MAYOR'S OFFICE OF
HOMELESS SERVICES

FY 27 Assistance in Community Integration Services (ACIS) Expansion

Request for Proposals (RFP)

RFP Re-Issue Date: Wednesday, August 12th, 2026
Application Due Date: Wednesday, September 2nd, 2026 at 5:00pm EST; applications reviewed on a rolling basis

This RFP was initially posted on May 26, 2026 and has been re-issued with an extended deadline. The only changes made were updates to the competition timeline.

All applications must be submitted to ACIS@baltimorecity.gov

Issued By:
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I. Executive Summary

The Baltimore City Mayor's Office of Homeless Services (MOHS) is seeking qualified service providers ("Participating Entities") to deliver services under the Assistance in Community Integration Services (ACIS) program. ACIS provides housing and tenancy-based case management services to eligible Medicaid participants experiencing or at risk of homelessness.

Authorized under Maryland's §1115 HealthChoice Demonstration and overseen by the Maryland Department of Health, ACIS supports participants in obtaining and maintaining housing while increasing access to healthcare and community-based supports that promote housing stability and community integration.

Through this RFP, the ACIS program is expanding from 300 to 850 participant enrollment spaces in Baltimore City, launching new pathways for serving participants, and soliciting applications for new Participating Entities. The goal is to create a pool of qualified Participating Entities to deliver ACIS services.

ACIS operates as a fee-for-service Medicaid program. MOHS bills on behalf of Participating Entities. Reimbursement for services is contingent upon meeting eligible service delivery requirements and documentation. Organizations eligible for this RFP are non-profits with three or more years of demonstrated experience providing services for people experiencing homelessness. Applicants must also demonstrate the appropriate cash reserves to operate on a reimbursement basis.

The following timeline outlines key dates for the ACIS Expansion RFP. MOHS may modify these dates as necessary. **Note that applications are reviewed on a rolling basis.**

Date	Milestone
Tuesday, May 26 2026 through Friday, July 31, 2026	First application window for the ACIS Expansion RFP
Wednesday, August 12, 2026	ACIS Expansion RFP re-released with a deadline extension
Tuesday, August 18, 2026	Information Session/Bidder's Conference Webinar at 2:00 pm. Link, recording and slide deck will be posted on the MOHS Grants Competition page.
August 12 – September 2, 2026	Application window open. **Applications are reviewed and scored on a rolling basis as they are received.**
Wednesday, September 2, 2026	Application deadline at 5:00 pm. All submissions must be sent to ACIS@baltimorecity.gov
September 9 - 30, 2026	Conditional awards issued on a rolling basis as applications are reviewed.
Upon award	Contract approval and new provider onboarding.
July 1 – October 1, 2026	Grant term begins. Estimated earliest start date for second cohort: October 1.

II. ACIS Program Overview

A. Introduction

1. About MOHS

According to the latest Point-In Time Count in 2026, approximately 1,783 men, women, and children are homeless in Baltimore City on any given night. Lack of affordable housing, low incomes, and limited access to comprehensive services are primary causes of homelessness. Disabilities and chronic illnesses, including substance use disorders and mental illness, create additional challenges in resolving homelessness.

The Mayor’s Office of Homeless Services (MOHS) is the lead agency responsible for coordinating Baltimore City’s homeless services system. MOHS works to make homelessness rare, brief, and nonrecurring through a person-centered and data-driven approach focused on housing stability and system coordination. ACIS contributes to this goal by providing

participant-centered case management that helps people meet their housing and health care needs.

MOHS is the designated Collaborative Applicant for the Continuum of Care, implements federal, state, and local policy and best practices for homeless services, and administers and monitors approximately $80 million annually in homeless services grants from a variety of sources. The funds administered by MOHS include the HUD Continuum of Care Program, Emergency Solutions Grant, Housing Opportunity for People with Aids, State of Maryland Homeless Solutions Program, ACIS, Ryan White, Baltimore City Department of Social Services and local General Funds.

2. ACIS Overview

The Baltimore City Assistance in Community Integration Services (ACIS) is designed to support clients experiencing homelessness who have multiple chronic health conditions or frequent emergency room visits and hospitalizations. ACIS provides housing and tenancy case management/supportive services, which helps participants gain stability and secure appropriate housing that meets their targeted needs. The ACIS program is authorized under Maryland's Section 1115 Medicaid demonstration. The program is also funded using State General Funds. The program is overseen and by the Maryland Department of Health.

Services are delivered by local governmental agencies, known as Lead Entities. These LEs are Medicaid enrolled ACIS providers and can contract with Participating Entities to provide case management services to ACIS participants. MOHS has been the Lead Entity for ACIS in Baltimore City since its inception in 2017 and is responsible for program oversight, eligibility determination, system coordination, and compliance with applicable Medicaid and program requirements. At time of publish, there is one ACIS Participating Entity in Baltimore City. The intent is to expand ACIS to new PEs through this RFP.

A 2023 study by the University of Maryland Baltimore County's Hilltop Institute found statistically significant reductions in emergency department utilization, hospitalization and hospital readmission through ACIS.

3. ACIS Regulations and Guidance

Participating Entities must adhere to:

- Code of Maryland Regulations (COMAR) 10.09.66
- Implementation requirements published by the Maryland Department of Health
    - HealthChoice 1115 Demonstration Special Terms and Conditions ACIS & Attachment F ACIS Protocol
    - ACIS Program Executive Summary
    - ACIS Frequently Asked Questions
    - ACIS Provider Transmittal Links
- Implementation requirements outlined in this RFP

- Subsequent requirements or guidance published by the Maryland Department of Health or MOHS

B. Program Scope

1. Participant Eligibility

Eligibility

To be eligible for ACIS services, an individual must:

- Receive services through a HealthChoice managed care organization (MCO) OR enrolled in Fee-For-Service (FFS) Medicaid (as confirmed by the MDH Eligibility Verification System (EVS));
- Meet one of the following **health criteria**:
    - Repeated incidents of emergency department use or hospital admissions (defined as more than four visits per year), **OR**
    - Two or more chronic health conditions as defined in §1945(h)(2) of the Social Security Act, including but not limited to:
        - A mental health condition
        - Substance use disorder
        - Asthma
        - Diabetes
        - Heart disease
        - Overweight or obesity, as evidenced by a Body Mass Index (BMI) over 25
- Meet one of the following **housing criteria**:
    - Is homeless, chronically homeless, or at risk of homelessness as defined in 24 CFR §578.3, or will be homeless upon exiting an institution **OR**
    - At risk of institutional placement

Eligibility is initially assessed by MOHS but confirmed and documented by the Participating Entity during enrollment. Participating Entities must confirm Medicaid eligibility on at least a monthly basis prior to delivering services to the Participant.

Focus Population

The ACIS program in Baltimore City is primarily focused on people experiencing homelessness, and typically prioritizes people experiencing chronic homelessness. Each pathway described in Section C: ACIS Program Design may have a more specific target population.

Eligibility Restrictions

Providing ACIS to multiple individuals within one household is duplicative and is not allowable. The ACIS program is intended for adults who meet the criteria for head of household as defined by the U.S. Department of Housing and Urban Development.

If an individual is currently receiving any of the services that could be considered a duplication of any such services that are supported by federal funding, Medicaid or otherwise, the individual is not eligible for ACIS.

Provider Expectations

Participating Entities are expected to confirm and document eligibility after receiving a referral from MOHS.

2. Eligible Services

Housing and tenancy-based case management services are a set of services that assist participants with finding and securing appropriate housing, gaining and maintaining housing stability, and supporting them in their obligations as tenants. ACIS services can support participants across the continuum from unsheltered homelessness to long-term housing stability.

Eligible Housing Case Management and Tenancy Case Management/Support Services include:

- Participant-Centered Service Planning
    - Conducting community integration **assessments** that identify participant housing preferences and needs (including Coordinated Access enrollment)
    - Developing a participant-centered **service plan** in alignment with their assessments and the HCSP
    - Efforts related to related to updating or re-assessing service plans
- Coordination with **health and social services** including (but not limited to):
    - Primary care
    - 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;
- Assistance applying for **entitlement benefits and social services, i**ncluding:
    - Assisting individuals in obtaining documentation
    - Navigating and monitoring application process

    - Monitoring application process and coordinating with the entitlement agency
- Assistance applying for **housing**, including:
    - Identifying housing appropriate for their medical needs
    - Housing search and navigation
    - Assistance securing housing resources
    - Assistance with filling out applications
    - Obtaining and submitting appropriate documentation
    - Facilitating coordination and communication with landlords or property managers
- Arranging for or providing **transportation** for services and appointments outlined in their plan of care
- Assistance communicating with **landlords**:
    - Conflict resolution
    - Prevention of eviction or housing loss
    - 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
- Connection to supports and **life skills**
    - 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.
- Connection to supports for tenancy
    - 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;
    - Assistance in budgeting for housing/living expenses

However, to be eligible, the services must align with the individual's identified needs, which is first documented within the Housing Supports Care Plan (HSCP) and then again upon development of a service plan.

Service Delivery Expectations

The below service delivery expectations must be demonstrated in the data, including case notes, submitted to MOHS via the Homeless Management Information System (HMIS) (more information on data reporting in Section D.4.: Data and Reporting.

- Timing
    - To count towards the eligible billable services per month, the services must be provided on **different days**
- Virtual Services
    - Of the three qualified services provided in a month, it is encouraged to deliver at least one service in-person, but all three services can be delivered virtually at the request of the participant;

    - Virtual contacts may be made by telephone, or another electronic format in accordance to Maryland Medicaid telehealth guidance;
- Services are to be delivered at the level of intensity needed to help the participant achieve the goals identified in the person-centered Housing Supports Care Plan
- All services delivered must be documented in the provider's case management system for monitoring and reporting purposes.

Ineligible Services

ACIS funds cannot be used for rent subsidies, room, or board.

Services must supplement and not supplant any other sources of funding.

3. The Housing Supports Care Plan (HSCP)

The Housing Supports Care Plan (HSCP) establishes the participant's documented health, behavioral health, and housing-related needs, service goals, and the need for housing and tenancy-based case management services under ACIS. All ACIS services must align with the HSCP and support housing stability and community integration outcomes.

MOHS or another neutral agency that does not deliver ACIS services is responsible for completing the HSCP with the participant prior to enrollment. The HSCP is developed through review of available participant data and discussion with the participant. Participants can bring anyone they would like to the meeting and must affirm the plan matches their needs and goals. **The participant will choose their service provider at this time from an available list of Participating Entities.**

Following completion of the HSCP, MOHS will refer the participant to the chosen Participating Entity. A warm handoff is expected, and providers must reach out to the participant promptly following referral.

The HSCP is subject to ongoing review and annual recertification by MOHS. Participating Entities are expected to support updates to the HSCP and coordinate with MOHS and system partners as needed to ensure continuity of care. **The participant can change service provider during the annual recertification process or at any time.**

Failure to align service delivery with the HSCP may render services ineligible for reimbursement and may result in corrective action.

MOHS will work with the client to update the HSCP at least annually or upon request.

4. Fee-for-Service Model

ACIS operates under Maryland Medicaid requirements. Participating Entities are responsible for service delivery and documentation in accordance with program standards. MOHS submits Medicaid claims based on service data and documentation reported by Participating Entities. Participating Entities **do not** bill Medicaid directly.

Participating Entities receive a monthly **reimbursement rate of $652 per participant** when the following conditions are met:

- The participant is enrolled in ACIS and meets eligibility requirements at the time of service
- The participant receives at least three (3) ACIS-eligible services during the month on three different days
- Documentation supports all billed services

Although three services is the minimum for billing, there is no maximum number of services a participant can receive per month. If a participant receives more than three services, this does not change the reimbursement amount. The frequency of service delivery should be based off the participant's needs, not billing minimums.

Through this RFP, Participating Entities will be approved for a maximum number of enrollment spaces. **Participating Entities should expect a variable number of enrollments, and variable number of billable services, per month**. For example:

- During some months, an enrolled ACIS participant might only receive one or two services and is therefore not eligible for billing. Participants who do not meet three eligible services per month may remain enrolled in the program if they continue to require the intensity of ACIS services and supports.
    - Participant utilization can be monitored to help assess participants level of engagement in the program to determine if the client should be discharged or remain enrolled in the program. If a client does not engage with the three eligible services over three months, they may be discharged from the program.
- Participants can choose or change their service provider, so MOHS cannot guarantee a specific enrollment number per month

Participating Entities will not be reimbursed by MOHS if Maryland Medicaid rejects the reimbursement request because the participant or service is ineligible. If it is rejected due to an administrative error, MOHS will resubmit.

MOHS submits billing on a monthly basis. Due to re-submission needs, full submission and reconciliation of all eligible billing may take up to 90 days. Medicaid allows for 12 months from service date for initial billing and re-submission due to errors.

Due to the variation in monthly enrollments and the reimbursement nature of the program, applicants must demonstrate the appropriate staffing and three months of cash reserves

proportionate to the number of enrollment slots requested. Review Section III.B.1.: Application Cover Sheet and Staffing Plan for more details on what applicants must demonstrate in response to this RFP.

5. Home and Community Based Services

ACIS must be used to house people in Home and Community Based settings, as described in 42 CFR 441.710.

If the Participating Entity also owns the residential setting, additional criteria must be met as defined in 42 CFR 441.710(a)(1)(vi).

C. ACIS Program Design

1. Overview of Program Workflow

Each program pathway contains some differences in the target population, referral mechanisms, and service expectations. However, the overall ACIS Program Workflow is similar across all pathways.

Referrals

All referrals come through MOHS, either via the ACIS Program team or Coordinated Access. Coordinated Access is Baltimore City's Continuum of Care system for assessing, prioritizing, and referring people experiencing homelessness to housing and supportive services based on vulnerability, need, and program eligibility. The process involves completing a standardized assessment with a housing navigator and being added to the By Name List, which drives prioritization for housing and services.

Prior to enrollment, the participant completes a Housing Supports Care Plan, which outlines their key service needs and goals as determined by the participant, who also selects a service provider from the available Participating Entities. MOHS facilitates this with the participant and navigator.

Enrollment and Service Delivery

Once the HSCP is complete, a warm handoff is made to the selected Participating Entity. The Participating Entity confirms and documents eligibility and conducts an intake, including detailed service planning and goal setting.

Services are delivered in alignment with the participant's service plan. Participant data and case notes is entered into HMIS. If three or more eligible services are delivered in a month, MOHS submits billing based on data entered in HMIS by the Participating Entity

Program Exit

Participating Entities are expected to deliver consistent services until a participant disenrolls. Warm handoffs are expected at disenrollment if possible. Potential reasons for disenrollment include:

- Participant voluntarily ends ACIS participation
- Participant enters supportive housing that includes tenancy and housing case management
- Participant is no longer eligible for Medicaid
- Participant enrolls in another Medicaid-funded HCBS waiver program
- Participant's needs no longer match ACIS services (whether due to escalating needs or no longer requiring support at this level of intensity to stay housed)
- Participant is non-responsive or disengaged for more than 3 months

More detailed program procedures will be issued in a forthcoming ACIS Program Manual.

Program Pathways

MOHS is expanding ACIS through three service pathways, as described below:

1. Project-Based Supportive Housing
2. General Supportive Services Pool (Scattered Site Housing)
3. Intensive Street Outreach

Prospective Participating Entities may apply to one or more pathways and must demonstrate the capacity to meet pathway-specific requirements. MOHS may alter the number of participants in each Pathway based on City-wide need and capacity.

Enrollment Spaces

Prospective applicants are **encouraged to apply for a minimum of 10 monthly participant spaces.**

Awarded enrollment spaces are estimates. Monthly enrollment and utilization will vary, and MOHS cannot guarantee a minimum number of enrollments per month.

2. Project-Based Supportive Housing Pathway

Approximately 247 monthly ACIS participant enrollment spaces are set aside to pair with the units in the development projects listed in Appendix A.

This pathway is designed to offer supportive services for affordable housing developments created through the Low-Income Housing Tax Credit Program, the Housing Accelerator Fund, the HOME-ARP, Community Investment Program, and other similar initiatives. Most housing subsidies in these developments are provided through vouchers administered by the Housing Authority of Baltimore City. These developments may also have more specific target populations and may vary in the level of subsidy. Through this RFP, MOHS aims to formalize partnerships between developers and ACIS-approved service providers.

Participants in this pathway receive an offer for ACIS housing and tenancy case management **AND** an offer for a specific, subsidized unit at the same time. These matches are both made through Coordinated Access. Together, the combination of services and housing can function similar to a permanent supportive housing program. Services under this pathway emphasize stabilization and long-term retention.

The RFP application process allows for prospective service providers and the developers listed in Appendix A to request a partnership through ACIS. If a service provider and developer partnership is accepted through this RFP, they become "Preferred Partners." This means the service provider will be the default provider for that development. **However, clients may opt for a different service provider if desired. Participants will not lose their housing if they choose another ACIS service provider/Participating Entity or decline ACIS services after entering housing.**

Providers that apply for this pathway must demonstrate their ability to:

- Receive matches through Coordinated Access
- Assist participants in securing and moving into housing units, including coordinating inspections
- Deliver housing stabilization services aligned with participant's care plan
- Provide tenancy support, including lease education and landlord coordination
- Address barriers to housing stability, including behavioral health and substance use needs
- Maintain engagement to support long-term housing retention
- Coordinate with housing developers, property management, and system partners

Service providers partnering with the developers listed in Appendix A that want to be approved to deliver ACIS services should submit applications through this RFP. However, approval or award is not guaranteed**.** Developers must fill out the "Preferred Partnership Support Form" (available on the MOHS website), and the service provider must submit this as part of their application.

Prospective applicants can apply to this pathway even if they do not have an agreement with a developer but are interested in a partnership with a developer, or if there is an existing partnership with a housing developer or housing subsidy that is not on the list. The application narrative will request more information.

3. General Supportive Services Pool (Scattered Site)

Approximately 114 monthly participant enrollment spaces available.

Participants in this pathway receive an offer for ACIS housing and tenancy case management AND a rental subsidy through Coordinated Access. Applicants can use this subsidy to identify housing. The combination of services and housing can function like permanent supportive housing. Services under this pathway emphasize stabilization and long-term retention.

Providers that apply for this pathway must demonstrate their ability to:

- Receive referrals through Coordinated Access
- Work effectively with children, youth, families, and/or older adults experiencing homelessness
- Support participants in identifying, applying for, and maintaining housing
- Deliver housing stabilization and tenancy-based case management
- Assist participants in navigating housing systems and subsidy requirements
- Address barriers to housing stability, including income, health, and behavioral health needs
- Maintain engagement to support housing stability and prevent returns to homelessness

4. Intensive Street Outreach Pathway

Approximately 189 monthly participant enrollment spaces available.

This pathway serves individuals experiencing **unsheltered** homelessness who require intensive engagement and support to identify housing, healthcare and additional resources that leads to housing stability. Some individuals may also be facing or experiencing homelessness upon exiting institutions like hospitals, jails, or prisons. Referrals will come through MOHS, but unlike the other pathways, there will not be an associated housing opportunity or subsidy when ACIS services begin. It is the role of the ACIS Intensive Street Outreach provider to help the participant navigate key systems that includes connection to housing, entitlement benefits, healthcare, and behavioral health.

Providers that apply for this pathway demonstrate their ability to:

- Coordinate with a wide variety of partners for the participant's care, including coordination with hospitals, jails, prisons, or other institutions that the participant is exiting
- Conduct regular and ongoing outreach to the assigned caseload of ACIS participants
- Deliver as many services as possible in a street-based setting. When office appointments are required, ACIS providers should offer to help pick up and accompany the participant to the appointment.
- Assess housing, health, and behavioral health needs
- Identify temporary and permanent housing options for both immediate and long-term needs, including emergency shelter, transitional housing, Coordinated Access, senior housing, Section 8 vouchers, residential treatment programs, and more.
- Assist participants in preparing for housing opportunities, including documentation and application readiness for Coordinated Access and other housing programs in Baltimore City.
- Facilitate access to healthcare, behavioral health, and substance use services
- Support up to 6 months of housing stabilization services once the participant in housing

Services under this pathway emphasize engagement, trust-building, and progression toward housing placement.

Services covered **do not** include general canvassing or outreach, only targeted outreach to ACIS-enrolled participants. Services cannot supplant existing street outreach activates.

5. Renewing Participating Entities

Current Participating Entities may re-apply for a continuation of their current enrollment capacity and any additional enrollment spaces in the above-mentioned pathways. Only one application is needed.

D. Participating Entity Expectations

1. Staffing Plans and Caseloads

Participating Entities must have staffing models that support the delivery of ACIS services in accordance with COMAR 10.09.66, state, and MOHS guidance. Staffing must be sufficient to ensure consistent service delivery and compliance with documentation and billing standards. Staffing models should reflect the intensity of services required across ACIS pathways and the needs of the populations served.

Participating Entities must propose a staffing structure that includes:

- Direct service staff responsible for delivering housing and tenancy-based case management
- Supervisory staff responsible for oversight, quality assurance, and staff support
- *Additional Intensive Street Outreach requirements:*
    - *Teams are required to have a peer support specialist (peer educators) on their outreach teams. It is preferred for teams to also have a case manager and housing navigation specialist as well.*

Case Managers should have:

- A bachelor's degree in a human services-related field, or an associate's degree with relevant professional experience
- Knowledge of case management, service coordination, and housing stabilization practices
- Experience working with individuals experiencing homelessness and complex needs
- Familiarity with trauma-informed and harm reduction approaches

Supervisory Staff should have:

- A master's degree in a human services-related field or relevant licensure, where applicable

- At least two (2) years of experience in social or human service or related field, with hands- on experience working with individuals experiencing homelessness and complex needs. Previous supervisory experience.

Supervisory staff are responsible for oversight of service delivery, documentation quality, and supporting staff in managing complex cases.

Additionally, at least one staff person per agency be trained in the SSI/SSDI Outreach Access and Recovery (SOAR) model to help ensure consumers obtain SSI/SSDI benefits as quickly as possible.

Participating Entities must demonstrate that their proposed caseload supports consistent service delivery and meets ACIS requirements.

2. Training and Technical Assistance

Onboarding Participating Entities will be required to participate in a series of onboarding trainings for the ACIS program covering topics such as program expectations, billing, HMIS entry, etc.

MOHS may require participation in additional training or technical assistance. Participating Entities will also be required to participate in monthly check-ins with MOHS as well as bi-weekly all-provider meetings.

3. System Coordination

Participating Entities must coordinate with system partners, including MOHS, Coordinated Access and Continuum of Care (CoC) partners, healthcare providers, housing providers, and relevant state and local agencies.

Coordination includes:

- Participation in case conferencing and multidisciplinary team meetings
- Collaboration on participant engagement and service planning
- Support for referrals and warm handoffs
- Communication with partners to support participant outcomes
- Avoidance of duplication of services

Further, Participating Entities are required to become members of the Baltimore City Continuum of Care.

4. Data and Reporting

Participating Entities must collect, maintain, and report data to support ACIS program operations, Medicaid compliance, and system coordination. Data must be accurate, timely, and consistent with service delivery and documentation.

Participating Entities are required to enter participant-level data into the Homeless Management Information System (HMIS), including case notes for each service delivered. All data entered into HMIS and other reporting systems must align with services delivered, case documentation, and billing submissions.

Participating Entities are required to:

- Ensure timely and accurate data entry
- Maintain consistency between documentation and reported data
- Comply with State reporting requirements, including quarterly reporting and meetings
- Submit monthly reports to MOHS on service delivery, engagement, and participant status

All participant information must be handled in accordance with applicable privacy and confidentiality requirements, including protection of personally identifiable information (PII) and compliance with HMIS data security standards. MOHS will execute Data Use Agreements with all Participating Entities.

Failure to meet data and reporting requirements may result in delays in billing or reimbursement, additional monitoring, or corrective action.

5. Performance Monitoring

MOHS is dedicated to enhancing outcomes reporting system-wide to evaluate the quality of ACIS services in Baltimore City. Individuals enrolled in ACIS are expected to improve their housing stability over time, and programs should be able to demonstrate that individuals are being linked to the appropriate services and moved through an appropriate step-down process based upon the assessed level of need.

MOHS will monitor performance on an ongoing basis, including:

- Service delivery and enrollment/disenrollment levels
- Participant utilization rates
- Documentation quality and compliance
- Participation in coordination activities

Key performance metrics include:

- Returns to homelessness
- Length of time homeless

- Successful housing placement and retention
- Participant engagement and service utilization
- Connections to healthcare, behavioral health and community-based services
- Timely service delivery, documentation and data reporting.

6. Awards and Agreements

Following notification of selection, MOHS will issue a Letter of Award that provides details about the contract and the process for executing it. Providers will participate in an onboarding process facilitated through the MOHS contract team.

Additionally, MOHS and selected Participating Entities will enter into a Data Use Agreement for the legal transfer of participant data between MOHS and the Participating Entity. Applicants selected through this process will enter into Memorandum of Understanding (MOU) with MOHS.

MOHS awards no grant funds through this procurement. All services will be paid for by accessing reimbursement for eligible services rendered through Maryland Medicaid.

7. Billing

Reimbursement is based on eligible services delivered and billed on a per-member, per-month basis.

MOHS submits Medicaid claims based on provider documentation on a monthly basis. Billing and documentation requirements are outlined in Section II.B.2. Eligible Services.

Claims that are denied, delayed, or recouped due to insufficient documentation or non-compliance may not be reimbursed. All billing will be complete within 90 days.

Participating Entities do not bill directly to Medicaid and do not need to register with a **National Provider Identifier.**

8. Other Requirements

The below requirements will be included in the final Memorandum of Understanding with Participating Entities:

- **Fair Housing & Certifications:** All programs must comply with fair housing laws and sign both a Fair Housing Compliance form and a Lobbying Certification (SF-LLL).
- **HMIS:** Participation in Baltimore's Homeless Management Information System (HMIS) is mandatory, including staff training, client intake/exit assessments, and case notes.
- **Local Hiring & Employ Baltimore:** Agreements over $300,000 require working with the Mayor's Office of Economic Development. 51% of new hires must be City residents, with monthly employment reports. Agreements between $50,000–$300,000 fall under Employ Baltimore, with similar but lighter-touch requirements (bi-annual reporting).

- **Audits & Records:** The City may audit records at any time. Organizations are responsible for repaying any audit exceptions. All records must be retained for at least five years after grant closeout. Federal award recipients spending over $1 million annually must comply with Single Audit requirements under 2 CFR Part 200.501.
- **Insurance:** Six types of coverage are required prior to contract execution, including $3 million Professional Liability, $3 million General Commercial Liability, $1 million Auto, and $1 million Cyber Liability.
- **CoC Membership:** Awardees must become CoC members if not already participating.

III. RFP Overview

Through this RFP, the ACIS program is expanding from 300 to 850 participant enrollment spaces across Baltimore City and soliciting applications for new Participating Entities. The goal is to create a pool of qualified Participating Entities that can provide ACIS services across several different Pathways.

A. Scope

1. Proposal Timeline

Note that applications are reviewed on a rolling basis, and award enrollment slots are first come first served.

Date	Milestone
Tuesday, May 26 2026 through Friday, July 31, 2026	First application window for the ACIS Expansion RFP
Wednesday, August 12, 2026	ACIS Expansion RFP re-released with a deadline extension
Tuesday, August 18, 2026	Information Session/Bidder's Conference Webinar at 2:00 pm. Link, recording and slide deck will be posted on the MOHS Grants Competition page.
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September 9 - 30, 2026	Conditional awards issued on a rolling basis as applications are reviewed.
Upon award	Contract approval and new provider onboarding.

July 1 – October 1, 2026	Grant term begins. Estimated earliest start date for second cohort: October 1.

2. Anticipated Service Term

For new Participating Entities, the service term of one year is projected to begin September 1, 2026 through August 31, 2027. The agreement will have an optional extension of one year up to three total years, contingent on performance, funding, and mutual agreement between the Participating Entity and MOHS.

The service term for **renewing** Participating Entities will be from January 1, 2027 – December 31, 2028. The agreement will have an optional extension of one year up to three total years, contingent on performance, funding, and mutual agreement between the Participating Entity and MOHS.

Currently, the state of Maryland has an approved Medicaid Waiver through December 30, 2026. The extension has been submitted and is under review. It is anticipated that approval will occur after January 2027 and will allow for retro billing for services rendered however MOHS cannot guarantee, as this is subject to MDH approval.

3. Applicant Eligibility

Applicants must meet all the following criteria to be eligible for consideration for selection:

- Must be a Non-Profit 501(c)(3) tax-exempt organization
- Must have three or more years of experience providing supportive services for people experiencing homelessness
- Must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.
    - Must demonstrate sufficient cash reserves to manage a fee-for-service reimbursement model

B. Competition Requirements

A completed application requires:

1. Completed Application Templates (access the template on MOHS website)
    - ☐ Cover Sheet & Staffing Plan – Excel document
    - ☐ Narrative – Word document
2. Optional: Preferred Partner Support Form (for the Project-Based Supportive Housing Pathway Only)
3. Attach supporting documents as outlined below

- ☐ Federal Tax Exemption Determination Letters
- ☐ Non-Profit Articles of Incorporation and Bylaws
- ☐ Certification of Good Standing within the State of Maryland
- ☐ Confirmation of Charitable Status with the State of Maryland
- ☐ Last two years of audits
- ☐ Financial Reports/Statements
- ☐ Agency's **fiscal policies**, including procurement policies and internal controls
- ☐ Organizational Chart
- ☐ List of Board of Directors
- ☐ SAM.GOV Registration

4. Submitting by the deadline of **Wednesday, September 2 at 5:00pm** to ACIS@baltimorecity.gov

1. Application Cover Sheet and Staffing Plan

The Application Cover Sheet and Staffing Plan is an excel document that summarizes your application request. The document contains two tabs.

Tab 1 - Cover Sheet

As part of the template, applicants will be asked to choose their service Pathways(s) and request a number of monthly participant enrollment spaces.

- **Choosing a Pathway**
  - If awarded, Participating Entities will be approved to provide services under specific Pathways.
  - Applicants are asked to select the Program Pathways they want to be considered for and will need to respond to additional questions to help ensure agency experience matches the services requested.
- **Requested Enrollment Spaces**
  - The requested monthly participant enrollment spaces should be the agency's ideal number of individuals served monthly.
  - Applicants must demonstrate current financial capacity to manage these enrollment spaces by demonstrating the below amount in cash reserves:
    - **[Requested # of participant enrollment spaces] x $652.00 x 3 = Amount that must be in cash reserves**
    - For example, if an applicant requests 100 monthly participant enrollment spaces, the organization must demonstrate $195,000 in cash reserves.
  - If awarded, a monthly number of enrollment spaces will be assigned to each Participating Entity. However, because participants can choose their own service providers, and due to the billing structure of the program, the awarded enrollment spaces will often differ from the actual monthly caseload.
  - **MOHS cannot guarantee a minimum number of actual participant enrollments per month.**
- **Maximum Enrollment Spaces**
  - Applicants may also provide a maximum number of participant enrollment spaces that is greater than their actual request. This may be the same as the

agency's requested number of enrollment spaces. The organization may change this at a later date if awarded. This information is primarily to assist MOHS in program planning.

Tab 2 – Staffing Plan

The staffing plan must adhere to the guidance in Section D.1: Staffing Plans and Caseloads

Note, a budget is not requested for this program, as a set monthly reimbursement amount is not guaranteed. Applicants must demonstrate the flexibility to meet this variable reimbursement amount with their proposed staffing and financial structure.

2. Application Narrative

The application template is available on the MOHS website as a word document. Suggested word counts are included. Return as a PDF document.

3. Supporting Documentation

The below documents must be submitted via email as part of your application.

Demonstrating Basic Eligibility

Attach the following onto the application submission email:

- ☐ Federal Tax Exemption Determination Letters
- ☐ Non-Profit Articles of Incorporation and Bylaws
- ☐ Certification of Good Standing within the State of Maryland
    - Must be **within 30 days** of receipt of the application and can be obtained through the Department of Taxation website.
    - Screenshots are not sufficient, please use certificate from website
    - MOHS cannot enter in agreement with organizations that are not in Good Standing.
- ☐ Confirmation of Charitable Status with the State of Maryland
    - ☐ Uploaded screenshot is sufficient, as long as the date of screenshot is visible
    - ☐ Must be 'Exempt' or 'Current' Status. If the agency has another status or is not registered, please upload a letter with further context.
    - ☐ Available through Maryland OneStop

Demonstrating Financial and Organizational Capacity

Attach the following onto the application submission email:

- ☐ Last two years of audits:
    - **Single Audit:** Project recipients who expend $1,000,000 or more in 1 year in federal awards must submit the **two most recent single audit or independent financial audit** for the last two years in accordance with the provisions of 2 CFR part 200, subpart E.
        (i) If the latest audit completion is late, submit unaudited financial reports and a letter detailing when the single audit is expected to be completed

- ☐ **Financial Reports/Statements:** Submit **audited financial statements** that include detailed information about the recipient's fiscal management system for the last two years. If audited financial statements are not available, submit financial reports.
    (ii) Financial reports will be reviewed for statements of financial position, statements of activities, and statement of cash flows
- ☐ Copy of agency's **fiscal policies**, including procurement policies and internal controls
- ☐ **Organizational Chart**
    - ☐ The chart must include name, title, email, and phone number for each staff position involved with the project.
- ☐ **List of Board of Directors**
- ☐ **Unique Entity Identifier (UEI) and SAM.GOV Registration**
    - Upload screenshot of SAM.gov that includes UEI number **AND** expiration date
    - Applicants must be registered with an active UEI on https://www.sam.gov/SAM before submitting their application.
    - Applicants must maintain an active SAM registration with current information while they have an active Federal award or an application or plan under consideration by HUD.

5. Review Process

Project proposals received through this RFP process undergo a two-step threshold review to assess eligibility and completeness prior to being evaluated.
Project proposals that do not meet the requirements of the threshold review (Steps 1 and 2) will receive notification via email. Projects that do not pass the threshold review, either partially or fully, and would like to appeal for reconsideration, may contact ACIS@baltimorecity.gov. The project applicant should detail the specific item they are appealing and include any supporting documentation necessary. Applicants will be notified of a final decision within thirty (30) day of receiving the appeal.

Step 1: Application Completeness Review

i. ***Timeliness:*** The application must be received by the deadline
ii. ***Thoroughness:*** All required documents and attachments must be included in the application submission. Each submission is reviewed for completeness. If an item is missing, MOHS will notify the project applicant upon review of the application; points may be deducted for missing or incomplete documents. MOHS will not permit project applicants to submit any revised materials for issues related to project eligibility, content, writing, or any other errors.

Step 2: Eligibility Review ("Threshold")

i. ***Minimum Experience:*** The applicant's experience will be reviewed to ensure a minimum of three years of experience delivering supportive services to people experiencing homelessness.

ii. ***Financial Risk Assessment:*** The project's financial audits submitted with the application are evaluated on several factors, including, but not limited to:
- The required amount **in cash reserves**
- Fiscal health; financial statements; expenditures
- Material weaknesses or deficiencies
- Findings and disclosures

Project proposals that have insufficient financial health or significant findings in their audit may be deemed ineligible for CFA funding or asked to submit additional documentation.

Step 3: Project Scoring
After passing the threshold review, all projects will be evaluated by a panel using the applicable rubric below. Each section below shows the weighted scoring.

Reviewers reserve the right to send follow-up questions to applicants if further information is needed before making awards.

Step 4: Awards

MOHS will issue conditional awards to the highest scoring agencies.

Step 5: Clearance Agreements

Projects selected for funding must submit a final approved scope of work, budget and any conditions required for final approval.

6. Scoring Criteria

The below scoring criteria will be used to evaluate applications. If an applicant is not applying for a particular pathway, the points associated with Pathway-specific questions will not be included in the maximum total score.

Q#	Question Summary	Points
Section 1: Organizational Capacity and Experience		
Q1	Agency experience serving people experiencing homelessness (programs, participants served, populations)	**10**
Q2	Experience with specific target populations	**4**
Q3	Outcome data demonstrating success in supportive services	**10**
Q4	Internal fiscal management systems, recordkeeping, monitoring, and audit history	**10**
Q5	Experience managing grants and contracts	**10**
Q6	Financial and staffing structure aligned with ACIS fee-for-service model	**10**
	Section 1 Subtotal	**54**
Section 2A: Project-Based Supportive Housing Pathway		
Q7	Partnership with housing developer for a listed project (Appendix A)	**20**
Q8	Ability to leverage rental subsidy sources for 0–30% AMI (Optional)	**15**

Q9	Interest in being listed as a qualified provider for future partnerships (Optional)	**Not sored**
	Section 2A Subtotal	**35**
Section 2B: Intensive Street Outreach Pathway		
Q10	Experience delivering services to people in unsheltered locations (scope, types, participants)	**12**
Q11	Approach to engaging hard-to-locate or reluctant participants	**8**
	Section 3 Subtotal	**20**
Section 3: Case Management & Supportive Services Capacity		
Q12	Client-to-staff ratio (including non-ACIS caseloads)	**5**
Q13	Case manager supervision	**4**
Q14	Process for determining and documenting participant eligibility across funding sources	**8**
Q15	How the organization ensures participants move into housing quickly and in coordination with other agencies	**14**
Q16	Housing and tenancy case management services available (staff vs. referral)	**5**
Q17	Strengths-based case management: first 72 hrs, assessment tools, goal-setting, reassessment	**12**
Q18	Approach to participant crisis and de-escalation	**5**
Q19	Response to missed appointments or unresponsive participants	**8**
Q20	Warm handoffs to ensure service continuity (referrals and provider changes)	**11**
Q21	[General Supportive Services/Intensive Street Outreach only] Approach to housing search for medical needs; housing connection data	**8**
	Section 4 Subtotal	**80**
Section 4: Additional ACIS-Specific Requirements		
Q22	Data management systems/software for tracking participants, services, and outcomes (HMIS)	**5**
Q23	Data for decision-making (examples, frequency, actions taken)	**5**
Q24	Medicaid-billable services authorization	**15**
Q25	Key start-up milestones: staffing timeline and first participants served	**5**
	Section 5 Subtotal	**30**
	TOTAL POSSIBLE SCORE	**219**

Appendix A: Set-Aside for Developments

As part of the **Project-Based Supportive Housing Pathway**, ACIS participant enrollment spaces have been set-aside for the below developments.

Please review Section II.C.2.: Project-Based Supportive Housing Pathway for more information on the application process and expectations for these partnerships.

Project Name	Developer	Total Units Set-Aside for ACIS
Beacon House	Beacon House	56
Claire Court II	HOMES for America	5
	Fertile Ground	4
Bridges/Belvedere	Winn Development	11
New Shiloh III	Unity Properties	10
Sojourner Place @ Park	Episcopal Housing	28
407 Franklin	407 Partners	6
Springboard	Springboard	6
Park Heights Multi	NHP/Anderson	5
	MORE	4
Urban Equity	Milliman&20th St.	4
Sojourner @ Falls	Episcopal Housing	92
Abe Dua Residences	NHP	8
Westport Parcel A	NHP	8
	TOTAL:	**247**