



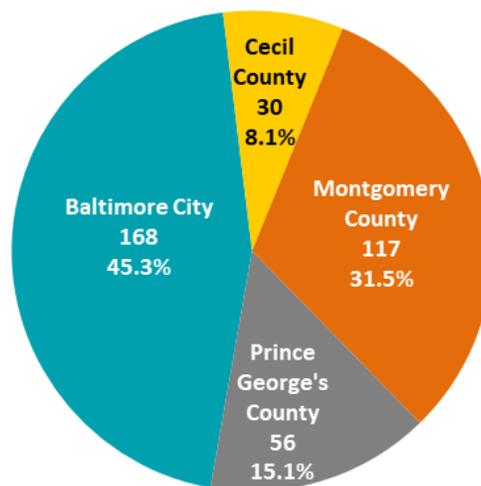
The Hilltop Institute

Assistance in Community Integration Services: CY 2020 Review

The Assistance in Community Integration Services (ACIS) pilot program began in late 2017 with the goal of reducing unnecessary health services use among Medicaid beneficiaries by providing tenancy and housing case management services through four lead entities (LEs) located in Baltimore City and Cecil, Montgomery, and Prince George's Counties. The program is targeted for adults who meet the head of household definition of the U.S. Department of Housing and Urban Development. The pilot program is authorized under Maryland's §1115 HealthChoice Waiver.

ACIS Participants Served, by Lead Entity

The four LEs served 371 participants during calendar year (CY) 2020. This is heavily dictated by the number of participants each LE is permitted to serve. Each year the Maryland Department of Health (the Department) invites the LEs to apply to serve additional participants as their capacity permits.

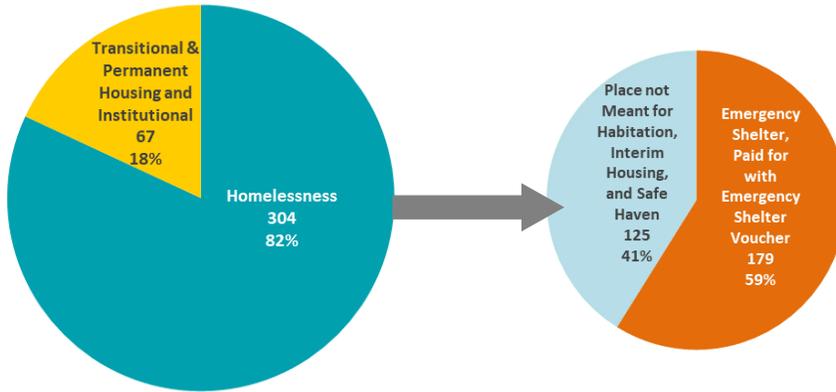


Characteristics of the Participants Served

Demographics	Frequency (N=371)	Percentage
Sex		
Female	146	39.4%
Male	225	60.6%
Race/Ethnicity		
Black	210	56.6%
Hispanic/Other/Unknown	84	22.6%
White	77	20.8%
Age Group		
Under 30 years	44	11.9%
31 to 40 years	71	19.1%
41 to 50 years	74	20.0%
51 to 60 years	126	34.0%
61+ years	56	15.1%

Overall, the ACIS pilot program served more males than females in CY 2020 (60.6% and 39.4%, respectively). With respect to race, 56.6% of ACIS participants were Black, followed by Hispanic/Other/Unknown at 22.6%. Participants aged 51 to 60 years made up the largest age group overall: 34%.

Living Situation at Time of Enrollment



The majority (82%) of ACIS participants were homeless upon enrollment into the program. Of those who were homeless, 41% were in places not meant for habitation, interim housing, or safe haven, and 59% were in an emergency shelter.

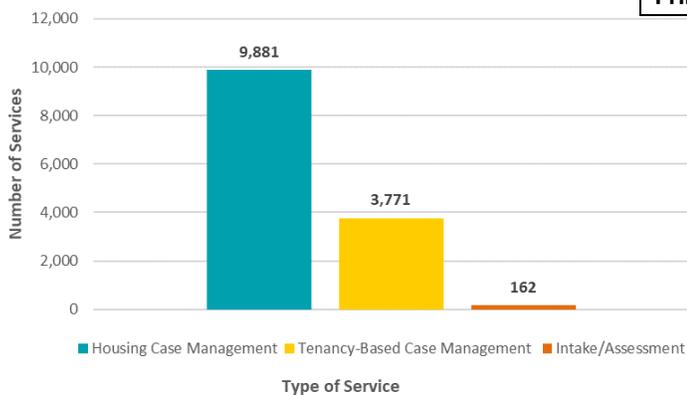
Participants' Use of ACIS Services

The majority (71.5%) of services provided to ACIS participants were housing case management services, followed by tenancy-based case management.

Average Use of ACIS Services per Person, by Type and LE, CY 2020

Lead Entity	Average PMPM Eligible Services per Person	Average Non-PMPM Eligible Services per Person
Baltimore City	5.4	1.5
Cecil County	3.5	0.7
Montgomery County	6.7	1.5
Prince George's County	3.4	1.6

Participants' Use of ACIS Services, CY 2020*



*Due to small cell sizes, separation from program categories were excluded.

Montgomery County provided the highest number of per member per month (PMPM) eligible services per person: 6.7. A minimum of three eligible services must be provided to a participant to meet the PMPM threshold for payment to an LE. Prince George's County had the highest number of non-PMPM eligible services (1.6), so the threshold for payment to the LE was not reached.

Newly Enrolled Participants Who Achieved Stable Housing, by LE

Lead Entity	Percentage of CY 2020 New Enrollees Achieving Stable Housing
Baltimore City	45.8%
Cecil County	38.5%
Montgomery County	94.7%
Prince George's County	26.5%
Total	58.3%

Montgomery County had the highest percentage of participants newly enrolled in CY 2020 who achieved stable housing (94.7%).

Health Service Utilization of ACIS Participants

A majority (75.5%) of ACIS participants had at least one ambulatory care visit during CY 2020. Additionally, 84.4% did not have any inpatient admissions and 55% did not have any visits to the ED.

Health Service Utilization	Frequency (N=371)	Percentage
Emergency Department (ED) Visits		
At Least One Visit	167	45.0%
No Visits	204	55.0%
Avoidable ED Visits		
At Least One Visit	93	25.1%
No Visits	278	74.9%
Inpatient Admissions		
At Least One Admission	58	15.6%
No Admissions	313	84.4%
Mental Health Disorder (MHD) Inpatient Admissions		
At Least One Admission	11	3.0%
No Admissions	360	97.0%
Ambulatory Care Visits		
At Least One Visit	280	75.5%
No Visits	91	24.5%

ACIS Participants with a Primary Diagnosis of SUD or MHD

Diagnosis	Frequency (N=371)	Percentage
Primary Diagnosis of Substance Use Disorder (SUD)		
Yes	77	20.8%
No	294	79.2%
Primary Diagnosis of Mental Health Disorder (MHD)		
Yes	232	62.5%
No	139	37.5%

Approximately 20% of ACIS participants had a primary diagnosis of SUD, while over 60% had a primary diagnosis of MHD.

Methodology and Data Sources

Methodology

- Review included 371 ACIS participants who received at least one ACIS service during CY 2020
- Participant had to be Medicaid-eligible at time of ACIS service
- Only CY 2020 ACIS and MMIS2 services were included

Data Sources

- ACIS data collected by the LEs
- Maryland Medicaid Management Information System (MMIS2) data

Terms, Definitions, and Resources

Term	Definition
ACIS Participants' Qualifying Criteria¹	<ol style="list-style-type: none"> Health Criteria (must meet at least one): <ul style="list-style-type: none"> Repeated incidents of ED use (defined as more than four visits per year) or hospital admissions Two or more chronic conditions, as defined by §1945(h)(2) of the Social Security Act Housing Criteria (must meet at least one): <ul style="list-style-type: none"> Individuals who would experience homelessness upon release from the settings defined in 24 CFR 578.3 Those at imminent risk of institutional placement
Housing Case Management	Assisting participants to connect with health care and social service providers and supporting independent living skills.
Tenancy-Based Case Management	Assisting participants to connect with housing programs that support one's medical needs in the home.
Per Member Per Month (PMPM) Eligibility Payment	For LEs to receive the PMPM payment for a participant, at least three PMPM-eligible services must be provided that month. When less than three of these services are provided, they are considered non-PMPM eligible services.
Stable Housing	Once a participant's living situation at the time of ACIS service delivery is any of the following, they are considered stably housed: permanent housing (other than rapid re-housing (RRH)) for formerly homeless persons; permanent housing (RRH); owned by client, with or without an ongoing housing subsidy; rental by client in a public housing unit, or with no ongoing housing subsidy, or with GPD TIP housing subsidy, or with a housing choice voucher, or with an other ongoing housing subsidy, or with VASH housing subsidy; foster care home or foster care group home; or host home (noncrisis).
Substance Use Disorder	COMAR 10.09.70.02 defines a primary SUD diagnosis as the inclusion of one of the following: ICD-10 diagnosis codes: F10-19, O99310-99315, O99320- 99325, R780-785 with Revenue codes 0114, 0116, 0124, 0126, 0134, 0136, 0154, 0156, 0762, 0900, 0905-0906, 0911-0916, 0918-0919, 0944-0945, 0450- 0452, 0456, 0459 OR Procedure codes 99.201-99.205, 99.211-99.215, J8499, J2315.
Mental Health Disorder	Any primary diagnosis with the following ICD-10 codes: Codes that begin with F200-203, F205, F2081, F2089, F209, F21-24, F250, F251, F258, F259, F28-29, F301-304, F308-325, F328-334, F338-341, F348-349, F39-45, F48, F50, F53-54, F60, F63-66, F68-69, F843, F900-902, F908-913, F918-919, F930, F938-942, F948-949, F980-981, F984, F9888-989, F99, G21, G24-25, R45, O99, Z046 according to the COMAR definition of MHD.
Maryland Department of Health's ACIS Resource Page	https://health.maryland.gov/mmcp/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx

¹ See ACIS pilot description at <https://mmcp.health.maryland.gov/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx>