



## ILLINOIS MEDICAL RESPITE CAPACITY BUILDING INITIATIVE

Request for Applications

August 2023

The Illinois Public Health Institute is excited to announce a new funding opportunity to expand medical respite services in Illinois.

Below is the request for application (RFA) for the Illinois Medical Respite Capacity Building Initiative, managed by the Illinois Public Health Institute (IPHI) with funding support from the Illinois Department of Human Services (IDHS). The initiative will provide funding for planning and implementation of new or expanded medical respite services in Illinois, along with technical assistance and a learning collaborative for funded communities on developing or expanding medical respite programs that serve Illinoisians experiencing homelessness. The funding will begin on October 2nd, 2023 when awards will be announced, and will end on June 30th, 2024.

Up to twenty awards will be made across three tracks of applicants: (1) communities interested in developing new medical respite programs, (2) communities who will implement an existing plan for a medical respite program, and (3) existing medical respite providers interested in expanding services. Please note that only one project will be funded in a single community or service area; in cases where we receive more than one application from a community that is selected for funding, we may request that you partner with another applicant.

Selected applicants will receive between \$50,000 and \$100,000 to support planning and implementation of new or expanded medical respite programs and are expected to participate in five learning collaborative meetings on medical respite led by the National Institute for Medical Respite Care (NIMRC). Technical assistance will also be provided by NIMRC. With the funding and technical assistance support, selected applicants will be expected to identify stakeholders and potential partners, determine the need for and barriers to medical respite in their community, and develop or implement a plan for new medical respite services in their community, or scale existing medical respite capacity to address the need in their community.

Please note that for organizations who are interested in medical respite but do not feel ready to apply at this time, IPHI may release this application again in December 2023, depending on funding and the number of applicants we receive in this first round.

IPHI will host an informational webinar on the application for this project on August 21, 2023 from 1-2pm CST. Please register [here](#).

The deadline to submit applications for this initiative is September 13, 2023 at 11:59pm CST.

Questions on the application can be sent to [Rachel.Thomas@iphionline.org](mailto:Rachel.Thomas@iphionline.org) (use subject line: Medical Respite RFA Question) and an FAQ will be posted [here](#).



# ILLINOIS MEDICAL RESPITE CAPACITY BUILDING INITIATIVE

## Overview Summary

Purpose: The initiative will support planning and implementation for new or expanded medical respite services in Illinois by providing grants, technical assistance and a learning collaborative to communities and providers interested in developing or expanding medical respite programs that serve Illinoisians experiencing homelessness.

**Application Due Date:** Wednesday, September 13, 2023 at 11:59pm CST

**[Informational Webinar:](#)** August 21, 2023 from 1-2pm CST

**Award Amount:** Up to \$100,000 per Organization, depending on application type

Planning Awards: \$50,000-\$75,000

Implementation Pilot Awards: \$50,000-\$100,000

Expansion Awards: \$50,000-\$100,000

**Awardee Notification Date:** Monday, October 2, 2023

## Program Background

In September 2021, Governor Pritzker signed Executive Order 2021-21 to fight homelessness in Illinois. As a result, the Interagency Task Force on Homelessness was convened to bring together sixteen state agencies that engage people experiencing homelessness and housing insecurity with administrative support from the Illinois Department of Human Services (IDHS) and the State Homelessness Chief. The Executive Order charged the Task Force with planning for and developing a state plan to address homelessness, which they fulfilled with the “Home Illinois” State Plan to Prevent Homelessness. Funding was allocated to IDHS for grants and administrative expenses associated with Homelessness Prevention activities identified in the Home Illinois plan, including the Medical Respite Project.

Medical respite care is acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the streets or in a shelter, but who do not require hospital-level care. Unlike “respite” for caregivers, “medical respite” is short-term housing combined with health services that allows individuals experiencing homelessness the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, motels, and transitional housing (NIMRC). There are very limited medical respite options for persons experiencing homelessness in Illinois. IDHS has funded the Illinois Public Health Institute to develop the Illinois Medical Respite Capacity Building Initiative, including grants and technical assistance for medical respite planning, pilot implementation, and expansion.

The Illinois Public Health Institute mobilizes stakeholders, catalyzes partnerships, and leads action to improve public health systems to maximize health, health equity and quality of life for people and communities. Since 2017, IPHI has been working at the intersection of housing, homelessness and health, and has facilitated systems collaborations and systems development initiatives among



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hospitals and health care organizations, providers serving people experiencing homelessness, housing groups, and health departments in Chicago and Cook County. Through this initiative IPHI will leverage that experience and relationships to accelerate the development of medical respite services for people experiencing homelessness across Illinois. IPHI will partner with the National Institute for Medical Respite Care (NIMRC) to provide subject matter expertise and technical assistance to communities and providers participating in this project.

The National Institute for Medical Respite Care (NIMRC) is the first national institute to advance best practices, expert services, and state-of-the-field knowledge in medical respite care (also known as recuperative care). NIMRC is a special initiative of the National Health Care for the Homeless Council whose primary focus is expanding high-quality, patient centered medical respite services in the U.S. Launched in July 2020, NIMRC's vast repository of principles, practices, and guidelines are delivered by internal staff and external subject matter experts that together provide training and technical support, state centered and federal level policy support, legislative and administrative advocacy, philanthropic services, and strategies for building sustainable community partnerships.

### Program Purpose

This request for applications will support up to twenty Illinois communities to plan for or expand medical respite with funding to build capacity for medical respite services in their community. The project will support three tracks of applicants:

Track 1: Medical Respite Planning Application - Communities hoping to develop new medical respite services in their community,

Track 2: Medical Respite Pilot Implementation Application – Communities who have already developed a plan for a new medical respite program that are ready to begin implementation,

Track 3: Medical Respite Expansion Application - Existing medical respite providers hoping to expand their services.

Planning and Implementation applicants are encouraged to apply in partnership with relevant stakeholder(s).

This project welcomes applications from diverse organization types, including:

- Existing medical respite providers
- Hospitals, FQHCs, and healthcare systems
- Behavioral and mental health care providers
- Substance use treatment facilities
- Housing and homelessness service providers
- Other relevant community-based organizations (CBOs)

With the funding and technical assistance support, awarded participants will be expected to identify stakeholders and potential partners, determine the need for and barriers to medical respite in their community, and either develop a plan to implement new medical respite services, implement a plan for new medical respite services or scale existing medical respite capacity to address the need in their community.



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Participants will attend a learning collaborative\* to share best practices and engage in peer learning on medical respite. Participants will also be encouraged to provide feedback to inform the Illinois Department of Healthcare and Family Services (HFS) on medical respite benefits for Medicaid.

### Award Components & Expectations

Maximum award amounts will vary by track. Track 1 applicants pursuing a Medical Respite Planning Award will be eligible to receive up to \$75,000. Applicants for Track 2 and 3 pursuing Medical Respite Pilot Implementation and Medical Respite Expansion Awards will be eligible to receive up to \$100,000.

- Payment schedule:
  - 25% of the budgeted amount upon execution of agreement
  - 75% remaining paid on quarterly cost reimbursement invoices after the initial payment is depleted
  - All invoices must be received by July 5, 2024
- Reporting requirements:
  - Final summary report on activities (format provided by IPHI)
  - Final financial report on expenditures (final invoice)
  - Periodic performance updates (format provided by IPHI)

Each Track 1: Medical Respite Planning Award recipient is expected to convene partners to:

- Assess the state of medical respite capacity in the communities they serve
- Develop a plan to increase local capacity for medical respite, including the identification of successes, opportunities and barriers to implementation, and the stakeholders and partners involved
- Engage in at least 4 meetings for technical assistance and performance assessments with NIMRC
- Attend the 5 virtual learning collaborative meetings on medical respite led by NIMRC
- Contribute to policy discussions related to opportunities for Medicaid coverage of respite care
- Contribute to system collaboration building for medical respite care at the statewide level or in Cook County (depending on the program's location).
- Engage people with lived expertise in their planning.

Each Track 2: Medical Respite Pilot Implementation Award recipient is expected to convene partners to:

- Assess the state of medical respite capacity in the communities they serve
- Implement a plan for medical respite care services at their site, with some services being operational by June 2024
- Engage in at least 4 meetings for technical assistance and performance assessments with NIMRC
- Attend the 5 virtual learning collaborative meetings on medical respite led by NIMRC
- Contribute to policy discussions related to opportunities for Medicaid coverage of respite care
- Contribute to system collaboration building for medical respite care at the statewide level or in Cook County (depending on the program's location).
- Engage people with lived expertise in their implementation and planning.

\* Each Learning Collaborative Meeting will be structured to provide content specific to each award track.



Each Track 3: Medical Respite Expansion Award recipient is expected to convene partners to:

- Assess the state of medical respite capacity in the communities they serve
- Implement or develop a plan to increase capacity for medical respite at their site, including the identification of successes, opportunities and barriers to implementation, and the stakeholders and partners involved
- Engage in at least 4 meetings for technical assistance and performance assessments with NIMRC
- Attend the 5 virtual learning collaborative meetings on medical respite led by NIMRC
- Contribute to policy discussions related to opportunities for Medicaid coverage of respite care
- Contribute to system collaboration building for medical respite care at the statewide level or in Cook County (depending on the program's location).
- Engage people with lived expertise in their implementation and planning.

### Priority Areas:

- Organizations that serve persons experiencing homelessness.
- Organizations that have geographic reach in and/or prioritize serving vulnerable communities.
- Organizations that provide behavioral health or substance use services.
- Organizations that have a commitment to Housing First and low-barrier services.

### Eligibility Criteria

- General:
  - Only one project will be funded in a single community or service area; in cases where we receive more than one application from a community that is selected for funding, we may request that you partner with another applicant.
  - Organizations must have the capacity to execute the requirements of this project, including:
    - Direct experience working with people experiencing homelessness or a partner that has experience working with people experiencing homelessness
    - Ability to convene relevant stakeholders and partners
    - Capacity to dedicate staff time to manage this project
    - Capacity to manage the funds and produce financial and program reports

#### Track 1 Medical Respite Planning Applications:

- Applicants who participated in the first phase of this initiative who do not have an actionable implementation plan are invited to apply to this track.
- New applicants who did not participate in the first phase of this initiative are invited to apply to this track.

#### Track 2 Medical Respite Pilot Implementation Applications:

- Applicants must have participated in the first phase of this initiative (from March – June 2023).
- Applicants must have a detailed implementation plan that supports your program being partially or fully operational by June 2024.
- Applicants must have identified a facility or site for their medical respite program to operate in.



- Track 3 Medical Respite Expansion Applications:
  - Applicants must be an established medical respite program. *\*We define medical respite care as acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital but are too ill to recover on the streets. Please note, it is NOT a nursing home, skilled nursing facility or street medicine program.*
  - Applicants who participated in the first phase of this initiative are invited to apply to this track.
  - Applicants who did not participate in the first phase of this initiative are invited to apply to this track.

Applicants will be selected based on the quality of their proposal, available funding, and ensuring other goals of the program like diversity in geography and organizational types.

## Timeline

*Please note that this timeline is subject to change.*

Timeline	Activity
August 14, 2023	Applications Open
August 21, 2023 from 1-2pm	Informational Webinar
August 23, 2023 from 2-4pm and August 24, 2023 from 8-10am	Office Hours for Pilot Implementation Applicants
September 1, 2023	Deadline to submit questions for the FAQ at 11:59pm
September 13, 2023	Applications Close at 11:59pm CST
October 2, 2023	Award Notification and Start Date
October 17, 2023 from 9-10am CST	Awardee Orientation
October 31, 2023	Signed Statements of Work and Sub-Contracts Due
November 15, 2023 from 1-2:30pm CST	First Convening of Learning Collaborative
December 12, 2023 from 2-3:30pm CST	Second Convening of Learning Collaborative
January 22, 2024 from 2-3:30pm CST	Third Convening of Learning Collaborative
March 1, 2024	Periodic Performance Reports Due
April 9, 2024 from 2-3:30pm CST	Fourth Convening of Learning Collaborative
May 23, 2024 from 2:30-4pm CST	Fifth Convening of Learning Collaborative
June 30, 2024	Final Reports Due
July 5, 2024	Final Invoices Due

*\*All data and final materials must be submitted by June 30, 2024 to closeout award.*

*\*Learning Collaborative: 5 meetings on medical respite for awarded participants*

*\*One-On-One TA: All awarded participants must schedule at minimum 4 individual TA calls before June 30, 2024.*





## Application

### General Information

*\*Please answer the following questions in a separate document. All applicants should answer questions 1-13.*

1. Name of Organization:
2. Organization Address:
3. Primary Contact (First & Last Name):
4. Primary Contact Title/Position:
5. Primary Contact Email Address:
6. Primary Contact Phone Number:
7. Please describe the demographics and/or geographic area that the organization currently serves. (50 words)
8. Provide a brief description of your or your partners' history and track records on relevant issues related to serving persons who are homeless. (200 words)
9. Please describe the range of services that your organization or partners provide to people experiencing homelessness. (200 words)
10. Please describe your organization's referral relationships that support or could potentially support medical respite, if any. (100 words)
11. Please provide a list of all team members that will be involved with planning and/or implementing of the medical respite program if selected, including their name, title, position, email address and relevant responsibilities. The members listed should include those who are working directly on the capacity building project who will attend the learning collaborative meetings and technical assistance meetings with NIMRC, and those who may support the project indirectly by submitting invoices, reports and supporting documents.
12. Please identify an internal operations champion for this work and provide their name, title, position and email address. Ideally, this individual has decision making power to influence systems change.
13. Please select the track that your organization intends to join below. Select **ONE** track and respond only to the questions related to the track for which you are applying:
  - [Track 1 – Medical Respite Planning Application \(Questions 14-22\)](#)
  - [Track 2 – Medical Respite Pilot Implementation Application \(Skip to Page 8 – Questions 23-34\)](#)
  - [Track 3 – Medical Respite Expansion Application \(Skip to Page 9 – Questions 35-42\)](#)



## Track 1: Medical Respite Planning Application

*\* Please answer the following questions in a separate document.*

14. Please describe the need for medical respite services in your community (200 words)
15. Briefly describe your organization's initial ideas for building local capacity for medical respite. (200 words maximum)
16. Please describe the strengths and/or unique opportunities in your community for developing medical respite services (e.g. community conversations about medical respite have already begun, a coalition of social service agencies is already meeting on a regular basis, the local hospital is working with shelter providers on coordination of medically fragile discharges) (200 words)
17. Please describe potential barriers/challenges to building medical respite services in your community (200 words)
18. Please list community partners/stakeholders that have a vested interest in the development of medical respite services. Additionally, please list community partners/stakeholders that you hope to engage with in this planning process (e.g., Federally Qualified Health Centers (FQHC), Continuums of Care (CoC), hospital systems, Emergency Shelter) (50 words). *Note with an asterisk (\*) those that have already agreed to participate, and provide a letter of support from those organizations.*
19. Please describe how you plan to include people with lived expertise in your plan to create capacity for medical respite care at your site (200 words).
20. Please share any additional information that you believe supports your application (200 words).
21. Please include a brief letter of commitment from the senior leadership team.
22. Please include a brief letter of support from one or more community partners that will be working on this planning project.





## Track 2: Medical Respite Pilot Implementation Application

*\*Please answer the following questions in a separate document.*

23. Please describe the need for medical respite services in your community (200 words):
24. Briefly describe your organization's previous planning activities for your planned medical respite program. (200 words maximum)
25. Briefly summarize your implementation plan. (200 words maximum)
26. Briefly describe the barriers to your implementation plan. (200 words maximum)
27. Please list community partners/stakeholders you plan to collaborate with in this implementation process (e.g., Federally Qualified Health Centers (FQHC), Continuums of Care (CoC), hospital systems, Emergency Shelter) (50 words). *Note with an asterisk (\*) those that have already agreed to participate, and provide a letter of support from those organizations:*
28. Please describe the facility or site your organization has identified for your medical respite program, including the location and anticipated number of beds.
29. Please describe the population your medical respite program intends to serve.
30. Please share the anticipated maximum length of stay at your site.
31. Please describe how you plan to include people with lived expertise in your planning and implementation of this pilot program.
32. Please share any additional information that you believe supports your application (200 words):
33. Please submit an implementation proposal outlining the timeline and details for your implementation plan, including a list of partners and the role they play in implementation, a detailed project timeline, anticipated referral sources, anticipated program budget, anticipated staffing plan, the medical respite program model, anticipated number of beds, planned medical respite facility type, and the anticipated length of stay at your site.
34. Please include a brief letter of commitment from the senior leadership team.



### Track 3: Medical Respite Expansion Application

*\*Please answer the following questions in a separate document.*

35. Please describe your current medical respite program\*, including the annual operating budget of the medical respite program, years the program has been in operation, number of beds, size and demographics of community served, and number/types of staffing FTEs. \* We define medical respite care as acute and post-acute care for people experiencing homelessness who are not ill enough to remain in a hospital but are too ill to recover on the streets. Please note, it is not a nursing home, skilled nursing facility or street medicine program. (200 words):
36. Briefly describe your organization’s initial ideas for expanding local capacity for medical respite. If your organization participated in the previous phase of this initiative, please share how your new ideas for expansion build on what you accomplished in that phase. (200 words)
37. Please describe the barriers that are the highest priority/need in your program (200 words):
38. Please describe the specific adverse impact of the barriers described in Question #37. Additionally, please describe a proposed mitigation strategy to address program barriers (200 words):
39. Please list your primary community partners and, if applicable, community partners you are in the process of developing relationships with or you are hoping to develop relationships with (e.g., Federally Qualified Health Centers (FQHC), Continuums of Care (CoC), hospital systems, Emergency Shelter) (50 words):
40. Please describe how you plan to include people with lived expertise in your plan to expand capacity for medical respite care at your site (200 words).
41. Please share any additional information that you believe supports your application (200 words).
42. Please include a brief letter of commitment from the senior leadership team.



## Request for Applications (RFA): Illinois Medical Respite Capacity Building Initiative

### To Apply

To apply, please send the completed general and track specific application questions, a completed project budget (form included on the last page), and letters of commitment from a member of your senior leadership team and any relevant project partners to [Rachel.Thomas@iphionline.org](mailto:Rachel.Thomas@iphionline.org) by Wednesday, September 13 at 11:59 pm central standard time (CST) with the subject line *Medical Respite RFA* .

### Budget information

Allowable costs include salaries, fringe, consultants or contractors, supplies, travel, occupancy, printing, communications, training, meeting costs, other/miscellaneous, and indirect costs (10% de minimis rate or the applicant's state or federally approved negotiated indirect rate). Equipment purchases over \$5000 may require additional approval. Capital expenditures are not allowed. Additional information on allowable costs for Track 2 - Medical Respite Pilot Implementation Awards will be shared during the week of August 21, 2023 via the [informational webinar](#) and office hours meetings, and published in the FAQ on our [website](#).

Awardees will be required to engage people with lived expertise to inform their planning and implementation and should budget to provide compensation for their contributions. People with lived expertise should be included in the consulting/contracting line.

The maximum budget for Track 1 Medical Respite Planning Awards is \$75,000, and the maximum budget for Track 2 Medical Respite Pilot Implementation Awards and Track 3 Medical Respite Expansion awards is \$100,000. The project period is October 2, 2023 – June 30, 2024. Please see the attached budget form on the next page.

### Contact Information

Questions and inquiries regarding the Illinois Medical Respite Capacity Building Initiative application and/or award can be directly sent via email to Rachel Thomas at [Rachel.Thomas@iphionline.org](mailto:Rachel.Thomas@iphionline.org) using the subject line "Medical Respite RFA Question". An FAQ will be published on IPHI's website, here: <https://iphionline.org/illinois-medical-respite-capacity-building-initiative>.



Request for Applications (RFA):  
Illinois Medical Respite Capacity Building Initiative

Budget Form

Illinois Medical Respite Capacity Building Initiative

Budget Period: October 2, 2023 - June 30, 2024

Line Item	Amount	Justification/Explanation
PERSONNEL		
Salaries		
Name/Title		
Name/Title		
Name/Title		
Name/Title		
Fringe		
TOTAL PERSONNEL		
OTHER DIRECT COSTS		
Consulting		
Contracts		
Supplies		
Travel		
Occupancy		
Printing		
Communications		
Training		
Meeting Costs		
Equipment		
Other/Miscellaneous		
TOTAL OTHER DIRECT		
INDIRECT		
Indirect		Indirect rate/percentage used
TOTAL BUDGET		