

Verification of ACIS Eligibility Summary and Checklist

The Maryland Department of Health is facilitating federal matching funds for local government jurisdictions for the Assistance in Community Integration Services (ACIS) Pilot program. The goal of the ACIS Pilot Program is to improve health outcomes for Maryland Medicaid beneficiaries at risk for institutional placement or homelessness and who meet specific needs-based health criteria by the provision of tenancy support services and housing case management services.

Eligibility Criteria

The state's needs based criteria are specified below:

1. Health Criteria (at least one)
 - a. Repeated incidents of emergency department (ED) use (**defined as more than 4 visits per year**) or hospital admissions; **or**
 - b. Two or more chronic conditions as defined in Section 1945(h)(2) of the Social Security Act (including, but not limited to, the following: a mental health condition, substance use disorder, asthma, diabetes, heart disease, being overweight as evidenced by having a Body Mass Index (BMI) over 25).
2. Housing Criteria (at least one)
 - a. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3 (such as a health-care facility, a mental health facility, substance abuse facility, foster care or other youth facility, or correction program or institution); **or**
 - b. Those at imminent risk of institutional placement.

To confirm program eligibility, please complete this form and attached referral summary.

Client's name: _____ Date of birth: _____ SSN: _____

Referring organization: _____ Today's date: _____

Medicaid Beneficiary (mandatory)

The individual is **currently** enrolled in Maryland Medicaid

Prince George's County Residency (mandatory)

The individual is **currently** a resident of Prince George's County

Health Criteria (at least one)

The individual has **five or more** Emergency Department (ED) visits and/or hospital admissions in the past 12 months, with verification from a case manager of documentation in county database. Source: _____

The individual has **two** chronic conditions as defined in Section 1945(h)(2) of the Social Security Act, with verification from a case manager of documentation in a county database. Source: _____

Housing Criteria (at least one)

The individual is currently residing in an institutional setting as defined in 24 CFR 578.3 (see above) **AND** the individual will experience homelessness upon release from that institutional setting, with verification from a case manager of documentation in a county database. Source: _____

The case manager certifies that the individual is homeless, **AND** at imminent risk of institutional placement.

Case Manager name _____ Signature _____

Case Manager contact number _____ Case Manager email _____

Send this form by fax to 301-883-7865 Attn: ACIS Referrals or by email to sschreffler1@co.pg.md.us

