Corporation for Supportive Housing **POLICY BRIEF**



SUMMARY OF STATE ACTIONS Medicaid & Housing Services

INTRODUCTION

Updated Spring, 2025

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. These programs also include the ability to access Medicaid funding for supportive housing services and give states the potential to scale the evidenced-based model of supportive housing.¹ CSH also advocates that states adopt <u>six additional strategies</u> 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. Individuals who are experiencing homelessness and housing instability are seldom able to interface effectively or efficiently with the health care sector and need additional support to do so. Many people 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 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

¹ <u>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</u>

² Community Living and Olmstead | HHS.gov

³ Housing and Services Partnership Accelerator | ACL Administration for Community Living

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 inform effective on the ground solutions.

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 people to long-term housing options such as permanent supportive housing or other long-term affordable options will be crucial to this demonstration model's success. According to CSH's analysis, 30 states and Washington D.C. have been approved to cover HRS via their state Medicaid plan. Contact CSH at <u>health@csh.org</u> for more details including help finding out where your state is in this process, key administrative details for states such as provider types, payment mechanisms and rates, recommended taxonomy codes and Healthcare Common Procedure Coding System (HCPCS) codes.

Increasingly, states are requiring screening for non-medical needs including homelessness, housing instability and food insecurity. States are developing networks of providers who can address the challenges faced by Medicaid recipients in these areas. The screening will produce new and better data around what non-medical needs are not being met and the ability of communities to address those needs. While health care 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 flow of referrals. The supportive housing industry is closely watching and hopes to use these data to better make the case for needed new affordable and supportive housing resources.

The Centers for Medicare & Medicaid Services (CMS) views HRS services as part of the state's Home and Community Based Services (HCBS) program and states are integrating these new services into existing programs and systems. 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). For the approved HRSN waivers, states are also, in some cases, not requiring Medicaid claims but accepting invoices, though the information reported remains similar if not identical to a Medicaid claim. Supportive housing providers will need startup funding and technical assistance to make this shift with distinctive administrative implications for agencies.

States with waivers may have infrastructure funding in 4 categories:

- 1. Technology,
- **2.** Business Practice,
- **3.** Workforce Development and Outreach, and
- 4. Education and Convening to support an agency's transition to Medicaid billing.

Any changes to the CMS approval process for SPAs and waivers, or reductions to the Medicaid budget, would affect states' ability to continue offering these services.

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 improve service delivery and financing of Housing Related Services (HRS) and if implemented are now commonly delivered by supportive housing providers.

SUMMARY OF STATE ACTIVITY

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Arizona	Housing and Health Opportunities (<u>H2O</u>)	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, <u>H2O - Solari</u> <u>Community</u> <u>Support Network</u>	Operating Waiver approved October 14, 2022, with an end date of September 30, 2027 Latest <u>Waiver</u> <u>amendment</u> approved 12/27/2024 GO LIVE date is 10/1/2024 <u>Implementation Plan</u> Services Protocol
Arkansas	Life360 - Arkansas Department of <u>Human</u> 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, the 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

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
California	MediCal Transformation	191 <mark>5(b) State Plan Amendment (b) State (b) State (b) Plan (b) Pla</mark>	People experiencing homelessnes s is 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	Operating The <u>waiver</u> was approved December 2021 with a January 1, 2022, start date <u>Early outcomes</u> reporting
Colorado	Housing Supports Formerly known as Statewide Supportive Housing Expansion (SWSHE)	1115 waiver	Persons experiencing homelessnes s, multiple disabling conditions, and high health/crisis system utilization.	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</u> <u>Services Provider,</u> <u>Provider Type 89,</u> <u>Code 208</u>	Operating <u>Waiver Approved</u> 1/23/2025
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 <u>Carelon Behavioral</u> <u>Health of</u> <u>Connecticut</u> (ctbhp.com)	Operating <u>State Initiative website</u> <u>CMS approved 1915(i)</u> <u>SPA</u> <u>CMS approved 1915(b4)</u> <u>SPA</u>

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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 raised 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	Homeless 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 (<u>new map</u> <u>available here</u>)	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.

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Hawaii	Community Integration Services (CIS) and Housing Supports under Health-Related Social Needs	1115 Waiver	Individuals with behavioral health, physical illness, or substance use diagnosis and are chronically homeless	 Housing Supports 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 New Waiver approved 1/8/2025 State Program Web page

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
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.	 Housing Supports 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 Waiver approved 7/2/2024 CSH working with the state on rate development for Supportive Housing Services
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 State PSH Website

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
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 for aligning with housing resources	Operating <u>State ACIS Project</u> <u>Website</u> <u>State Report on</u> program <u>New waiver</u> <u>amendment</u> , approved January 13 th , 2025, increases the program cap from 900 to 2,140
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	<u>1115</u> <u>MassHealth</u> <u>Demonstratio</u> <u>n ("Waiver") </u> <u>Mass.gov</u>	 Homeless individuals TBD by each ACO and their community partners. MA ACO and MCO listing. 		 Administered by state's MCOs 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 <u>rate of \$27.72</u> <u>CSPECH Cost</u> <u>Savings Report- 2017</u> New <u>Waiver approved</u> 9/28/2022. <u>DSRIP HRSN Protocol</u> <u>Approved June, 2023</u> <u>HRSN Integration</u> <u>Fund - Health</u> <u>Resources in Action</u> (hria.org)

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
	Housing Assistance	1915 (i) SPA as of October 2023	Persons with serious mental illness, serious emotional disturbance and/or intellectual/devel opmental disabilities.		Services are a component of the state's Behavioral Health Transformation Plan. The benefit is offered through the Prepaid Inpatient Health Plans or <u>PIHPs</u> that manage community behavioral health provider network.	Operating <u>CMS approved 1915(i)</u> <u>SPA</u>
Michigan	SDOH In Lieu of Services	Via Managed Care Contracts	TBD by MCOs	TBD	Addressing SDOH needs including potentially Housing Related Services	Planning <u>MDHHS issues award</u> <u>recommendation for</u> <u>Michigan's Medicaid</u> <u>Health Plans</u>

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
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	Operating <u>Housing Stabilization</u> <u>Services</u>
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 a few states that does not have Medicaid Managed Care	State Planning post CMS Approval The <u>Waiver Amendment</u> was approved 2/26/2024
Nevada	Housing Support Services	1915(i) SPA	TBD	TBD		Planning For a Medicaid funded Tenancy Support Services Benefit

⁴ <u>Housing Stabilization Services (state.mn.us)</u>

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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	State Planning post CMS approval The <u>State Plan</u> <u>Amendment</u> is approved and the state is developing regulations to govern operations
New Jersey	Housing Transition and Tenancy Sustaining Services as part of a Health- Related Social Needs 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	Pre and Post tenancy services Residential Modification & Remediation Move In Supports	Will be administered by the state's 5 statewide Managed Care Organizations	State Planning post CMS approvalThe HRSN 1115 waiver is approved as of 3/30/2023.Per Member, Per Month payment mechanism is likely.Higher level of need Pre tenancy and Tenancy Sustaining: \$640 a monthLower level of need Pre Tenancy and Tenancy Sustaining: \$320 a month, per CMS approved payment methodology

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
New Mexico	Supportive Housing Units, including capital funds	<u>1115</u> <u>waiver</u>	Those with Serious Mental Illness	Pre and post tenancy services	The services are administered by Managed Care	Operating Program is called Linkages and provides state funded rental assistance with Medicaid services for those with Behavioral health Challenges Updated <u>Centennial Care</u> <u>2.0 waiver</u> includes growing the program.
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	State Planning post CMS approval Waiver approved <u>1/9/2024.</u> Social Care Networks (SCN) contracts awarded August 2024
North Carolina	Social Determinants of Health (SDOH) Initiatives can include Housing Support Services.	1115 Waiver	Heathy Opportunities Pilots (HOP) in 3 regions is expanding to statewide Health Related Social Needs services in 2025 with a Network Lead and a HOP Administrator in each county	<u>Services</u> <u>Definitions</u>	Lead Pilot Entities (LPE) are operating as Community Care Hubs supporting CBOS administratively	Operating <u>State Program Website</u> <u>Waiver Renewal, 12-10-</u> <u>2024</u> updates the Fee Schedule. Housing services now paid at \$433.62 Per Member, Per Month

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.	Operating The state has an approved 1915(i) <u>SPA</u> . Services began on February 2, 2021. The rate is \$10.49 per 15-minute increment. The code is H2021 U4. ⁵ <u>Enrollment and Service</u> <u>Delivery Report</u>
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⁵ 2023 1915i Fee Schedule.xlsx (nd.gov)

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
	Health-related services can include housing services. Housing services are optional for Coordinated Care Organizations (<u>CCOs</u>) to fund. Health Related	1115 Waiver that creates Coordinate d Care Organizati ons (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 Pre and post	Coordinated Care Organizations or CCOs are Oregon's community focused evolution of Managed Care.	Operating The state is working to incentivize CCOS to offer tenancy supports to pair with new housing- related resources that are coming online. <u>State Health-Related</u> <u>Services Overview</u> Operating
Oregon	Social Needs (HRSN) services including Housing Support Services	Waiver	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.	tenancy services Rental Assistance Housing Transition Costs	CCOs to implement and TPA for individuals who are not CCO members	Housing Services GO LIVE, November 2024 for those at risk of Homelessness with serious mental illness. <u>Waiver approved</u> 9/28/22 <u>Fee Schedule-</u> \$20 for 15 minute increments, with a plan to move to Per Member, Per Month at \$311 a month.

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Pennsylvania	Keystones of Health	1115 authority		Housing Supports including - 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 <u>Third Party</u> <u>Administrator</u> model	Planning post CMS approval Waiver approved 12/26/2024.
Rhode Island	Home Stabilization Services	<u>1115</u> <u>waiver</u>	Persons with behavioral health or intellectual disabilities and those institutionalized or at risk of institutionalizatio n.	Home FIND and Home Stabilization Services	The per month rate per member is <u>\$331.84</u> and the code is H0044.	Operating <u>CMS approved waiver</u> . <u>State Project Website</u> The state has created a <u>Certification Standards</u> and <u>Provider Manual</u> .

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 that could be used in Supportive Housing		Operating <u>CMS approved SPA</u> on August 31, 2020
Utah	Housing Related Services and Supports is transitioning to Health-Related Social Needs Housing Supports	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	Services are authorized by state HRSS staff HCPCS Billing Code: T2024 – Tenancy Support Service - \$18.37 per 15 minutes HCPCS Billing Code: T2038 – Community Transition Services , 2 episodes per 5-year period per person up to \$2,000 per each occurrence HCPCS Billing Code: T2017 – Supportive Living Service - \$18.37 per 15 minutes	Operating <u>Waiver amendment</u> <u>approved 1/8/2025</u> <u>State Housing Related</u> <u>Services and Supports</u> (HRSS) web site <u>Provider Manual</u> <u>updated 11/2024</u>

State/City	Program Name	Medicaid Authority	Target Population includes:	Services Include	Key Administrative Details	Status
Vermont	Supportive Housing Assistance Pilot Program	<u>1115</u> <u>Waiver</u>	Persons who are 18 and older and need assistance with at least one <u>needs- based criteria</u> and have one or more <u>risk factors</u>	Pre tenancy and tenancy support services in the PSH pilot NOT in the HRSN program The state's January, 2025 waiver ammendment includes Housing Supports -Transition and Move in Costs -Home Remediation -Home Accessibility Modifications -Short term recuperative care -Short term Rental assistance	Will be administered by <u>Department of</u> <u>Vermont Health</u> <u>Access</u>	State Planning post CMS approval

State/City	Program Name	Medicaid Authorit y	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	The state is using a Third-Party Administrator to simplify administrative processes. <u>Wellpoint (formerly</u> <u>Amerigroup) Provider</u> <u>Manual</u> Using Billing Codes H0043 Community Support services: daily rate of \$112 with a benefit limitation of 30 days over 180 days.	Operating The <u>waiver</u> was approved and implemented as of January 1, 2018. <u>State Program Website</u>
	Health-Related Social Needs Services including Housing Supports	<u>1115</u> <u>Medicaid</u> <u>waiver</u> <u>renewal</u>	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 local, geographic specific Community Care Hubs and one Native Hub statewide to serve Tribal populations.	State Planning post CMS approval Waiver renewal approved June 30, 2023, waiver amendment with HRSN implementation plan approved January 8, 2025

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
	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. (add website) <u>https://www.dhs.wisco</u> <u>nsin.gov/medicaid/hou</u> sing-supports.htm	Operating Start date was May 21, 2023
Wisconsin	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 <u>Housing Supports</u> web site.

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CSH (Corporation for Supportive Housing) advances affordable and accessible housing aligned with services by advocating for effective policies and funding, equitably investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 467,600 units of affordable and supportive housing and distributed more than \$1.5 billion in loans and grants. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors. For more information, visit www.csh.org.

