ACIS REFERRAL FORM AND VERIFICATION OF ELIGIBILITY

The Assistance in Community Integration Services (ACIS) Program is a Maryland Medicaid funded program. The program's goal is to improve health outcomes for beneficiaries at risk for institutional placement or homelessness and who meet specific needs-based health criteria through the provision of tenancy support services and housing case management services.

Eligibility Criteria

The state's needs-based criteria are specified below:

1. **Medicaid Beneficiary** and **Prince George's County Resident** (Mandatory)
2. **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.
3. **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, sign the release of information form attached and send *both documents by email to ACIS@co.pg.md.us Attn: ACIS Referrals.*
If you don't have a case manager to help you complete the housing questionnaire, please fill out only page 2 and the summary. A case manager will be assigned to help complete the rest.
Attach any supporting document (copy of photo ID, Medicaid Card, Proof of chronic condition).
All fields marked * are required and cannot be left blank.

Client's Information

First Name*: _____		Last Name*: _____
Date of Birth*: _____	SSN: _____	Medicaid ID*: _____
Living address Street: _____ Apt:_____, City;_____ Zip :_____		
Mailing address (if different) Street: _____ Apt:_____, City;_____ Zip :_____		
Phone number* :_____Can they receive text? ☐Yes ☐No		**Email**: _____
Emergency contact Name: _____ Phone: _____ Relation to client: _____		
Legal Sex*: ☐Female ☐Male ☐Nonbinary ☐Unknown ☐X ☐Choose not to disclose		
Gender* ☐Female ☐Male ☐Nonbinary ☐Genderqueer ☐Transgender ☐Not listed ☐Two spirit ☐Choose not to disclose		
Ethnic Group* (check all that apply) ☐Another Hispanic, Latino/a, or Spanish origin ☐Cuban ☐Mexican, Mexican American, or Chicano/a ☐Puerto Rican ☐Non-Hispanic or Latino/a ☐Don't know ☐Prefer not to disclose		
Race* (check all that apply) ☐American Indian or Alaska Native ☐Middle Eastern or North African ☐Asian ☐Hawaiian or Pacific Islander Native ☐Black or African American ☐White ☐Hispanic or Latino ☐Other (specify): _____ ☐Choose not to disclose		
Veteran status	Has the participant ever served on active duty in the US Armed Forces? ☐Yes ☐No ☐Prefer not to answer	

***Referring Person**:_____ **Organization:**_____

***Phone**:_____**Email:** _____**Today's date**:_____

Summary

Please explain in few sentences the current situation of the client and the reason for this referral.

Verification of eligibility (check all that apply)

This section is to be completed by a Case Manager.

☐ **The individual is *currently* enrolled in Maryland Medicaid (Mandatory) ***

Medicaid ID No.*: _____ Medicaid Redetermination Date, if known: _____

☐ **The individual is *currently* a resident of Prince George's County (Mandatory) ***

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 of verification: _____

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

Source of verification: _____

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.

Source of verification: _____

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

Attach any supporting document (EVS report, copy of photo ID, Medicaid Card, Proof of chronic condition, Social Security Card, Birth Certificate.).

Case Manager name*: _____ **Signature*:** _____ **Date:** _____

Eligibility Confirmation

This section is reserved for the ACIS Lead Entity team use only

The client/applicant (names) _____is:

☐ **Eligible for enrollment (meets eligibility requirements)**

☐ **Ineligible for enrolment:** Reason(s) (check all that apply):

- ☐ Is not a Medicaid Beneficiary or is not fully enrolled in Medicaid
- ☐ Is not a Prince George's County Resident
- ☐ Doesn't meet Health Criteria
- ☐ Doesn't meet Housing Criteria
- ☐ Other reason (specify)_____

Date of eligibility determination: _____

Name of the reviewer: _____ **Signature:** _____

Housing Questionnaire (to be completed by a Case Manager)

Access to Transportation

Does the participant have access to Transportation? (select all that apply)

☐ Own Car ☐ Bus pass ☐ Train ☐ Metro Access/Handi van
☐ Uber/Lyft/Taxi ☐ Family/Friend Borrowed Vehicle ☐ Family/Friend Drive
☐ Other (specify)_____ ☐ None

Financial Status

Current Monthly Income*: $ _____ Anticipated Amount Available for Monthly Rent *: $ _____

Is the participant receiving or eligible to receive the following benefits? (Select all that apply)

Benefit*	Receiving	Eligible
Supplemental Security Income (SSI)	☐	☐
Temporary Assistance for Needy Families (TANF)	☐	☐
Temporary Cash Assistance (TCA)	☐	☐
Social Security Disability Insurance (SSDI)	☐	☐
Utility Assistance	☐	☐
Housing Assistance	☐	☐
Supplemental Nutrition Assistance Program (SNAP)	☐	☐
Childcare Assistance	☐	☐
Other (Specify):_____	☐	☐

Does the participant have a Legal Guardian/ Representative Payee to assist in decision making?

☐ No ☐ Yes, Name: _____ Phone Number: _____

Living Status

Housing Status (check one) *

☐ Homelessness, unspecified: the participant lacks permanent housing but the exact type or circumstances surrounding the participant's homelessness are not specified.

☐ Sheltered homelessness: the participant is homeless but staying in emergency shelters, transitional housing programs or other programs for which the length of stay is time-limited.

☐ Unsheltered homelessness: the participant is homeless and living in places not meant for human habitation, such as streets, cars, abandoned buildings, etc.

☐ Housing instability, housed, with risk of homelessness: the participant is currently housed but at risk of losing housing. Examples would be past due rent or an eviction notice.

☐ Housing instability, housed, homeless in the past 12 months: the participant is currently housed but experienced homelessness within the last year.

☐ Housing instability, housed, unspecified: the participant is currently housed but encounters forms of housing instability. Examples would be frequent relocations and poor living conditions.

Current living situation (check one) *

- ☐ Unit-based permanent supportive housing (where housing subsidy and services are connected to the building)?
- ☐ Supportive housing with a tenant-based voucher to help pay rent (where tenants can take their ☐ voucher with them if they move)?
- ☐ Shelter If yes, where? _____
- ☐ Other living situations?
  - ☐ Staying outside (where?) _____
  - ☐ Staying in car
  - ☐ Couch surfing
  - ☐ Sober housing (which one?) _____
  - ☐ Group home (which one?) _____
  - ☐ Other (describe) _____

If the participant is currently housed, can they stay where they are currently living? *

☐ Yes; How long can they stay? _____ ☐ No ☐ Not applicable (not housed)

How long has it been since the participant has had stable housing? *

☐ 0-2 years ☐ 3-5 years ☐ 6-8 years ☐ 9-11 years ☐ 12+

Housing Barriers (Select all that apply)

	Poor	History with no issue	No history
Rental History	☐	☐	☐
Credit History	☐	☐	☐
Eviction History	☐	☐	☐

Criminal history

- ☐ No criminal issue.
- ☐ Criminal history with no current issues.
- ☐ Criminal history with current and active involvement with the justice system.

Has the participant applied for any of the following?

☐ Housing Choice Voucher (Section 8)? ☐ Public Housing? ☐ Other? _____

Has the participant had any overdue utility bills? ☐ Yes ☐ No

Housing readiness

Household Documents - Participant has access to the following housing documents (check) *

- ☐ Government issued picture identification
- ☐ Social Security Card
- ☐ Birth Certificate If Yes, State: _____
- ☐ Proof of Income Letter from Social Security
- ☐ Current bank statements
- ☐ Other income and asset information, specify _____

Assistance in Community Integration Services
Participant Information Release Form

The Assistance in Community Integration Services ("ACIS") Program is operated by the Prince George's County Department of Health through the collaborate efforts and delivery of health and social services provided by participating local, State and Federal providers (collectively the "Partner Entities"). Funding for the ACIS Program is provided to the Partner Entities to specifically improve the health outcomes for Maryland Medicaid beneficiaries at risk of institutional placement or homelessness and who meet specific needs-based health criteria ("Participant" or "Participants").

To provide the most effective and efficient care and ACIS Program services, it is important that the Partner Entities have the ability and authorization to share important personal, medical and other information ("Information") about you. Specifically, any Information you share, or Partner Entities collect about you will be kept in a secure electronic case record that can be viewed by ACIS Partner Entities and any other provider deemed necessary by the Prince George's County Health Department to ensure your access to appropriate ACIS Program services. The Information that may be collected and shared about you includes, but is not limited to, the following:

- Personal History
- Demographic Information
- Family History
- Financial Information
- Criminal History
- Housing
- Benefits/Services Needed, Planned or Received
- Medical Diagnosis and Records
- Mental/Behavioral Health Diagnosis and Records
- HIV/AIDS

Your Information will be communicated to the Prince George's County ACIS Program, Partner Entities, and other relevant providers using EPIC and HMIS computer systems in several ways, one of which will include communication through a computer-based system that uses telephone lines to send and receive information. The highest level of security measures will be used to protect the information sent and received by telephone. Only authorized personnel will be able to view your personal information.

By signing below, I agree to participate in the ACIS Program and authorize a free exchange of my personal, medical and other information ("Information") between ACIS Partner Entities and other relevant providers for a period of one (1) year to provide ACIS Program services. Furthermore, I understand that the ACIS Partner Entities cannot disclose my Information without my written consent unless the release of such Information is required pursuant to applicable local, State and Federal laws. If I choose to withdraw this authorization to participate in the ACIS Program and release of Information, I understand that the ACIS Partner Entities and other relevant providers must stop sharing information that relates to my participation and or any services that I received through the ACIS Program.

_____	_____
Print Name	Social Security Number
_____	_____
Signature	Date
_____	_____
Witness	Date