



## **Assistance in Community Integration Services (ACIS) Program Funding Opportunity**

### **Introduction**

The Maryland Department of Health (MDH)'s Medical Assistance Program (Maryland Medicaid) is offering Local Health Departments/county governments within Maryland the opportunity to apply for the Assistance in Community Integration Services (ACIS) Program participant spaces. MDH requests all interested parties to submit a Letter of Intent (LOI) by March 13, 2026 to secure the opportunity to apply for ACIS participant spaces.

Effective since July 1, 2017, the ACIS Program authorized under Section 1115 demonstration known as HealthChoice, provides tenancy-based care management/tenancy support services, and housing case management direct services to eligible Medicaid participants who are currently experiencing or are at risk for homelessness to assist them in obtaining the services of state and local housing programs. Under the ACIS program, local governmental agencies including local health departments enroll as Medicaid ACIS Providers or ACIS Lead Entities and may subcontract with other non-profit organizations to deliver tenancy-based care management/tenancy support services, and housing case management direct services to eligible ACIS participants. These services may include assisting participants with finding and securing appropriate housing, meeting obligations as tenants and more.

Following an Amendment to the Section 1115 demonstration application in January 2025, the Centers for Medicare and Medicaid Services (CMS) approved the ACIS Program for an increase in authorized participant spaces from 900 to a maximum of 2,140 participant spaces allowing statewide expansion. Currently, ACIS has allocated 620 participant spaces among the four currently enrolled ACIS Providers. The remaining 1,520 participant spaces are available for allocation among new and existing ACIS Providers.

All ACIS Providers are expected to comply with the provisions set forth in The Code of Maryland Regulations (COMAR) [10.09.66](#) as well as the [HealthChoice 1115 Demonstration Special Terms and Conditions and the ACIS Pilot Protocol](#).

Information and updates about being a provider for the ACIS program may be found on the [ACIS Provider Website](#). Additional information on ACIS can be obtained from the [ACIS Provider Transmittal](#).

### **Purpose of the Letter of Intent (LOI)**

The purpose of this LOI is to assess prospective statewide interest in the ACIS Program, obtain preliminary information about the number of participant spaces requested, and provide an opportunity for potential applicants to submit questions. Submission of this LOI is mandatory to participate in the Solicitation process. **Thus, failure to submit a LOI will preclude an applicant from applying to participate in the ACIS Program.** MDH anticipates releasing the Solicitation for the ACIS Program on March 2, 2026 with applications due on March 27, 2026.

**Lead Entities should carefully review [HealthChoice 1115 Demonstration Special Terms and Conditions 4.9 ACIS & Attachment F ACIS Protocol](#) to ensure that all elements of their proposed project are permissible according to protocol. Please note that the payment methodology for ACIS has been updated since the ACIS Protocol release.**

### **ACIS Lead Entity Award Process**

Local health departments/ county governments can apply for the 1,520 available participant spaces based on the requirement of their jurisdictions to participate in the ACIS Program through a Solicitation process - Request for Responses. These agencies must also be a member of their local Continuum of Care (CoC) Program. Once MDH approves the submitted application and allocates participant spaces to the Local Health Department/ county government, MDH will issue an Award Letter confirming participation in the ACIS program and their status as an “ACIS Lead Entity.” The ACIS Lead Entity will then complete all the steps to enroll as a Medicaid ACIS Provider after the issuance of the Award Letter.

### **Eligibility for Funding**

MDH will only accept applications for the ACIS program from Local Health Departments or other local government entities, such as local county governments. These government entities must serve as the Lead Entities for ACIS and have the capacity and capability to deliver ACIS services to qualified individuals either through subcontracted entities or by themselves. Eligible ACIS services are provided in Appendix A. **ACIS Providers are reimbursed by Maryland Medicaid at a rate of \$725 per member per month (PMPM) for delivering housing and tenancy-based case management services. The ACIS Program is funded 50% by the State General Funds and 50% by the Federal Funds.**

### **Duties and Responsibilities**

The ACIS Provider is responsible for leadership, coordination, implementation of a conflict-free case management model, 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 subcontractors, and coordinate with them. Duties and responsibilities are explained in detail in Appendix B.

## Letter of Intent Submission Instructions

Local Health Departments that are interested in applying for participant spaces in the ACIS Program must electronically submit a completed LOI Template to MDH by March 13, 2026 at 5PM. The letter should be submitted via e-mail or email attachment to [MDH.MedicaidACIS@maryland.gov](mailto:MDH.MedicaidACIS@maryland.gov). The LOI should be no more than three pages long. Incomplete LOIs or LOIs received after the deadline will not be accepted. Applicants should apply a read receipt to the email. Additionally, MDH will confirm with the applicant receipt of all LOIs via email.

The following provides details on the information that MDH will be needing in the LOI from potential applicants.

- 1. Lead Entity Contact Information:** Please provide the Lead Entity's name, mailing address, point of contact name, e-mail address, and telephone number.
- 2. Lead Entity Eligibility for Funding through the ACIS Program:** Please affirm that the primary applicant is a local health officer at a local health department that delivers services to Medicaid participants and has the ability to provide tenancy-based care management/tenancy support services, and housing case management direct services itself or through subcontracted organizations. Additionally, the Lead Entity must demonstrate or affirm the ability to perform all the duties and responsibilities of a Lead Entity.
- 3. Project Goal and Synopsis:** Please provide a high-level synopsis of your proposed ACIS delivery plan and describe how ACIS will support individuals served.
- 4. Target Population and Geographic Area:** Please describe the geographic area in which the ACIS Program would operate, the target population(s), and the number of Medicaid participants that you expect to serve. You must include the number of anticipated participant spaces that you will be applying for.
- 5. Project Plan to Execute the ACIS Program:** Please provide a project narrative describing your intervention strategies and whether services will be provided by a subcontracted entity or by the local health department itself.
- 6. Proposed Participating Entities:** Please describe how you plan to coordinate delivery of ACIS through subcontractors and deliver authorized services to those at risk for homelessness or facing tenancy challenges. Additionally, please describe the other organizations that you are planning to work and/or coordinate with in implementing ACIS Program in your jurisdiction. Please describe the roles and functions that the proposed Participating Entities will perform.
- 7. Capability and Readiness to be an ACIS Provider:** Based on your existing infrastructure, please provide a high level understanding of your ability to bill for ACIS, capacity to contract with subcontractors, adopt a conflict free case management model and deliver services identified in Appendix A to eligible ACIS participants. Please indicate what steps you will need to take to become an ACIS Provider.

- 8. Billing and Reporting Structure:** Please briefly describe your Year One infrastructure development needs and anticipated related costs. Types of infrastructure costs eligible for funding include:
- a. Development of a patient registry and/or integration of a patient registry into an electronic health record (EHR) system that includes the delivery of services; patient responses through routine use of the relevant screening tool; and ongoing performance improvement.
  - b. Development of other monitoring, reporting, and billing tools required to implement ACIS;
  - c. Training staff in order to implement; and other developments as needed for delivering ACIS
  - d. Other infrastructure needs
- 9. Questions (not included in the three page limit):** Please include any questions you may have for MDH about the ACIS Program. Responses to select questions will be added to the ACIS Program Frequently Asked Questions (FAQ) document and posted on the MDH website.

<b>ACIS Program Solicitation Timeline</b>	<b>Dates</b>
Letters of Intent (LOI) open to LHOs	2/17/26
Letters of Intent (LOI) due to MDH	3/13/26
Request for Solicitation (RFS) for ACIS Program released on website	3/2/26
ACIS Solicitation Webinar for Potential Applicants	3/9/26
ACIS Program Applications due to MDH	3/27/26
ACIS Application Review Process	4/6/25-4/24/26
ACIS Program Award Notifications	5/1/26
ACIS Program Onboarding Begins	5/18/26

## APPENDIX A

### *ACIS Service Definitions*

Under the ACIS program, ACIS providers are required to provide at least three housing and tenancy-based case management services per member per month (PMPM). These housing and tenancy-based case management 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.

## APPENDIX B

### *Duties and Responsibilities of an ACIS Provider/ Lead Entity*

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 Continuum of Care (CoCs) 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;
- 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;
- 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.