: Assistance in Community Integration Services Pilot Protocol](#) and [COMAR 10.09.66.04](#).

Non-Covered Services

Services do not include the provision of room and board. For more detailed descriptions regarding non-covered ACIS services, providers should review COMAR 10.09.66.05.

Housing Supports Care Plan

ACIS requires that an independent, "conflict-free," person-centered Housing Supports Care Plan be developed for each ACIS participant upon enrollment. ACIS adopts a Conflict-Free Case Management (CFCM) model to ensure compliance with its authorization under Maryland Medicaid's Section 1115 HealthChoice Demonstration Special Terms and Conditions (STCs). CFCM requirements are as follows:

- (1) For compliance with CFCM, the entity that creates and approves the Housing Supports Care Plan with the participant must be separate from the entity delivering the direct case management services;
- (2) The Housing Supports Care Plan cannot be completed by anyone who is related by birth to the Medicaid participant, anyone who is financially responsible for the participant, or legally empowered to make decisions on their behalf; and
- (3) The Housing Supports Care Plan must be reviewed and revised upon reassessment of functional needs, at least every 12 months, when the participants' circumstances or needs change significantly, or at the request of the participant.

Reimbursement Methodology

Effective January 1, 2025, ACIS providers are reimbursed through the MDH claiming process. Claims can be submitted using a paper or electronic CMS 1500 professional claim form. Providers may also use an Electronic Data Interchange (EDI) option. For more information regarding reimbursement guidance please see the [Fee-For-Service Claims Guidance](#).

Medicaid reimburses for housing and tenancy-based services at a bundled rate that requires a minimum of three eligible services to be delivered each month. Qualifying services will be reimbursed at \$725 per member per month (PMPM) as a FFS benefit. ACIS providers are not to bill MCOs for these services.

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 providers may not bill MCOs for these services.

Billing Codes

Table 2. Medicaid ACIS Reimbursement Methodology for Payment					
Billing Codes and Description	Payment (per unit rate)	Place of Service Description	Place of Service Code	Date of Service	Modifier
W9900 - Assistance in Community Integration Services	\$725	ACIS in community	99	Date of the 3rd service	None
W9900 - Assistance in Community Integration Services	\$725	ACIS via telehealth	99	Date of the 3rd service	GT
W9910 - ACIS LE Compliance	\$100	ACIS in community	99	Date when the Housing Supports Care Plan is approved	None
W9910 - ACIS LE Compliance	\$100	ACIS LE Compliance via telehealth	99	Date when the Housing Supports Care Plan is approved	GT

Requirements and Limitations

Billing for W9900:

- (1) Providers can only bill for W9900 once per participant, per calendar month;
- (2) To bill, at least three services per participant must be provided in a calendar month;
- (3) Providers are allowed to provide more than one service per day based on the participant’s need;
- (4) Of the three qualified services provided in a month, MDH encourages to deliver at least one service in-person; however, services can be delivered via telehealth at the request of the participant; and
- (5) If at least one service is delivered via telehealth, providers must include the GT modifier.

Billing for W9910:

- (1) W9910 may be billed only once per 365 days;
- (2) To bill for W9910, providers must meet the compliance requirements under Maryland Medicaid’s Section 1115 HealthChoice Demonstration authorities indicated on the ACIS Provider webpage; and
- (3) If the Housing Supports Care Plan is completed via telehealth, providers must include the GT modifier.

Diagnosis Codes

ACIS providers must utilize a diagnosis code (ICD-10 Z-code) related to homelessness when submitting a claim for reimbursement of ACIS program services. The diagnosis code describes the participant’s condition and the reason for services. Required diagnosis code options related to homelessness are outlined in the table below.

Table 3. Required ACIS Diagnosis Code Options	
Z-Code	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

For questions regarding this transmittal, please contact the ACIS team at mdh.medicaidacis@maryland.gov.