



POLICY MANUAL

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1 Healthy Beginnings at Home (HBAH) Project Overview

Healthy Beginnings at Home (HBAH) is a research project to test the impact of providing rental assistance with housing stabilization services to unstably housed pregnant individuals at risk of infant mortality. Responding to large racial disparities in infant mortality, HBAH addresses inequities in affordable housing access that contribute to high rates of homelessness, housing instability and poor health outcomes for families of Color. CelebrateOne, an infant mortality prevention collaborative in Columbus, Ohio, led the initial HBAH research project (HBAH 1.0) from 2018 to early 2021, enrolling 100 families in the random assignment study with 49 families receiving the housing intervention. HBAH 1.0 demonstrated promising [findings](#) - individuals who received housing assistance had better birth outcomes than those that did not receive this assistance. HBAH Replication (HBAH 2.0) expands upon the research in the pilot phase to implement the model in additional cities in Ohio and enroll households for a research study that provides sufficient power necessary to build an evidentiary base.

HBAH 2.0 is a collaborative effort across four Ohio communities that have high rates of infant mortality and racial disparities - Akron/Summit County, Cincinnati/Hamilton County, Columbus/Franklin County, and Dayton/Montgomery County.

1.1 Target Population

The target population will be adults that are:

- Eighteen (18) or older
- Enrolled in Medicaid
- In their first or second trimester of pregnancy
- Income at <30% AMI
- Experiencing housing instability or homelessness
- Residing in neighborhoods with high rates of infant mortality and racial disparities in health outcomes
- Not more than two (2) adults and four (4) children (able to live in up to three (3)-bedroom apartment)

1.2 HBAH Program Model

Healthy Beginnings at Home (HBAH) is a time-limited housing intervention that provides housing stabilization services to help participants gain and maintain stable, affordable housing combined with 24-months of rental assistance.

All services will be housing first, trauma informed, person-centered, evidence based and maintain competence in regards to race and gender. This model will follow the phases as follows:

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- HBAH Pre-Enrollment: Eligibility Determination
- HBAH Phase A: Intake and Housing Placement
- HBAH Phase B: Pre-natal through Post-partum
- HBAH Phase C: Post-partum Recovery
- HBAH Phase D: Stepdown

Family Critical Time Intervention will guide Phases B, C, and D which will be a period of twenty-four (24) months. Other evidence-based and best practices inform all HBAH program phases.

1.3 Program Enrollment Overview

Core components of the HBAH program enrollment process will follow this flow



The enrollment process from screening through eligibility determination will be guided by the requirements of the comprehensive evaluation and research plan director by the Health Policy Institute of Ohio (HPIO).

Marketing and outreach, intake and enrollment will be guided by COHHIO in partnership with the Lead Contractors. Applicants who have completed intake will be considered HBAH participants.

1.4 Policy Manual Definitions

- HBAH 2.0 – the complete research project that covers the 2.1 cohort (launching summer 2022) and the 2.2 cohort (launch pending)
- Cross Site Lead – COHHIO provides overall project direction, employs the HBAH project coordinator, and manages the HMIS that contains participant level data for the research and evaluation plan. COHHIO chairs the Cross Site Leadership Committee.
- Evaluator – Health Policy Institute of Ohio (HPIO) is responsible for developing and implementing the HBAH comprehensive research plan in consultation with COHHIO, BPA, and the CLC.



- Lead Consultant – Barbara Poppe and Associates (BPA) provides strategic guidance and subject matter expertise to COHHIO, HPIO, the CLC, and local HBAH collaborators.
- Local Lead Contractors – For HBAH 2.1, Summit County Health Department in Akron and CelebrateOne in Columbus
- Local Subcontractors – United Way of Summit & Medina in Akron and Home for Families and Columbus Metropolitan Housing Authority in Columbus
- Fidelity – adherence to the original intent and design of a model
- Housing Stability Specialist (HSS) – direct service providers who are acting in a case management capacity to provide housing stability services and linkage to community supports
- HBAH Housing Services Agency – organization responsible for enrolling the applicant into the HBAH program and providing housing stabilization services. For HBAH 2.1, these are the United Way of Summit & Medina in Akron and Home for Families in Columbus.
- HBAH Rental Assistance Agency – organization responsible for managing the HBAH rental assistance. For HBAH 2.1, these are the United Way of Summit & Medina in Akron and Columbus Metropolitan Housing Authority in Columbus
- Applicant – someone who has been screened for HBAH project participation, but has not been enrolled
- Participant – someone who has been enrolled into the HBAH project upon completion of the HBAH intake
- HBAH program – the HBAH research project
- HBAH Cross-Site Leadership Committee (CLC) – governs the HBAH collaborative, policies, and research
- HBAH Research Advisory Council (RAC) – guides the HBAH research and evaluation plan. HPIO manages the RAC.
- HBAH Implementation Advisory Committee (IAC) – supports the implementation of HBAH across all local sites. COHHIO manages the IAC.

1.5 Document Version

Version	Date Approved	Updates
1.0	July 28, 2022	Creation of guidelines for Healthy Beginnings at Home

2 Administrative Requirements

2.1 Governance

The Cross-Site Leadership Committee (CLC) governs the HBAH collaborative and is responsible for project implementation. The [Charter](#) for this body has been established by the CLC and can only be updated by this body. The CLC may, from time to time, appoint working groups to develop recommendations to the CLC. The



Research Advisory Council (RAC) and the Implementation Advisory Committee (IAC) are also advisory to the CLC.

Local sites are required to convene a local leadership team that includes people with lived experience (community advisors), subcontractors, and local partners. The local leadership team shall meet at least monthly. HPIO, COHHIO, and BPA will be invited to attend meetings monthly.

2.2 Changes to the Policy Manual

The Cross-Site Leadership Committee can update this manual at any time. All Lead Contractors will be notified of updates to this manual and will receive the latest version. Lead Contractors are responsible for sending revisions to subcontractors in a timely manner.

2.3 Meeting Notes

HBAH 2.0 will document all meetings that occur by preparing summary meeting notes in a timely manner. This will include meetings that are for cross-site, local site, and research meetings. Notes will be stored at the COHHIO HBAH DropBox and meet [the following standards](#).

2.4 Fidelity Reviews

All sites will undergo an initial fidelity review before enrolling participants and then will be reviewed quarterly thereafter. [The Fidelity Review List can be found here](#).

Sites must immediately remedy any activities, protocols, practices, procedures, or policies that deviate from fidelity to the HBAH model. COHHIO is accountable for fidelity reviews. Local Lead Contractors are responsible for compliance.

2.5 Operating Procedures

All sites are responsible for developing local HBAH procedures and a Participant Handbook which aligns with this Policy Manual. The Participant Handbook should be written in easy-to-understand language and be understandable at a reading level consistent with program participant capabilities.

Local Lead Contractors are responsible for ensuring all subcontractors maintain compliance with these operating procedures.

2.6 Funding Sources

All sites must ensure that there is sufficient support for full local HBAH 2.1 implementation which includes the post-ODH award period. There must be a budget



and expense tracking mechanism in place of which will maintain compliance with [the following standards](#). Local Lead Contractors are accountable for this requirement.

COHHIO is accountable for working with the CLC to ensure sufficient funding for the cross-site and evaluation implementation for HBAH 2.1.

2.7 Contractor and Sub Contractor Requirements

All contractor and subcontractor agreements must be time-limited and have defined roles and responsibilities for each party, detailed budgets and performance terms. The Cross Site Lead reserves the right to directly contact subcontractors at any time.

2.8 Working with Persons with Lived Expertise (Community Advisors)

Community Advisors who participate on the Cross-site Leadership Committee and the Research Advisory Council can be compensated for their time spent participating in Healthy Beginnings at Home (HBAH) activities. [See procedures here.](#)

2.9 Translation Services

All participating agencies will have access, through the Cross Site Lead, access to translated documents and language line services. Translated languages will be established locally.

2.10 Fiscal Administration and Reporting

Sites are responsible for securing sufficient funding to support full local HBAH implementation.

Sites will bill and report expenditures on a quarterly basis to COHHIO. The format for these reports and invoices is established by COHHIO. Reports and invoices are due as follows:

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023



July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024

Unallowable expenses are as determined by the [Ohio Department of Health guidance](#).

2.11 Required Local Partnerships

- Housing provider and/or rental assistance administrator
- Housing Stabilization Services partner(s)
- Ohio Equity Institute partner community organization(s)
- Maternal and child health care partner(s)
- Managed Care Organization(s)
- HBAH Lead consultant
- HBAH Evaluation and research lead
- HBAH Cross site lead

2.12 Training

To ensure fidelity and that participants receive harm-reduced, person centered and trauma informed services, the following trainings are required for Housing Stabilization Services staff and must be completed before contact with HBAH participants:

- Family Critical Time Intervention
- Motivational Interviewing
- Housing First
- Trauma Informed Care
- Racial and Gender Equity
- Maternal and Child Health
- Behavioral Health and Healthcare
- HMIS
- Research of Human Subjects

Local coordinators are responsible for ensuring all Housing Stability Services staff and their clinical supervisor completes all training. Additional required training may be approved by the CLC and administered by COHHIO. Local sites may offer additional training. Local coordinators must track the completion of all trainings.

3 Data And Program improvement



HPIO will analyze and assess participant and child health, healthcare spending, housing, income, and racial disparity outcomes through data collected by the local sites and Medicaid. Findings will be accessed alongside a comparison group. Evaluation will also examine fidelity to the HBAH model and amount of housing assistance received.

HPIO will conduct quarterly continuous quality improvement sessions for the HBAH collaborative. Local sites should establish local program improvement to ensure fidelity to the model, quality program delivery, and quality data collection and entry.

3.1 Birth Outcomes, Phase Tracking and Exit Forms

In addition to the Eligibility Determination and Family Baseline forms described later in this manual, each site will complete the birth outcomes form, four phase tracking forms and the exit forms that are part of the HBAH evaluation. All HSS agencies must adhere to the established procedures for collecting this data, as described in the [HPIO Data Collection Workflow Part 1 and Part 2 documents](#).

These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

3.2 Privacy-protected Data Storage

All staff handling participant information are required to take human subjects and data privacy training. All HBAH data shall be maintained in a secure manner that protects participant privacy and align with practices approved by the Ohio Department of Health Institutional Review Board (IRB).

All participant data collected by site staff will be stored in the COHHIO's Clarity HMIS system. All standards for completeness, timelessness, and quality apply as stated in the [COHHIO HMIS Manual and the HPIO Evaluation Data Collection Workflow part 1 and 2 documents](#).

3.3 Compliance with Data Standards

All sites must have procedures in place that describe how they will fulfill the following responsibilities, as outlined in the HMIS MOU:

- Designation at least four HMIS end-users who will attend HMIS New User Training
- Completion of HMIS end-user agreements for all end users to ensure compliance with all HMIS Policies and Procedures and Data Quality Standards,
- Site-specific HMIS data entry procedures that ensure data quality and timeliness in accordance with the HBAH data standards and the HMIS Data Standards, HUD technical standards and other applicable laws



- Participation in HBAH-specific HMIS training sessions and any refresher courses as needed
- Participation in quarterly continuous data quality improvement meetings
- Use of the COHHIO HMIS in compliance with the latest-issued version of

All sites must also have a:

- Plan for data quality in place
- Plan for program improvement in place

In addition, sites must ensure that communication with the screening/hotline organization and any other HIPAA-covered entities is done using a HIPAA-compliant platform.

4 Marketing and Outreach For Program Participants

Marketing and outreach will consist of sharing program description, eligibility requirements and steps on how to apply for HBAH with potential applicants whether this be via direct messaging to participants or through providers who serve the targeted population.

All marketing materials must follow HBAH brand standards and be approved by COHHIO.

Participant recruitment will target zip codes with high rates of infant mortality, which often also have higher rates of poverty, crime, and violence, including Ohio Health Improvement Zones. We will market HBAH 2.0 through new and current partnerships with pregnancy resource centers, hospital emergency rooms, maternal and child healthcare providers, healthcare and all Ohio managed care organizations, community-based organizations located in the target neighborhoods, and through the network of homeless assistance providers.

Local sites must develop and implement a local marketing and outreach schedule that ensures full enrollment in HBAH but is closely managed to ensure that excess demand is not created beyond the capacity of the local HBAH program. Care should be taken to not create waiting lists that may create false hope for assistance and cause trauma to those who cannot be enrolled due to program requirements and capacity limitations.

4.1 Communications and Branding

All sites must maintain the HBAH branding standards as [described here](#).

All media inquiries are managed by COHHIO and sites are required to keep COHHIO up-to-date of all media happenings in their communities.

4.2 Equal Opportunity

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Although this project aims to focus on a specific demographic, no person is to be denied services based on race, color, sex, national origin, age 40 or over, disability or genetic information.

5 Screening and Referral

HBAH sites will maintain a centralized referral process. Applicants will be screened via an established phone hotline using the required Eligibility Screening Form and Script for [Franklin](#) and [Summit](#) counties. The hotline will refer viable applicants for eligibility determination review. These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements. Refer to the HPIO Evaluation Data Collection Workflow: Part 1 document for details.

5.1 Screening Agency Responsibilities:

Screening agencies are responsible for the following:

- Integrating the Eligibility Screening Form and Scripts into their current systems and monitoring the accuracy of the screening process
- Set up an eligibility determination appointment with the HBAH applicant and communicate HBAH applicant information using the established HIPPA compliant communication process

These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

5.2 Intake Agency Applicant Support

Intake agencies (the local Housing Services agency) will provide the following for HBAH applicants to facilitate the applicant getting to eligibility determination appointments:

- Transportation
- Communications and reminder of appointments in applicant's preferred language
- Access to translation services
- Process for referrals and communication among onsite services and community resources. Resources will include a maternal health partner

HBAH Intake agencies will have a process in place to balance HBAH applicant demand with agency available slots and complete intake consistent with the HBAH project timeline.



All HBAH Intake agencies must adhere to the established flow and process. These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

6 Eligibility Determination for HBAH applicants

6.1 Eligibility Site Requirements

Each site will establish and maintain:

- An applicant scheduling system
- Adhere to all scripts data collection methods, documentation and consents
- Language appropriate communications with applicants
- Inclusive and appropriate environments for pregnant participants and children
- Provide a clear understanding of the research project
- A process for handling ineligible applicants

Each site must establish one person to determine applicant eligibility. These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

6.2 Eligibility Criteria

HBAH applicants must meet the eligibility criteria in the [Healthy Beginnings at Home 2.1 Eligibility Criteria table](#). These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

6.3 Required Documentation

Eligibility determination documentation must include the following and be collected before HBAH Intake:

- Proof of age
- Self-Identification
- Proof of Ohio State residency
- Proof of pregnancy in the 1st or 2nd trimester
- Medicaid
- Evidence of legal custody of children
- Proof of income at <30% Area Median Income
- Documentation of current place of residence
- Documentation of names, date of birth, and legal status of all household members

These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

6.4 Disqualifying Criteria

An applicant will be disqualified for eligibility if they:

- Do not possess documentation listed in section 6.3
- Require a family unit greater than three bedrooms
- Head of household cannot provide legal status
- A member of the household is a registered sex offender, has a criminal charge for arson, and/or have a criminal conviction for the manufacturing and distribution of drugs
- Currently receiving rental assistance from a Public Housing Authority (PHA)
- Household owes more than \$2500 in utility arrearages and more than three (3) months of rental arrearages
- Not willing to move within thirty (30) days if current home does not meet Housing Quality Standards (HQS)
- Not willing to remain in the county for the next three (3) years

At the time the HBAH applicant is considered eligible, all [Consent Forms](#) must be signed. If the applicant does not consent to providing personal data during screening, consent to providing data collection over the term of the study, or consent to data sharing among necessary partner organizations, then the applicant is not eligible for HBAH.

These standards have been established by HPIO to conform to the HBAH research plan. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

7 Intake

The purpose of intake will be to orient the participant to the HBAH program, build rapport between the Housing Stability Specialist and HBAH participant, collect additional baseline data, preliminary goal plan, and begin housing search. HBAH participants will receive a program orientation and the Participant Handbook.

Providers must have a plan in place for alternative intake accommodation in case of emergencies, i.e., COVID closure.

The intake will conform to the standards developed by the program design work group and approved by the CLC. The Local Lead Contractor is responsible for ensuring adherence to these requirements.

7.1 Housing Stability Services Staffing and Clinical Supervision Requirements

The HSS subcontractor should employ sufficient Housing Stability Specialists to provide that the HSS to participant ratio is not less than 1:15. Alignment with the [FCTI caseload calculator](#) is encouraged.

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All Housing Stability Specialists are required to be supervised by a Licensed Clinical Social Worker LISW/LPC/equivalent. For sites that are unable to secure a clinical supervisor, this task may be contracted out to an outside contracted provider. One (1) hour of clinical supervisor for every forty (40) hours worked is the minimum required.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

7.2 Data Sharing and Release of Information

HBAH HSS and Rental Assistance agencies must have data sharing agreements in place before any client information is shared for care coordination.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

7.3 Denial and Grievance Procedures

All HBAH Housing Stability Service providers must have written denial and grievance policies and/or procedures. The policies and/or procedures should be readily available to households either in written information and by posting the policy in a public place and should include the rights of the participant to contact the housing stabilization services program director, the lead HBAH site program director, and/or COHHIO program coordinator.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

8 HBAH and Family Critical Time Intervention

8.1 Family Critical Intervention Phases

Refer to the [HBAH Program Model Matrix](#) for information on phases, purpose, housing stabilization provider expectations, required assessments, and participant file documents.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

8.2 Assessments

All assessments and linkage questions listed in the [HBAH Program Model Matrix](#) are required to be offered by Housing Stability Specialists, however, are optional for the participant to partake in.



The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9 Housing Assistance

9.1 Housing Recruitment Plans

Sites are responsible for establishing a pool of property owners and managers for one (1)-, two (2)-, and three (3)- bedroom units that meet Housing Quality Standards and quantity to ensure quick re-housing. A plan for ongoing engagement with property owners/managers must also be in place.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.2 Housing Search and Placement Assistance

HBAH participants should be placed in stable, quality housing within 30 days of intake.

Housing Stabilization Specialists will assist program participants in locating, obtaining, and retaining suitable permanent housing. These include:

- Housing search and location
- Landlord engagement and outreach
- Assessment of housing barriers, needs, and preferences for the participants
- Educating participants on how to conduct housing search
- Assistance with submitting rental applications, understanding, and completing leases.

All services, referrals, and assistance should be documented in case notes in the household file or property file.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.3 Housing Stabilization Services

Housing stability services will comprise of intensive assistance with finding housing, negotiating with landlords and maintaining housing, guided by Family Critical Time Intervention, Housing First approach and clinical best practices (person-centered planning, motivational interviewing, and trauma informed care).

Services will include linkages to community-based services which include healthcare, behavioral health, home-visiting, community health workers, benefits, long term rental and housing assistance, employment, education, as appropriate.



The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.4 HBAH Rental Assistance

Initial assistance (rent and utility arrearages, move-in costs, and landlord incentives) will be provided to the participant as necessary to secure and maintain housing.

The HBAH housing subsidy is paid to the landlord directly by the HBAH rental assistance manager on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the HBAH program as agreed upon.

The first fifteen (15) months of HBAH rental assistance are considered “full subsidy” and will be consistent with HUD calculations. The final nine (9) months of HBAH rental assistance are considered “stepdown” and will be reduced incrementally each month from full subsidy to paying full rent by month twenty-five (25).

The Housing Stability Services provider will create the stepdown monetary schedule based on the individual participant’s income and the rental amount.

If the HBAH participant household notifies the Housing stability services provider that their income has been reduced, the HBAH Housing Assistance Payment Contract (HAP) should be modified for HBAH rental assistance. HBAH Financial Assistance may be used to ensure the property owner is paid during any gap in HAP payments.

For HBAH rental assistance, the participant household income will not be adjusted upward until the beginning of stepdown.

Inspections must be completed and passed before rental assistance is paid.

Property owners must enter into a Housing Assistance Payment contract with the HBAH rental assistance manager.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.5 Housing Choice Vouchers and Other Assisted Public Housing

Local sites will have a procedure determining how HCV will be prioritized. HBAH participants may elect to move to affordable rental housing that is part of the HUD HCV program or other HUD funded assisted public housing. Selection of this type of housing may be for the initial unit or later. HBAH financial assistance will be available to assist with move-in or relocation but should not be required to cover the tenant share of the rent.

9.6 HBAH Financial Assistance

HBAH Financial Assistance will be managed by the Housing Stability Services provider and can be used on behalf of HBAH participants to achieve housing stability. The local collaborative will determine the types and limitations on HBAH Financial Assistance and manage expenditures to conform to the HBAH budget. These include:

- Reasonable apartment improvements/repairs: available to help landlords prepare units to meet HQS. Improvements or repairs should not significantly increase the value of the property
- Utility arrearages to pay arrearages for electric, gas, and/or water that is necessary to turn on utilities for existing or new apartments
- Rental arrearages to pay past due rent or rental fees for existing housing or to secure a new apartment
- Landlord incentives may be provided to a landlord to hold an apartment for HQS inspection
- Security Deposit or to secure a new apartment
- Move-In support to cover these costs:
 - Moving assistance
 - Furnishings
 - Household supplies
 - Food
- Apartment damages/repairs to cover apartment damages by the HBAH participant
- Relocation costs to a different HBAH approved unit

The Flex Fund is available to cover transportation, application fees, internet access, or other costs related to obtaining and setting up initial housing and for emergency situations during stepdown that threaten loss of housing.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.7 Rental Unit Standards

The HBAH supported rental unit must meet the following standards:

- Be located within the appropriate County
- Provide at least one bedroom for every two (2) family members
- Meet HQS ([HUD Housing Quality Standards](#))
- Rents must not exceed 110% of FMR (HUD Fair Market Rent)
- Landlords must provide proof of ownership - W-9 and meet any local registration requirements

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.8 Relocation

The local sites are responsible for having a relocation process and procedure that participants can access if there is an emergent, safety, health, or family stability reason for relocation. This procedure must be approved by the local HBAH Leadership Team.

9.9 Stepdown

All HBAH participants must follow a step-down rental assistance schedule that will start at month sixteen (16) of their twenty-four (24) months assistance. The HBAH participant household will be provided a stepdown schedule for months sixteen (16) through twenty-four (24).

The schedule will be a straight-line proration of their share from month fifteen (15) to full rent at month twenty-five (25). The tenant share of rent will increase to provide that at exit (month twenty-five (25)), the tenant will be paying the full rent.

The schedule will be developed at least sixty (60) days in advance of the scheduled stepdown start.

If there is an imminent threat to the loss of housing during this phase, provisions can be made for rental assistance through Flex Funding.

The Local Lead Contractor is responsible for ensuring adherence to these requirements.

9.10 HBAH Rental Assistance Exit

HBAH Rental Assistance will end after twenty-four (24) months. The housing stability services provider will work with the HBAH participant household to plan for this exit. The property owner must be made aware of this transition. All forms are required to be completed by the participant in accordance with the [HBAH Program Model Matrix](#). The Local Lead Contractor is responsible for ensuring adherence to these requirements.