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<th>State</th>
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| **Arizona**<br>Approved<br>OCTOBER 2022 | · A maximum of six months of rent or temporary housing.  
· Utilities.  
· “Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.”  
· Assistance with housing navigation.  
· Moving expenses.  
· Housing deposits.  
· Home accessibility modifications.  
· Home remediation services, when necessary for the recipient’s health. | For rent/temporary housing and utilities:  
· Individuals transitioning out of institutional care or congregate settings.  
· Individuals who are homeless, at risk of homelessness, or transitioning out of emergency shelters.  
· Individuals transitioning out of the child welfare system. | · Up to $482 million can be spent on these housing services over the five-year demonstration.  
· Up to $67.5 million is available to support infrastructure for housing services over the five-year demonstration. |
| **California**<br>Approved<br>DECEMBER 2021<br>Amended<br>January 2023 | Short-term stays in certain facilities where homeless Medicaid enrollees can continue their recovery after being discharged from a hospital or other inpatient setting, specifically:  
· Recuperative care for up to 90 days.  
· Short-term housing for up to six months. | Individuals who are homeless or at risk of homelessness and have medical needs significant enough to result in emergency department visits, hospital admissions, or other institutional care. | · Up to $1.96 billion can be spent on services over the five-year demonstration.  
· Infrastructure for these services is funded under the $1.85 billion PATH (Providing Access and Transforming Health) initiative; a subset of this amount will support these and other housing-related services in California Medicaid. |
| **Oregon**<br>Approved<br>September 2022 | A maximum of six months of rent or temporary housing.  
· Utilities.  
· “Pre-tenancy and tenancy-sustaining services, including tenant rights education and eviction prevention.”  
· Assistance with housing navigation.  
· Moving and other expenses, including security deposits, furniture, etc. | For rent/temporary housing and utilities:  
· Individuals who have just spent time in a congregate facility or other institution.  
· Those who are homeless or may become homeless, or who are leaving an emergency shelter. | · Up to $904 million can be spent on all authorized health-related services, including these housing services, over the five-year demonstration.  
· Up to $119 million is available to support infrastructure for all health-related services over the five-year demonstration. |
| · Housing deposits.  
| · Appliances, including air conditioners, heaters, humidifiers, etc., when needed for the recipient’s health.  
| · Home accessibility modifications.  
| · Remediation services, when needed for health (e.g., addressing mold or poor ventilation). | · Individuals who are leaving the child welfare system.  
|  | For other services, target populations are not currently limited by the terms of the waiver.  
| Note: Services are available only in certain pilot counties. | · North Carolina Approved October 2018  
| · Short-term post hospitalization housing for up to six months.  
| · Tenancy support and sustaining services.  
| · Housing quality and safety improvement services.  
| · Housing deposits. | Individuals who have certain health conditions or other qualifying circumstances, including but not limited to:  
| | · Multiple or significant uncontrolled chronic conditions.  
| | · Recurrent visits to the emergency department or hospital.  
| | · High-risk pregnancy.  
| | · Current or former placement in foster care.  
| | · Past of low birth weight or prematurity (for pregnant people).  
| | · Past adverse childhood experiences.  
|  | As well as having an additional “risk factor”: being either housing, food, or transportation insecure, or endangered by interpersonal violence. | · Up to $650 million can be spent on all authorized health-related services and capacity-building funds, including these housing services, over the five-year demonstration.  
|  | Up to $100 million of that funding can be used to support infrastructure for all health-related services over the five-year demonstration. |