

# Illinois Medical Respite Capacity Building Initiative RFA

## Frequently Asked Questions



### 1. How do you define "community"?

This application has an intentionally broad interpretation of the term "community". An important aspect of our definition of "community" is the geographic area served by the medical respite project being developed. Medical respite services are typically location-based with a defined service area. "Community" also references the partnerships that medical respite programs must engage in to sustain and expand capacity in a successful program.

### 2. What does it mean to apply in partnership with another organization?

Medical respite programs typically exist in partnership with other organizations, for example homelessness service organizations, hospitals, healthcare services, FQHCs, etc. The strongest applications will show that some of the right partners have been convened to begin the work of medical respite. Those that apply in partnership must determine which organization will be the primary applicant. The primary applicant must submit all components of the application, including a letter of support from their partner organization. The funding for this award will only be given to the primary applicant who can allocate funding to partners as they deem necessary. This should be represented in their project budget.

### 3. The RFA indicates that capital expenditures are not allowed. Can you define capital expenditures?

Capital expenditures are funds spent by an organization to acquire or maintain fixed assets, such as land, buildings, and equipment. Equipment purchases below \$5000 are not considered capital expenditures. In compliance with IDHS' funding guidelines, capital expenditures are not allowed. The funding cannot be used for repairing the place of use. Equipment purchases over \$5000 will need additional approval.

### 4. What does medical respite care look like for the individual?

Medical respite care is defined as post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the streets, but who do not require hospital level care. While programs vary in size and structure, they all share the same fundamental elements: short-term residential care that allows people experiencing homelessness the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services. The key components of a medical respite program include the following: 24-hour access to a bed, 3 meals per day, transportation to any and all medical appointments, access to a phone for telehealth or communications related to medical needs, safe and secure space to store personal items, and a wellness check at least once every 24 hours by medical respite care staff (clinical or non-clinical).

### 5. What is the next phase for this initiative? Are there opportunities for funding to sustain these projects after this planning phase ends?

IPHI is funded by the Illinois Department of Human Services (IDHS) to execute this fiscal year of awards for planning as part of the "Home Illinois: Plan to Prevent and End Homelessness" which identified building capacity for medical respite as one of its primary activities. The next phase of this initiative is dependent on the approval of funds appropriated for the next fiscal year of the State of Illinois' annual budget.

### 6. Should outcomes be presented from each of the partnering organizations, or should one common set of outcomes be developed by the collaborators on this project?

The awarded primary organization should collaborate with their partners on this project to develop a single set of outcomes to present to IPHI. Only the awarded organization that contracts with IPHI will be responsible for presenting the outcomes of this project.

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**7. Are you aware of a successful medical respite for homelessness program in existence that we could learn from? Do they have models for rural areas?**

There are more than 130 medical respite programs across the country and that number continues to grow! Learn more about the current [State of Medical Respite Care here](#). Additionally, you can find out more about current medical respite programs by visiting the [Medical Respite Care Directory](#). To learn more about the different models of care across the country, please visit the [Models of Medical Respite Care resource](#). While there are rural medical respite programs however, rural communities are often underserved by medical respite programs.

**8. Do the community partners typically attend the learning collaborative meetings or are those more for internal staff?**

The learning collaborative meetings will provide an opportunity for the entire cohort to come together to learn from experts at the National Institute for Medical Respite Care and other awardees in the cohort. All awardees and their partners are invited to attend these meetings, but only internal staff of the primary awardees are required to attend.