

Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP) November 2023

Health-related social needs (HRSN) are an individual’s unmet, adverse social conditions that contribute to poor health outcomes. These needs, when unmet, can drive lapses in coverage and access to care, higher downstream medical costs, worse health outcomes, and perpetuation of health inequities, particularly for children and adults at risk for poor health outcomes, and individuals in historically underserved communities. By addressing HRSN, state Medicaid agencies can help their enrollees stay connected to coverage and access needed health care services. The Centers for Medicare & Medicaid Services (CMS) supports states in addressing HRSN through coverage of clinically appropriate and evidence-based HRSN interventions, care delivery transformations including improvements in data sharing, and performance measurement to create accountability for HRSN screening and connecting to needed supports as part of successful care management. States can address HRSN through a variety of Medicaid authorities, including state plan authorities, section 1915 waivers, managed care in lieu of services and settings (ILOSs) and section 1115 demonstrations.

This document lists HRSN services and supports considered allowable under specific Medicaid and Children’s Health Insurance Program (CHIP) authorities and provides a discussion of the relevant considerations for each authority. The allowable HRSN services and supports enumerated here are based on robust evidence of strengthening coverage and improving downstream health outcomes, cost, and/or equity. All interventions must be evidence-based and medically appropriate for the population of focus based on clinical and social risk factors. States have flexibility to propose clinically focused, needs-based criteria to define the medically appropriate population, subject to CMS approval.¹ These services will be the choice of the enrollee; enrollees can opt out anytime; and provision of these services does not absolve the state or managed care plan of its responsibility to provide coverage for other medically necessary services. Medicaid-covered HRSN services and supports must not supplant the work or funding of another federal or state non-Medicaid agency and must be integrated with existing social services and housing assistance. Under Medicaid authorities, CMS will not approve federal financial participation payments for the costs of room and board outside of specifically enumerated care or housing transitions,² nor may CMS approve services that include room (i.e., rent and utility assistance) and board (i.e., meals or nutrition prescriptions) beyond durations specified below³. There are no time limitations to other services, unless otherwise specified. Under no circumstances will a state or managed care plan be permitted to condition Medicaid or CHIP coverage, or coverage of any benefit or service, on receipt of HRSN services. There are additional beneficiary protections, guardrails, and requirements for programming under specific authorities. For example, for states interested in pursuing section 1115 authority for HRSN services, CMS will impose limits on HRSN expenditures, such as establishing a ceiling on overall HRSN funding, and requirements to

¹ Examples of such include high-risk children, high-risk pregnant individuals, individuals who are or are at risk of becoming homeless, individuals with serious mental illness (SMI) and/or substance use disorder (SUD), and individuals experiencing high-risk care transitions (including transitions from institutional care or hospitals for people with disabilities and older adults).

² Allowable transitions include out of institutional care (NFs, IMDs, ICFs, acute care hospital); out of congregate residential settings such as large group homes; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; out of carceral settings; and individuals transitioning out of the child welfare setting including foster care.

³ For additional information on the availability of Medicaid funding for housing and nutritional supports that are not considered room and board, see https://www.medicaid.gov/sites/default/files/2022-01/sho21001_0.pdf

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

increase Medicaid provider rates for specific specialties and conduct performance monitoring and evaluation.⁴ CMS has issued additional guidance for states seeking to support HRSNs through the use of ILOS.⁵

Table of Allowable Services by HRSN domain and by Medicaid and CHIP authority

NPA = “Not previously approved” but potentially approvable under CHIP HSI authority; MFP = Money Follows the Person demonstration

⁴ <https://www.medicaid.gov/sites/default/files/2023-01/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf>

⁵ Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care. <https://www.medicaid.gov/sites/default/files/2023-01/smd23001.pdf>.

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting ⁶	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k) ⁷	Section 1115 demonstrations ⁸	CHIP HSI ⁹
Housing/Home Environment				
1. Housing supports <u>without</u> room and board ¹⁰ including, for example: <ul style="list-style-type: none"> • Housing transition and navigation services (e.g. finding and securing housing) • Pre-tenancy navigation services • One-time transition and moving costs (e.g., security deposits, application and inspection fees, utilities activation fees and payment in arrears, movers) • Tenancy and sustaining services and individualized case management (e.g., linkages to state and federal and state benefit programs, benefit program application assistance and fees, eviction prevention, tenant rights education) 	Yes	Yes ¹¹	Yes	Yes

⁶ An in lieu of service or setting (ILOS) is only available if it is determined to be a medically appropriate and cost effective substitute for a service or setting covered in the Medicaid or CHIP state plan, and complies with regulatory requirements, including those at 42 CFR 438.3(e) and the guidance outlined in [SMD 23-001](#). An ILOS must also not violate any applicable federal requirements, including general prohibitions on payment for room and board under title XIX of the Social Security Act. The ILOS must also be approvable through a state plan amendment authorized through the Social Security Act, including sections 1905(a), 1915(i), or 1915(k) of the Social Security Act, or a waiver under section 1915(c) of the Social Security Act, and are subject to the same limitations as those authorities, including the limitations outlined in this table and related footnotes (e.g., room and board). The ILOS must also comply with other requirements and limitations, including fiscal limitations outlined in 42 CFR 438.3(e) and the guidance outlined in [SMD 23-001](#).

⁷ Home and community-based services authorities at section 1915 of the Social Security Act give states the option to provide a robust array of services and supports to facilitate beneficiary independence and community integration. Each authority has specific functional eligibility requirements. For example, 1915(c) and 1915(k) Community First Choice programs require individuals to meet an institutional level of care. 1915(i) requires individuals to meet state-defined needs-based criteria.

⁸ Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

⁹ Children’s Health Insurance Program (CHIP) health services initiatives (HSIs) are programs aimed at improving the health of low-income children that states can implement with title XXI funding under their CHIP 10% administrative cap. HSIs are permitted through section 2105(a)(1)(D)(ii) of the Social Security Act, and are defined at 42 CFR 457.10. HSIs must include activities that: protect the public health, protect the health of individuals, improve or promote a state’s capacity to deliver public health services, or strengthen the human and material resources necessary to accomplish public health goals related to improving the health of children.

¹⁰ Unless otherwise specified in statute or regulation, section 4442.3.B.12 of the State Medicaid Manual defines “room” as hotel or shelter-type expenses, including all property-related costs (e.g., rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services) and defines “board” as three meals a day or any other full nutritional regimen.

¹¹ For 1915(c) and 1915(i) authorities, the one-time transition costs included here are only permissible under a community transition service that aligns with [SMDL #02-008](#).

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting ⁶	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k) ⁷	Section 1115 demonstrations ⁸	CHIP HSI ⁹
2. First month’s rent, as a transitional service	Yes	Yes, but only 1915(k) and via ARP 9817 ¹² No for 1915(c), 1915(i), and 1915(j)	Yes	Yes
3. Short-term pre-procedure and/or post-hospitalization housing ¹³ <u>with</u> room and board, only where integrated, clinically oriented recuperative or rehabilitative services and supports are provided. Pre-procedure and post-hospitalization housing are limited to a clinically appropriate amount of time.	No	No	Yes, up to a combined 6 months, once per year, ¹⁴ with the time period assessed on a rolling basis	NPA
4. Caregiver respite ¹⁵ <u>with</u> or <u>without</u> room and board	Yes	Yes ¹⁶	Yes ¹⁷	Yes; also coverable under CHIP state plan

¹² American Rescue Plan Act of 2021 Section 9817. See: <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817/index.html>

¹³ This intervention goes by other names including “medical respite” and “post-hospitalization recuperative care.” Pre-procedure and post-hospitalization housing generally refers to room and board (generally in a residential, sub-acute setting) where a variety of clinically-oriented rehabilitative services and supports (e.g., physical, psychosocial, behavioral) are provided to an individual after discharge from an acute hospital setting (including ER discharge).

¹⁴ This service may be renewed once per year for those requiring inpatient level of care if intervention is medically appropriate based on clinical and needs-based criteria. It is not presumed that both pre-procedure and post-hospitalization housing are always necessary.

¹⁵ Respite services may include temporary placement of a beneficiary who otherwise lives at home into an institutional setting (e.g., nursing home) so that the beneficiary’s at-home caretaker can have a break from caretaking. Note that respite services may also be provided in the home, with no room and board expenses incurred. These in-home services would not be capped at 90 days or limited to post-discharge scenarios under an 1115 demonstration; see FN 17.

¹⁶ For 1915(c) and 1915(i): Room and board may be claimed for temporary short-term respite services that are furnished in settings that are not the participant’s own private residence, and a state may elect to pay the portion of the rent and food that can be attributed to a live-in, unrelated caregiver who furnishes services to a participant in the participant’s private residence. There are no federal limitations on the frequency of respite services under these authorities.

¹⁷ Respite with room and board is limited to 90-day periods, and only renewable following transitions into institutional settings

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting ⁶	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k) ⁷	Section 1115 demonstrations ⁸	CHIP HSI ⁹
5. Short-term post-transition housing – <u>with</u> room and board, where clinically-oriented rehab services and supports may or may not be integrated, following allowable transitions, ² and limited to a clinically appropriate amount of time.	No	No, except MFP ¹⁸	Yes, up to 6 months, once for the demonstration period	NPA
6. Utility assistance	No	No, except MFP	Yes, up to 6 months, once for the demonstration period ¹⁹	Yes
7. Day habilitation programs - <u>without</u> room and board	Yes	Yes	Yes	NPA
8. Sobering centers (<24 hour stay–) - <u>without</u> room and board	Yes	Yes	Yes	NPA
9. Home remediations ²⁰ that are medically necessary, including, for example: <ul style="list-style-type: none"> • Air filtration, air conditioning, or ventilation improvements • Refrigeration for medications • Carpet replacement • Mold and pest removal • Housing safety inspections 	Yes	Yes	Yes	Yes
10. Home/environmental accessibility modifications, including, for example: <ul style="list-style-type: none"> • Wheelchair accessibility ramps • Handrails • Grab bars 	Yes	Yes	Yes	Yes; also coverable under CHIP state plan

¹⁸ <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>

¹⁹This intervention is limited to medically complex individuals who meet criteria for housing supports through the demonstration.

²⁰ This category can include building component replacement and paint stabilization to abate lead exposure when part of a CHIP HSI. Note that this category in HRSN, separate from CHIP, also encompasses request for air conditioners, heaters, air filters, and generators in emergency/extreme climate situations, scoped only to individuals with a high-risk clinical condition.

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting ⁶	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k) ⁷	Section 1115 demonstrations ⁸	CHIP HSI ⁹
Nutrition				
11. Case management services for access to food/nutrition, including, for example: <ul style="list-style-type: none"> • Outreach and education • Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees 	Yes	Yes	Yes	NPA
12. Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example: <ul style="list-style-type: none"> • Guidance on selecting healthy food • Healthy meal preparation 	Yes	Yes	Yes	Yes
13. Home delivered meals or pantry stocking, ²¹ tailored to health risk and eligibility criteria, certain nutrition-sensitive health conditions, and/or specifically for children or pregnant individuals, including, for example: <ul style="list-style-type: none"> • Medically tailored meals to high-risk expectant individuals at risk of or diagnosed with diabetes 	Yes – less than 3 meals / day	Yes – less than 3 meals/day ²²	Yes – up to 3 meals/day, ²³ for up to 6 months ²⁴	NPA

²¹ These are only for in-home services (i.e., in a private residence) and will not be approved to cover costs or cross-subsidize where an individual is receiving room & board in an institutional setting.

²² There is a Medicaid room and board exclusion under Section 1915(c)(1), Section 1915(i)(1) and Section 1915(k)(1)(C)(i) of the Social Security Act which prohibits making Medicaid payments for room and board in the context of nutritional supports.

²³ Additional meal support may be permitted under 1115 demonstration when provided to the household of a child identified as high risk or a pregnant individual, as defined by risk and needs-based criteria. Meals or pantry stocking may also be provided to high-risk pregnant individuals for up the duration of a pregnancy plus two months postpartum. The intervention may apply to subsequent pregnancies during the demonstration period if the beneficiary still meets the needs-based clinical criteria. CMS expects states to align to state-specific SNAP definitions of households for purposes of defining eligible recipients for these nutrition interventions.

²⁴ This duration limit applies to services that include board (3 meals/day). For 1115 demonstrations, this intervention may be renewed for additional 6-month periods if the state determines the beneficiary still meets the clinical and needs-based criteria.

**Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children’s Health Insurance Program (CHIP)
November 2023**

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting ⁶	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k) ⁷	Section 1115 demonstrations ⁸	CHIP HSI ⁹
14. Nutrition prescriptions, tailored to health risk, certain nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example: <ul style="list-style-type: none"> • Fruit and vegetable prescriptions • Protein boxes • Food pharmacies • Healthy food vouchers 	Yes – less than 3 meals / day	Yes – less than 3 meals/day ²⁵	Yes – up to 3 meals/day, ²⁶ for up to 6 months ²⁷	NPA
15. Grocery provisions, for high-risk individuals to avoid unnecessary acute care admission or institutionalization	Yes – less than 3 meals / day	Yes – less than 3 meals/day ²⁸	Yes – up to 3 meals/day, ²⁹ for up to 6 months ³⁰	NPA

²⁵ See FN 22, *supra*

²⁶ Additional meal support may be permitted under 1115 demonstration when provided to the household of a child identified as high risk or a pregnant individual, as defined by clinical and needs-based criteria. Nutrition prescriptions may also be provided to high-risk pregnant individuals for up the duration of a pregnancy plus two months postpartum. The intervention may apply to subsequent pregnancies during the demonstration period if the beneficiary still meets the needs-based clinical criteria. CMS expects states to align to state-specific SNAP definitions of households for purposes of defining eligible recipients for these nutrition interventions.

²⁷ This duration limit applies to services that include board (3 meals/day). For 1115 demonstrations, this intervention may be renewed for additional 6-month periods if the state determines that the beneficiary still meets the clinical and needs-based criteria.

²⁸ See FN 22, *supra*

²⁹ Alternatively, this can be capped at 200% of the Maximum Monthly USDA SNAP Allowance.

³⁰ This duration limit applies to services that include board (3 meals/day). For 1115 demonstrations, this intervention may be renewed for additional 6-month periods if the state determines the beneficiary still meets the clinical and needs-based criteria.