

RFP-Medical Respite Pilot

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1.0 Introduction/Eligibility

The Health + Housing Coalition is seeking an agency to pilot a medical respite program. Interested agencies can apply to meet all requirements in-house or apply as a lead organization with partner organizations providing some of the services as a subcontractor.

Any Applicant for this RFP must be a nonprofit organization serving the Omaha Council Bluffs Metro Area.

Enclosed within are the details and procedures necessary to submit a response to this request. The deadline for submission to this request for proposal is **5:00pm (central time) on September 17, 2021**, at <https://www.thewellbeingpartners.org/medical-respite/>.

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2.0 General Instructions, Guidelines, Terms, and Conditions

The following outlines the general instructions and guidelines.

2.1 RFP Issuance and Addendum

Issuance of this RFP does not compel the Health + Housing Coalition to partner. The Health + Housing Coalition reserves the right to reject any or all proposals, wholly or in part. The Health + Housing Coalition also reserves the right to cancel or reissue the RFP. The Health + Housing Coalition reserves the right to issue an addendum to the RFP at any time due to need for clarification, change in acquisition schedule, or any other reason. Furthermore, if the Health + Housing Coalition provides additional information at the request of any of the respondents, the same information will be provided to all respondents.

2.2 Submission

Upon completion of your response to this RFP, please follow the instructions outlined in Section 5 for proper submission of your proposal.

2.3 Completeness

Your proposal should be simple, complete, easily understood, and prepared in accordance with the format and proposal requirements outlined in Section 5. An incomplete response to any section of this request, as well as failure to comply with the specified format and/or other proposal requirements identified herein may, at the discretion of the Health + Housing Coalition, exclude your proposal from the selection process.

2.4 Withdraw

Respondents may withdraw a proposal at any time prior to the closing date and time listed by submitting an email request to Sheena Helgenberger, The Wellbeing Partners, SheenaH@thewellbeingpartners.org.

2.5 Clarification

If you need any additional information or clarification on this document, or the services described herein, please contact: Sheena Helgenberger, The Wellbeing Partners, SheenaH@thewellbeingpartners.org.

The Health + Housing Coalition will also be hosting an RFP Q&A via [zoom](#) on August 16, 2021, from 1:00-2:00pm CST.

- Meeting ID: 861 1559 4383
- Dial by phone +1 312 626 6799 US (Chicago)

2.6 Evaluation

In the initial phase of the evaluation, proposals will be reviewed by the Health + Housing selection committee as detailed in Section 5. The selection committee will choose an applicant whose proposal is determined to be the best fit with the Coalition.

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3.0 The Health + Housing Coalition

Since July 2020, the Health + Housing Coalition has convened over 20 organizations to explore the needs of the medically complex, chronically homeless population. Through the Coalition meetings, and ongoing housing needs assessment being completed by partner organizations, the need for medical respite arose as a top priority. The Coalition is working closely with the [National Health Care for the Homeless Council](#) to design a pilot program that fits the needs of both individuals experiencing homelessness and partner organizations to provide these individuals with a safe place for recuperation and connection to other needed resources.

On July 1, 2021, the Health + Housing Coalition was awarded an implementation grant from the CommonSpirit Health Mission and Ministry Fund with the intention of continuing to convene the Coalition and pilot a medical respite program. The intention of this RFP is to determine a lead agency for the medical respite pilot.

3.1 The Funding Agency

The purpose of the Mission and Ministry Fund is to provide funding for 24-30 months for planning, development, and implementation of new initiatives to promote healthy communities. During the past 24 years, the Mission and Ministry Fund has awarded 577 grants totaling more than \$98 million. The fund is a hallmark of CHI Health's Spirit of Innovation and dedication to creating healthier communities and is one of the most visible ways CHI Health lives the vision and legacy of its founders. The pilot budget for Medical Respite is a three-year implementation grant to begin this program with intention for sustainable funding led by the RFP awarded agency in subsequent years.

3.2 Core Project Team

The coalition is convened and facilitated by The Wellbeing Partners and the Metro Area Continuum of Care for the Homeless (MACCH), with the National Healthcare for the Homeless' National Institute for Medical Respite Care serving in a consultant role, and CHI Health Midwest Division providing grant management.

3.3 Governance Process

Following the submission deadline, The Wellbeing Partners will convene a selection committee to review all proposals received. The committee will consist of two individuals from the coalition, plus leaders from organizations such as TWP's Board of Directors, MACCH's Board of Directors, the National Health Care for the Homeless, and likely from the health systems: CHI Health, Nebraska Methodist Health System, and Nebraska Medicine.

Once a lead agency is awarded the Mission and Ministry funds, governance for the ongoing quality checks, fiscal oversight, and to ensure timely funder reporting will be managed by the Core Project Team. During implementation, the lead agency and Core Project Team will meet monthly to support the success of the program.

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4.0 Project Overview

The following section explains medical respite.

4.1 Medical Respite Definition and Benefits

[Medical respite care](#) is short-term, post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets or in shelter but are not ill enough to be in a hospital. Post-acute meaning medical care services that support the individual's continued recovery from illness or management of a chronic illness

Medical respite allows these individuals experiencing homelessness the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite is offered in a variety of settings including freestanding facilities, health centers, homeless shelters, nursing homes, and transitional housing.

Medical respite care has been shown to:

- Shorten hospital length of stay
- Reduce hospital readmission
- Improve health outcomes
- Lower overall cost of health care

(Source: [Medicaid & Medicaid Managed Care: Financing Approaches for Medical Respite Care](#))

4.2 Standards for Medical Respite Programs

The following [national standards](#) serve as a framework to help medical respite programs operate safely, effectively, and seamlessly with local health care systems, and to promote program development and growth. Although programs present with diversity in staffing, facility models, and partnerships, the Standards for Medical Respite Programs help to ensure that care delivered within each of these models is high-quality, non-discriminatory, and person-centered.

These standards are written to accommodate program services delivered through formal partnerships or affiliations. Many medical respite programs constitute partnerships between two or more organizations that together provide the services referenced in this document. For example, a medical respite program may be jointly operated and administered by a housing provider and health center. In such cases, facility standards might be met by the housing provider while health care-related standards might be met by the partnering/affiliated health care entity.

Key considerations for applying the Standards for Medical Respite Programs:

- In the case of partnering organizations, there should be a clear delineation of which entity is responsible for certain aspects of care, and have established policies, procedures, and safety measures established accordingly.
- Partnering organizations should have written agreements clarifying each entity's

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roles and responsibilities for meeting certain standards and/or criteria. If the lead agency is providing subcontracted funds to a partner organization, a signed MOU is completed after the lead agency is selected. ***If you plan to subcontract funds to a partner organization during this pilot, please include a letter of support from the partnering organization when submitting the RFP.***

- This document does not replace local, state, and federal regulations related to health and safety. Medical respite programs are expected to meet all applicable local, state, and federal regulations.

View the full standards [here](#). An outline is provided below:

- Standard 1: Medical respite program provides safe and quality accommodations.
- Standard 2: Medical respite program provides quality environmental services.
- Standard 3: Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.
- Standard 4: Medical respite program administers high quality post-acute clinical care.
- Standard 5: Medical respite program assists in health care coordination and provides wrap-around and access to comprehensive support services.
- Standard 6: Medical respite program facilitates safe and appropriate care transitions out of medical respite care.
- Standard 7: Medical respite care personnel are equipped to address the needs of people experiencing homelessness.
- Standard 8: Medical respite care is driven by quality improvement.

4.3 Key Components of Medical Respite

The Health + Housing Coalition's intent in requesting proposals is to exercise its responsibility to better serve the medically fragile homeless population. The RFP awarded lead agency will work in partnership with the Health + Housing Coalition to implement and pilot a medical respite program.

Some key components of medical respite services include:

- Providing a low-cost, appropriate discharge/diversion option and connecting people experiencing homelessness to the support that they need to manage conditions that would be exacerbated in a shelter or on the streets.
- Coordinating post-acute care and arranging transportation to follow-up appointments.
- Health monitoring and intervention, assessing for mental health and substance use needs, and connecting clients to ongoing primary care and behavioral health services.
- Providing case management to assist clients in accessing benefits, housing, and other supportive services.
- Promoting health literacy and equipping clients with strategies to manage their health conditions and access appropriate health care services.
- Respecting human dignity by providing a humane and compassionate discharge option grounded in trauma-informed and patient-centered care.
- Offering a flexible service delivery model that reflects the unique needs, priorities,

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and resources of diverse communities and patient populations.

4.4 Pilot Details/Who is Served

This project aims to address the medical and care coordination needs of the homeless population by piloting a medical respite program in the Omaha Council Bluffs Metro Area for **adults experiencing homelessness (ages 19+ if located in Nebraska and ages 18+ if located in Iowa)**.

This project will offer a space to improve upon current services and impact the lives of individuals experiencing homelessness in our community who are often discharged from health care without the ability to support their immediate medical needs.

The pilot will provide **5-15 medical respite beds (number to be decided upon by lead agency)** beginning in early 2022 (to launch between January and March 2022) through June 2024, with some flexibility based on Coalition and pilot progress. The ideal pilot would last for 24-30 months.

Medical services to be provided during the pilot, on site, are short-term, post-acute (medical care services that support the individual's continued recovery from illness or management of a chronic illness or disability) care.

Examples of these diagnosed acute/post-acute medical conditions include:

- Diabetes
- Pneumonia
- Post-operative care
- Respiratory problems/asthma
- Heart failure
- IV medications
- Wound care

Persons can have a comorbidity such as a mental health condition and substance use disorder.

Should a patient's medical condition change beyond the capacity to provide short-term and post-acute care, the medical respite program will work with partners and health care systems to elevate to specialty/more appropriate care.

In addition to the above health care services, it is expected that the medical respite program will offer care coordination and serve as a connector to additional wrap-around or specialty services.

4.5 Project Budget

Through the CommonSpirit Health Mission and Ministry Fund (MMF) Implementation Grant awarded to the Health + Housing Coalition, the Coalition is providing up to \$547,860 for up to 24-30 months of operations funding for the agency awarded to pilot medical respite.

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The final budget for the project will be solidified after the RFP selection concludes, with the support of the Core Project Team. The funds to pilot a medical respite program are available to the RFP awarded agency upon execution of contract. This budget is primarily reserved for staff, location, materials, travel, rent, and training/education - all to be negotiated upon selection. We recognize that the awarded amount may not cover the entire cost of the medical respite program that you are proposing. **Using the provided RFP Budget Form, please detail the full cost of the program, including in-kind support and anticipated subcontractors, to be attached when submitting your RFP.**

During the MMF grant cycle, the Core Project Team will provide fundraising and evaluation support. Evaluation does not need to be written into the applicant's budget, as funds have been committed from the greater Health + Housing Coalition implementation grant. Upon completion of the medical respite pilot, the lead agency is expected to sustain funding through reimbursements, philanthropy, and in-kind partners. Additional information on potential financial sources can be found in this National Health Care for the Homeless Council [Policy Brief](#).

Total costs for this project cannot exceed \$547,860 over the 24-30 months and should not exceed these amounts per fiscal year:

- Fiscal Year 1, January 2022 - June 2022: \$92,840
- Fiscal Year 2, July 2022 - July 2023: \$227,510
- Fiscal Year 3, July 2023 - June 2024: \$227,510

Applicants should ensure their proposed project budget considers the following:

- Administrative costs - direct and indirect (**not to exceed 10% of project budget**)
- Rent and in-kind value of space (if applicable to secure medical respite space)
- Training/education (such as staff training or time spent educating partners on medical respite services)
- Materials/supplies (such as medical equipment, computers, etc.)
- Transportation (such as transporting patients to appointments)
- Food (as meals must be provided to medical respite patients)
- Staffing - **Medical respite programs should maintain 24-hour coverage.**

Overnight staff do not need to be clinical staff. Below is the minimum suggested staff set up recommended by the National Health Care for the Homeless Coalition. Applicants are not required to use this exact staffing model.

- Nurse 1.0 FTE - gives admission and discharge orders; develops a plan of care utilizing clinical quality indicators for all identified patients in the medical respite program; oversees overall care of patients including primary health care, referral to specialists and medication monitoring.
- Care Coordinator 1.0 FTE - reviews all referrals to the medical respite program and consults with the Nurse before admission; regularly evaluates plans of care with patients, makes updates as needed, develops mutually agreed upon goals, and provides patient education and behavior change coaching.
- Care Advocate 0.5 FTE - provides case management services and assists

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medical respite patients with connection to social entitlements and linkages to community resources upon discharge.

- Program Administrator 0.25 FTE - facilitates agreements/contracts with community partners; is responsible for any administrative needs including managing budgets and program operations.
- CNA or Community Health Worker 1.0 FTE - supports the work of the medical respite nurse; provides patient oversight overnight, as needed.

No funds from the MMF grant may be used for any of the following:

- Capital costs for construction, acquisition, or renovation of facilities or equipment, except for computers
- Ongoing operations beyond implementation phase (not to exceed 30-months)
- Biomedical research
- Support of candidates for public office

Using the provided RFP Budget Form, applicants should detail costs for piloting a 24–30-month medical respite program, showing what the MMF funds will be allocated towards, as well as in-kind support committed by the lead organization, anticipated subcontractors, and financial and in-kind commitments made by partner organizations. For example, staffing expenses may be covered with a combination of both grant funds and existing staff time.

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5.0 Submission Process and Timeline

The following section explains the submission steps and timing.

5.1 RFP Requirements

Applicants must be a nonprofit serving the Omaha Council Bluffs Metro Area. After thoroughly reviewing the information above, please submit a written response to the questions below in the “Official Proposal” section. Completed proposals should be submitted at <https://www.thewellbeingpartners.org/medical-respite/>. Please also attach the RFP Budget Form and any Letters of Support detailing the partnerships to be in place for the pilot. The deadline for submitting proposals is 5:00pm (central time) on September 17, 2021.

The top three applicants will be asked to present on why your organization is the best fit for the medical respite pilot (virtually) to the Health + Housing Coalition on *September 28, 2021 between 8:30-9:45am via [zoom](#)* (every applicant to present). Meeting ID: 857 3578 2765 or by phone +1 312 626 6799 US (Chicago).

5.2 Selection Process and Timeline

Following the submission deadline, The Wellbeing Partners will convene a committee to review all proposals received. The committee will consist of two individuals from the Health + Housing coalition, and leaders from organizations such as TWP’s Board of Directors, MACCH’s Board of Directors, the National Health Care for the Homeless, and likely from the three health systems: CHI Health, Nebraska Methodist Health System, and Nebraska Medicine. The committee will review all submissions for strength of proposed activities, capacity to carry out grant requirements, and demonstrated fiscal responsibility. The committee will select the lead agency by Oct. 29, 2021. Then, the process of subcontracting to carry out the pilot will begin.

The anticipated timeline is as follows:

- RFP Q&A (optional attendance): *August 16, 2021, from 1-2pm via [zoom](#)*
Meeting ID: 861 1559 4383 or Dial by phone +1 312 626 6799 US (Chicago)
- Proposals Due: *September 17, 2021*
- The top three applicants will be asked to present virtually to the Health + Housing Coalition: *September 28, 2021, between 8:30-9:45am via [zoom](#)*
Meeting ID: 857 3578 2765 or by phone +1 312 626 6799 US (Chicago)
- Agency Selection/Notification: *October 29, 2021*
- Onboarding of Partner Agencies: *November 2021-January 2022*
- Medical Respite Pilot start date: *between January-March 2022*

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6.0 Proposal Evaluation Criteria

Proposals will first be reviewed for completeness to determine if requirements are met. Failure to meet a response requirement may result in the proposal being rejected.

Proposals that satisfy the response requirements will be accepted and reviewed by a selection committee according to the evaluation criteria identified below:

- Demonstrated understanding of stated requirements and the clarity of respondent's proposal.
- Feasibility of the proposed solution (based on the extent to which the solution meets stated requirements and preferences; creativity; ease of implementation, etc.).
- Provide considerate and respectful care, free from any discrimination based on age (outside of the scope of the pilot project), disability, religion, color, ethnicity, language, national origin, citizenship status, marital status, gender or gender identity, sexual orientation, or source of payment.
- Experience working with individuals experiencing homelessness. Experience serving individuals with mental health conditions or substance abuse issues is encouraged.
- Stance on philosophies such as “low barrier admission” and “housing first” philosophy, proactively working to match patients with permanent housing solutions.
- Ability to work with the Core Project Team and larger Health + Housing Coalition to adapt the program as patient needs evolve.
- Experience tracking data and outcomes, and ability to partner with Coalition partners on a co-designed evaluation plan.
- Willingness to partner with the statewide health information exchange, prescription drug monitoring program and social needs platform, powered by implementation partner CyncHealth, to track metrics and health outcomes of program participants.

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7.0 Official Proposal Questions

All applicants should complete the following section at <https://www.thewellbeingpartners.org/medical-respite/>

7.1 General Questions

1. Organization Name:
2. Organizational Address:
3. Address of proposed medical respite location, if different:
4. Organizational Website:
5. Primary Contact Name and Title for RFP:
6. Primary Contact Email Address for RFP:
7. Primary Contact Phone Number for RFP:
8. Our organization is a nonprofit serving the Omaha Council Bluffs Metro Area:

_yes

_no (ineligible to apply)

9. Do you agree to serve only adults experiencing homelessness in this pilot? Ages 19+ if located in NE and ages 18+ if located in IA.

_yes

_no (ineligible to apply)

10. Please describe your organization's values and mission. (500 words max.)
11. Please describe your organization's history of collaboration with community partners. (500 words max.)
12. Please describe the sustainability ability of your organization in terms of grant writing and securing other funding options. (500 words max.)

7.2 Medical Respite Questions

1. Identify and provide a brief description of what distinct benefits your organization would bring to the medical respite pilot. (500 words max.)
2. Provide evidence of your group's ability to appropriately protect patient information. (500 words max.)
3. Does your organization currently provide medical services, case management, housing, or shelter to individuals experiencing homelessness? If so, briefly describe those services. (500 words max.)
4. A medical respite program provides safe and quality accommodations. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
5. Please describe the facility that you would provide for medical respite. Please note whether housing units would be single occupancy or shared, restroom

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- availability, food service access/delivery, ADA accessibility of the facility, and availability of examination and office space. (500 words max.)
6. A medical respite program administers high quality short-term, post-acute clinical care. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 7. Medical respite programs assist in health care coordination and provide wrap-around care and access to comprehensive support services. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 8. A medical respite program manages timely and safe care transitions to medical respite care to specialty care and/or community settings. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 9. A medical respite program facilitates safe and appropriate care transitions out of medical respite care when possible. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 10. Medical respite care personnel are equipped to address the medical and social needs of people experiencing homelessness. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 11. Medical respite care is driven by quality improvement. Describe how your organization would achieve this. Please include any previous experience and successes. (500 words max.)
 12. If you currently provide services for those experiencing homelessness, do you have policies in place that would prevent an individual from receiving services based on certain activities or other criteria? Please describe or provide a copy of the policy. (500 words max.)
 13. Please describe your organization's practices related to the following: (500 words max.)
 - a. Trauma Informed Care
 - b. Low-barrier Admission
 - c. Reasons for Termination or Denial of Services
 - d. Equity Issues Including: Race, Ethnicity, Sexual Identity, Sexual Orientation, Religion

7.3 Attachments

1. RFP Budget Form: please use our provided form to detail the full cost of the program, including in-kind support and anticipated subcontracts.
2. Letter(s) of Support (if applicable) - If the lead agency is providing subcontracted funds to a partner organization, or if an additional organization has committed to in-kind contributions, a letter of support from the partnering organization(s) should clarify each entity's roles and responsibilities for the project.