



Summary of State Actions: Medicaid & Housing Services

Updated Spring 2026

INTRODUCTION

States recognize the importance of addressing Housing Related Services (HRS) to improve health outcomes while simultaneously reducing Medicaid spending. As a result, a growing number of states have approved Medicaid waivers and State Plan Amendments (SPAs) that cover HRS and other supports to address HRS. Additional states are using an “In Lieu of Services” strategy to offer housing services to Medicaid beneficiaries served by Managed Care. All these programs include the ability to access Medicaid funding for supportive housing services and gives states the potential to scale the evidenced-based model of supportive housing.¹ CSH is also advocating that states adopt [six additional strategies](#) to ensure that these new housing support services lead to the creation of more supportive housing. The first and most important of these strategies is to align affordable housing with HRS at the systems level.

States are using Housing Related Services (HRS) to scale supportive housing models, so that states can address chronic shortages of supportive housing and continue to address non-medical needs of Medicaid members. Persons who are experiencing homelessness and housing instability seldom are able to interface effectively or efficiently with the healthcare sector and need additional supports to do so. Many persons who are institutionalized in nursing homes, behavioral health residential care or group home settings could benefit from supportive housing, but capacity is limited in every community. States are also looking to expand supportive housing to serve new people and populations and ensure

¹ <https://www.nationalacademies.org/news/2018/07/permanent-supportive-housing-holds-potential-for-improving-health-of-people-experiencing-homelessness-but-further-research-on-effectiveness-is-needed-including-studies-on-housing-sensitive-health-conditions>

that people live in the most community-integrated setting possible to comply with the Olmstead decision.² Finally, states embrace supportive housing as a cost-effective alternative to institutional care and are slowly building the systemic linkages needed to expand supportive housing capacity.³ CSH encourages communities to integrate People with Lived Expertise in their processes to expand supportive housing capacity and quality as those closest to the issues are best positioned to offer effective solutions on the ground.

Approved Medicaid 1115 waivers in several states now cover recuperative care (or what the homeless sector calls Medical Respite) and six months of housing assistance. Given the nation's affordable housing crisis, linking those persons to long-term housing options such as supportive housing or other long-term affordable options will be crucial to this demonstration model's success. According to CSH's analysis, 31 states and Washington D.C. have been approved to cover HRS via their state Medicaid plan. Twenty-four states and D.C. have implemented those Medicaid authorities and now have programs that are classified as "operating" below. CSH's [map](#) can help you find where your state is in this process. **States are likely to face significant revenue shortfalls in their FY 2027 and 2028 budgets, and these new programs will need strong advocates to ensure continued operations.**

States continue to screen for non-medical needs that impact health outcomes, and this includes housing instability and food insecurity. Screening data, if made public, can be used to advocate for continued coverage of these services via Medicaid. Data on homelessness and housing instability will likely differ significantly from the [Department of Housing and Urban Development \(HUD\) Point-in-Time Count](#) and the numbers should be used collaboratively to better estimate need.

States' health and Medicaid systems are developing networks of non-traditional providers who can address the challenges faced by Medicaid recipients in these areas. The screenings will produce new and better data around what non-medical needs are not being met and communities' abilities to address those needs. While healthcare organizations will use this information to make referrals for assistance, local systems, in the current climate, generally do not have the capacity to assist all who need help, particularly with a significant new source of referrals. The supportive housing industry is watching closely and hopes to use that data to better make the case for needed new affordable and supportive housing resources.

² [Community Living and Olmstead | HHS.gov](#)

³ [Housing and Services Partnership Accelerator | ACL Administration for Community Living](#)

The Centers for Medicare & Medicaid Services (CMS) views HRS services as part of the state's Home and Community Based Services (HCBS) program, so states are integrating these new services into existing programs and systems. HCBS programs are particularly vulnerable right now because they are [optional](#) state services, and there have been concerns about [fraud](#) in the program amid an increased [federal focus on fraud](#). State Waiver approvals include several administrative requirements familiar to HCBS programs including Settings Rule compliance, Person-Centered Plans and Conflict of Interest requirements. Twenty-two states have Managed Long-Term Services and Supports (LTSS) programs, and states may choose to administer the program through a Managed Care delivery system with providers billing Managed Care Organizations (MCOs) for these services. CSH has also seen value in a Third-Party Administrator (TPA) delivery system in which one entity is responsible for the traditional MCO role, but is also tasked with onboarding non-traditional Medicaid providers, commonly called Community Based Organizations (CBOs).

States with approved HRSN waivers if they can show cost savings, may have the strongest case to continue these services, past the 'research and demonstration' phase of an 1115 Medicaid Authority. CSH's analysis estimates that 10 states (AZ, AR, CA, CO, IL, MA, NJ, NC, OR and WA) have all the approvals needed to implement their non-medical services waivers at this time.

The table on the following pages highlights actions the states and the District of Columbia have taken to create and implement service delivery and financing of Housing Related Services (HRS) that are now commonly delivered by supportive housing providers through other funding sources. If you are aware of any changes or updates, please contact the National Center for Housing + Health at contact@housinghealthcenter.org

SUMMARY OF STATE ACTIVITY

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Arizona	Housing and Health Opportunities (H2O)	1115 Waiver	People experiencing homelessness, with a priority for those with Serious Mental Illness (SMI).	Pre and Post tenancy services, 6 months housing costs including enhanced shelter and outreach	The state is using a Third-Party Administrator (TPA) to operate the program, and providers will not be required to submit claims for payment. Rather, H2O providers submit invoices to the TPA, H2O - Solari Community Support Network .	Operating Waiver approved October 14, 2022, with an end date of September 30, 2027. Latest Waiver Amendment approved 12/27/2024. Implementation Plan Services Protocol
Arkansas	Life360 - Arkansas Department of Human Services	1115 waiver	Young Adults with previous foster care or carceral system involvement	Life Skills and other Health Related Social Needs screening and assistance	As of fall, 2024, state web site reports no current providers but is engaging hospitals	State Planning Post CMS approval Demonstration Approval, 12/21/21 CMS approved Assessment, Infrastructure and Provider Qualifications Protocol approved 8/2024 Provider Manual including the fee schedule

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California	MediCal Transformation	1915(b) State Plan Amendment	People experiencing homelessness are one of many priority populations	Pre and Post tenancy services, Housing deposits	State using In Lieu of Services (ILOS) in which MCPs decide what services to offer and to whom.	<p>Operating</p> <p>The <u>waiver</u> was approved December 2021 with a January 1, 2022, start date.</p> <p><u>Regularly updated outcomes reporting</u></p> <p>State developing their next waiver and taking community input at CalAIM 1115 and 1915(b) Waiver Renewals</p>
Colorado	Housing Supports Formerly known as Statewide Supportive Housing Expansion (SWSHE)	1115 waiver	Persons experiencing homelessness, multiple disabling conditions, and high health/crisis system utilization.	<ul style="list-style-type: none"> - Case Management - Pre tenancy navigation services - Tenancy sustaining services - One time transition and move in costs - Utility Assistance - Short term post transition housing - Short term rental assistance - First month's rent as a transitional service 	The state is transitioning the program to FFS Medicaid and has created <u>Community Services Provider, Provider Type 89, Code 208</u>	<p>Operating</p> <p><u>Waiver Approved</u> 1/23/2025 and is expected to be extended through 2026.</p>

Connecticut	The CT Housing Engagement and Support Services (CHESS) Initiative	1915 (1) and 1915 (b4) State Plan Amendments (SPA)	Homeless and higher health care utilization than to be expected based on diagnosis	Pre and post tenancy support services	Administered by Carelon Behavioral Health of Connecticut (ctbhp.com)	Operating State Initiative website CMS approved 1915(i) SPA CMS approved 1915(b4) SPA
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District of Columbia	Housing Supportive Services dhs (dc.gov) , including Housing Stabilization Services and Housing Navigation Services	1915(i) SPA	Homeless as identified by the city's Coordinated Entry System	Pre and post tenancy support services	Assessment for the services is integrated into the Coordinated Entry process. Providers are paid by DC Medicaid on a Per Member, Per Month (PMPM) basis. Rate rose to \$770.31 in FY 2023.	Operating SPA approved March 25, 2022
Florida	Housing Assistance Waiver Pilot Program expanded to work in state managed care regions A and B.	1115 Waiver Amendment	Homelessness with specific behavioral health needs	-Transitional housing services -Tenancy sustaining services - Mobile crisis management (de-escalation) -Self-help and peer support services and resources	Administered by the Managed Care Organizations (MCOs) in the pilot regions. Note: New MMA regions in FL took effect in January 2025 (new map available here)	Operating Latest waiver was approved on 1/31/2025 Implementation is active in regions C and E in the central part of the state. The approved waiver amendment request expands operation to managed care regions A and B.

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Hawaii	Community Integration Services (CIS) and Housing Supports under Health-Related Social Needs	1115 Waiver	Individuals with a behavioral health, physical illness, or substance use diagnosis and are chronically homeless.	<u>Housing Supports</u> <ul style="list-style-type: none"> - Pre-Tenancy Navigation Services - One time move in costs - Tenancy and Sustaining Services - Utility Assistance - Home Remediation - Home Modifications - short-term pre-procedure housing - short-term recuperative care - short-term post-hospital - first month's rent - short-term rental assistance 	Administered by the state's Medicaid Managed Care Organizations (MCOs). <u>State MCO listing</u> State modifying implementation guidelines to improve access for target population.	Operating <u>New Waiver approved 1/8/2025.</u> <u>State Program Web page</u>

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Illinois	Health Related Social Needs including Housing Interventions	1115 waiver	Individuals who are considered high cost or high risk including those with Behavioral Health needs, a chronic physical condition or pregnant	<u>Housing Supports</u> including: - Housing Transition & Navigation - Pre-Tenancy navigation - One time transition costs -Tenancy Sustaining Services	Administered by the state's Medicaid Managed Care Organizations (MCOs). <u>State MCO listing</u>	State Planning post CMS approval <u>Waiver approved</u> 7/2/2024.
Kentucky	<u>1915(i) RISE initiative</u>	1915(i) State Plan Amendment	Persons with Behavioral Health Challenges	Pre and Post tenancy Services	Providers will bill the state Medicaid Management Information System (MMIS)	Operating <u>State Plan Amendment or SPA approved 3/27/2025</u>
Louisiana	Permanent Supportive Housing (PSH) Initiative	State Plan Services	Low-income populations with disabilities.	Pre and post tenancy services	State plan process integrated across housing and services sectors.	Operating <u>State PSH Website</u>
Maryland	Assistance in Community Integration (ACIS) program	1115 Waiver	Homeless or at risk, institution or high risk of institutional placement AND 4 or more hospital visits in a year & 2+ chronic conditions.	Pre and post tenancy services	Administered by the counties who are responsible to align with housing resources.	Operating <u>State ACIS project website</u> <u>State Report on program</u> <u>New waiver amendment, approved January 13th, 2025, increases the program cap from 900 to 2,140</u>

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Massachusetts	Health Related Social Needs 1.Community Supports Program for Homeless Individuals (CSP-HI) 2. Flexible Services to evolve to Health Related Social Needs (HRSN) services	1115 MassHealth Demonstration ("Waiver") Mass.gov	1. Homeless individuals 2. TBD by each ACO and their community partners. MA ACO and MCO listing.	1. Pre and Post tenancy services 2. TBD by each ACO and their community partners	1. Administered by state's MCOs 2. Administered by MCOs and ACOs to members of their choosing to reduce costs and improve health	Operating For CSP-HI- Code- H2016 Modifier HK and rate is a per diem of rate of \$27.72 CSPECH Cost Savings Report- 2017 New Waiver approved 9/28/2022. DSRIP HRSN Protocol Approved June, 2023 HRSN Integration Fund - Health Resources in Action (hria.org)
Michigan	Housing Assistance	1915 (i) SPA as of October 2023	Persons with serious mental illness, serious emotional disturbance and/or intellectual/developmental disabilities.		Services are a component of the state's Behavioral Health Transformation Plan. The benefit is offered through the Prepaid Inpatient Health Plans or PIHPs that manage community behavioral health provider network.	Operating CMS approved 1915(i) SPA

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Minnesota	Housing Stabilization Services	1915 (i) SPA	People with disabilities, homeless or housing unstable.	Pre and Post tenancy services	Benefit administered by MCOs, approved by the state. Housing Transition reimbursed at \$17.17 per 15-minute increment. The code is H2015 U8. Housing Sustaining reimbursed at \$17.17 per 15-minute increment. Code- H2015 U8/TS. ⁴	Program Suspended Housing Stabilization Services Program was <u>terminated</u> October 31, 2025 due to widespread fraud. State reports they are developing plans to re-launch the program in the coming years.
Montana	HEART Waiver (mt.gov)	1115 Waiver	People with behavioral health challenges who are experiencing homelessness or housing instability.	Pre and Post tenancy services	TBD – Montana is one of a few states that does not have Medicaid Managed Care	Operating The Waiver Amendment was approved 2/26/2024.
Nevada	Housing Supports & Services	1915(b) ILOS Services	TBD by Managed Care Plans	Housing Transition Supports, Housing Deposits and Housing Sustainment Services	Housing Transition Supports HCPCS Codes H0043, “XU”: H2015, “XU”; H2016, “XU”. Housing Deposits HCPCS Codes H0044, “XU”. Housing Sustainment Services HCPCS Code T2051, “XU” for a per diem rate; and HCPCS code T2041, “XU” for a 15-minute	Operating ILOS Language GO LIVE date was 1/1/2026, but state is still developing program and policy materials.

⁴ [Housing Stabilization Services \(state.mn.us\)](#)

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					<p>billing increments rate.</p> <p>ILOS must be through Managed Care. Of note the Aged, Blind and Disabled population in Nevada is NOT in Managed Care.</p>	
New Hampshire	Housing Stabilization Services	1915(i) SPA, which is a Home and Community Based Services (HCBS) program	Homeless or at risk of homelessness and needing assistance for community living.	TBD Program capped at 50 people	Administration is TBD but the state's current Home and Community Based Services programs is administered by Managed Care	<p>State Planning post CMS approval</p> <p>The State Plan Amendment is approved and the state is developing regulations to govern operations</p>
New Jersey	NJ FamilyCare Housing Supports Program	1115 Waiver	Persons with disabilities, formerly incarcerated, formerly homeless or at risk of homelessness, transitioning from institution and/or beneficiaries who are transitioning out of high-risk or unstable housing situations.	<p>Pre and Post tenancy services</p> <p>Residential Modification & Remediation</p> <p>Move In Supports</p>	<p>Will be administered by the state's 5 statewide Managed Care Organizations.</p> <p>Camden Coalition is operating a provider support web site at NJ FamilyCare Housing Supports Program - Camden Coalition.</p>	<p>Operating</p> <p>The HRSN 1115 waiver is approved as of 3/30/2023.</p> <p>Higher level of need Pre tenancy and Tenancy Sustaining: \$640 a month</p> <p>Lower level of need Pre Tenancy and Tenancy Sustaining: \$320 a month, per CMS approved payment methodology</p>

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New Mexico	Supportive Housing Units, including capital funds	1115 waiver	Those with Serious Mental Illness	Pre and post tenancy services	The services are administered by Managed Care	<p>Operating</p> <p>Program is called Linkages and provides state funded rental assistance with Medicaid services for those with Behavioral health Challenges</p> <p>Updated Centennial Care 2.0 waiver includes growing the program.</p>
New York	Health Related Social Needs Waiver	1115 waiver	TBD by newly developed Social Care Networks or SCNs	Pre and post tenancy services. Homelessness, SMI and SUD are suggested priority populations.	Everyone is screened for HRSN needs and referred to an SCN who is charged with addressing needs. SCN contracts have not been awarded as of July 2024.	<p>State Planning post CMS approval</p> <p>Waiver approved 1/9/2024.</p> <p>Social Care Networks (SCN) contracts awarded August 2024</p> <p>Social care networks program manual 2026</p>
North Carolina	Social Determinants of Health (SDOH) Initiatives can include Housing Support Services.	1115 Waiver	Healthy Opportunities Pilots (HOP) Administrator in each county	Services Definitions	Lead Pilot Entities (LPE) are operating as Community Care Hubs supporting CBOS administratively.	<p>Program Suspended</p> <p>State Program Website</p> <p>State legislature did not appropriate funds for the program in FY26.</p> <p>Waiver Renewal, 12-10-2024 updates the Fee Schedule. Housing services were last paid at \$433.62 Per Member, Per Month</p>

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North Dakota	Housing Support Services	1915 (i) SPA	People with behavioral health challenges who are experiencing homelessness and housing instability.	Pre and post tenancy services	Providers bill the state for the traditional Medicaid population or an MCO for those who are part of the Medicaid Expansion population.	<p>Operating</p> <p>The state has an approved 1915(i) SPA. Services began on February 2, 2021.</p> <p>The rate is \$11.61 per 15-minute increment. The code is H2021 U4.⁵</p> <p>Data Dashboards</p>
Oregon	Health-related services can include housing services. Housing services are optional for Coordinated Care Organizations (CCOs) to fund.	1115 Waiver that creates Coordinated Care Organizations (CCOs)	The target population is not specified in the waiver. CCOs can choose to include services as an optional benefit under health-related services.	TBD by the CCOs	Coordinated Care Organizations or CCOs are Oregon's community focused evolution of Managed Care.	<p>Operating</p> <p>The state is working to incentivize CCOS to offer tenancy supports to pair with new housing-related resources that are coming online.</p> <p>State Health-Related Services Overview</p>
	Health Related Social Needs (HRSN) services including Housing Support Services	1115 Waiver	People at risk of homelessness, those leaving institutions or congregate care and child welfare involved families. Services for those experiencing homelessness do not have a GO LIVE date set.	Pre and post tenancy services Rental Assistance Housing Transition Costs	State working with CCOs to implement and TPA for individuals who are not CCO members	<p>Operating</p> <p>Housing Services GO LIVE, November 2024 for those at risk of Homelessness with serious mental illness.</p> <p>Waiver approved 9/28/22 Fee Schedule- \$20 for 15 minute increments, with a plan to move to Per Member, Per Month at \$311 a month.</p>

⁵ [2025-7-1 1915i Fee Schedule.xlsx](#)

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Pennsylvania	Keystones of Health	1115 authority		Housing Supports including <ul style="list-style-type: none"> - Housing Focused Case Management - Pre-Tenancy navigation - One time move in Cost - Tenancy and sustaining services - Utility assistance - First Months' rent - Short term rental assistance 	State is bidding out administration via a Third Party Administrator model	Planning post CMS approval Waiver approved 12/26/2024.
Rhode Island	Home Stabilization Services	1115 waiver	Persons with behavioral health or intellectual disabilities and those institutionalized or at risk of institutionalization	Home FIND and Home Stabilization Services	The per month rate per member is <u>\$331.84</u> and the code is H0044.	Operating Waiver renewal approved November, 2025 State Project Website The state has created a Certification Standards and Provider Manual .

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Texas	Supported Home Living	1915(i) SPA	Persons with serious mental illness.	Supported home living services		Operating CMS approved SPA on August 31, 2020.
Utah	Housing Related Services and Supports (HRSS)	1115 Waiver	Generally, has a Behavioral Health challenge and is homeless or at risk of homelessness.	Tenancy Support Services, Community Transition Services and Supportive Living Services	<p>Services are authorized by state HRSS staff</p> <p>HCPCS Billing Code: T2024 – Tenancy Support Service – \$18.37 per 15 minutes</p> <p>HCPCS Billing Code: T2038 – Community Transition Services, 2 episodes per 5-year period per person up to \$2,000 per each occurrence</p> <p>HCPCS Billing Code: T2017 – Supportive Living Service – \$18.37 per 15 minutes</p>	Operating Waiver amendment approved 1/8/2025 State Housing Related Services and Supports (HRSS) web site Provider Manual updated 11/2024

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Vermont	Supportive Housing Assistance Pilot Program	1115 Waiver	Persons who are 18 and older and need assistance with at least one needs-based criteria and have one or more risk factors .	<p>Pre tenancy and tenancy support services in the PSH pilot NOT in the HRSN program.</p> <p>The state's January, 2025 waiver amendment includes Housing Supports</p> <ul style="list-style-type: none"> -Transition and Move in Costs -Home Remediation -Home Accessibility Modifications -Short term recuperative care -Short term Rental assistance 	Will be administered by Department of Vermont Health Access	<p>Operating</p> <p>The state's 1115 Waiver was approved on June 28, 2022, and includes a PSH Pilot</p> <p>State Medicaid PSH web site</p>

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
The State of Washington	Foundational Community Supports (FCS) for supportive housing and supportive employment services.	1115 Waiver	People experiencing chronic homelessness, individuals with frequent or lengthy adult residential care stays, individuals with frequent turnover of in-home caregivers, and those at highest risk for expensive care and adverse outcomes.	Pre and Post tenancy services and supported employment services	<p>The state is using a Third-Party Administrator to simplify administrative processes.</p> <p>Wellpoint (formerly Amerigroup) Provider Manual</p> <p>Using Billing Codes H0043 Community Support services: daily rate of \$112 with a benefit limitation of 30 days over 180 days.</p>	<p>Operating</p> <p>The waiver was approved and implemented as of January 1, 2018.</p> <p>State Program Website</p>
	Health-Related Social Needs Services including Housing Supports	1115 Medicaid waiver renewal	Populations include chronic homeless, institutionalized or at risk of institutionalization	A variety of Health-Related Social Needs services including pre and post tenancy services, housing transitional costs and rental assistance	HRSN work is led by the state's Accountable Communities of Health (ACHs) to roll out the services via Community Based Organizations or CBOs. The ACHs will support a single local or regional specific Community Care Hubs and one Native Hub statewide to serve Tribal populations.	<p>State Planning post CMS approval</p> <p>Waiver renewal approved June 30, 2023, waiver amendment with HRSN implementation plan approved January 8, 2025</p>

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
West Virginia	Behavioral Health Continuum of Care	1115 Authority	Persons with significant Behavioral Health Needs with a focus on those leaving Institutions for Mental Disease (IMDs)	Housing Supports including pre and post tenancy services and move in support	Will be implemented by Managed Care	State Planning Post CMS approval 2024-12-11 CMS approved SUD waiver
Wisconsin	CHIP Housing Support Initiative	Children's Health Insurance Program (CHIP)	Low-income families with children 18 years and younger and individuals who are pregnant.	-Housing Consultation -Transition Supports -Sustaining Supports -Relocation Supports	State is granting funds to 8 homeless assistance providers in all four of Wisconsin's CoCs. See website	Operating Start date was May 21, 2023
	Housing Support Services	1915(i) SPA	Medicaid beneficiaries with Behavioral Health needs, who are experiencing homelessness or at imminent risk of homelessness	-Housing Consultation -Transition Supports -Sustaining Supports -Relocation Supports		Operating Start date 2/1/2025 State Plan Amendment or SPA approved 11/7/2024. State Housing Supports web site.

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