

# Funding a Medical Respite Program Virtual Symposium

January 29<sup>th</sup>, 2025

# What is the National Health for the Homeless Council?

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**NATIONAL  
HEALTH CARE**  
*for the*  
**HOMELESS  
COUNCIL**

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The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health care.

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Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

# What is the National Institute for Medical Respite Care?

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NIMRC is a special program of the National Health Care for the Homeless Council whose primary focus is on expanding medical respite (or recuperative) care programs in the U.S.

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NIMRC advances best practices, delivers expert consulting services, and disseminates state-of-field knowledge in medical respite care.

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Launched on July 15, 2020 to respond to and address the growth and expansion of medical respite care.

# Land and Labor Acknowledgment



Our conversation today is led by folks located across many communities.

**Most of our communities reside on unceded ancestral lands or acquired by unhonored treaties.** We acknowledge the people of these lands, past and present and **honor with gratitude the land itself, and its people.**

We also honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, **whose labor, remains hidden in the shadows but still contributes to the wellbeing of our collective community.**

# Intentions for our Virtual Learning Environment

Inclusive

Engaged

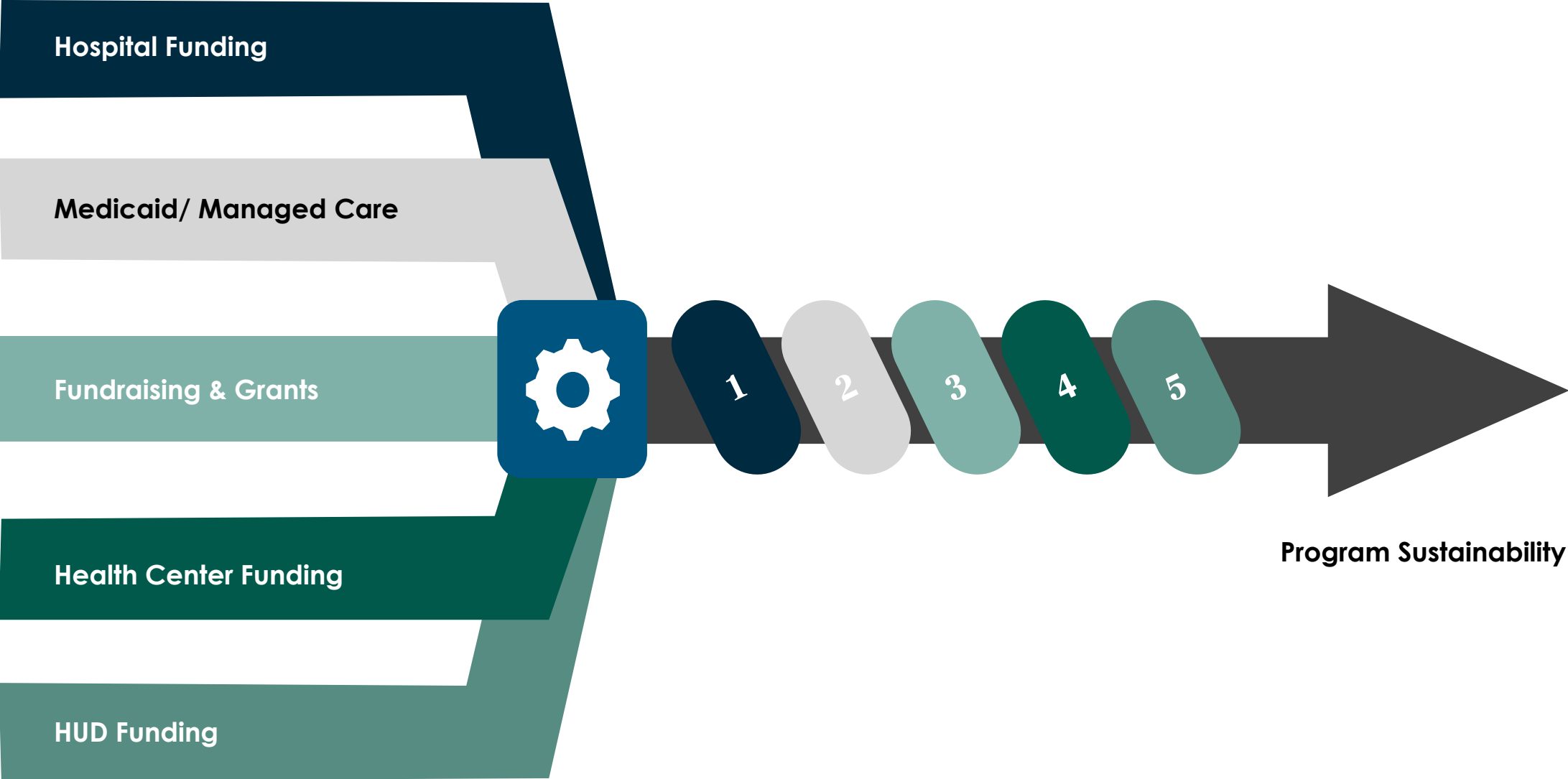
Mindful



## Housekeeping

- Please keep yourself muted during presentations or when not speaking
- Use the chat and raise hand feature during large group presentations + discussion
- Use the breakouts to ask questions and for examples from the facilitators and other attendees

# Funding for Medical Respite/ Recuperative Care Programs



# Agenda for Today

*Times are listed in ET*

1:00-1:25 – Welcome, Introduction, and Overview

1:15-2:15 – Hospital Funding

- Strategies for Seeking Funding from Hospitals
- Break-out groups discussion

2:15-3:05 – Medicaid Funding

- Overview of methods for Medicaid funding
- Break-out groups discussion

3:05-3:20 – Break

3:20-3:50 – Grant Funding & Fundraising

- Presentation with Q&A

3:50-4:15 – Simultaneous Break-out

- Health Center Funding
- HUD Funding

4:15-4:55 – Braiding it All Together

- Program Panel and Q&A

# Hospital Funding

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Monica Ray, Cottage Health, Santa Barbara, CA

Laurel Nelson, Center for Respite Care, Cincinnati, OH



# Cottage Recuperative Care Program Hospital Partnership

January 29, 2025

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**Cottage**  
Center for  
Population Health

# Overview

1. Cottage Recuperative Care Program
2. Outcomes
3. Hospital Partnership



COTTAGE  
RECUPERATIVE CARE PROGRAM

# Cottage Health

**Santa Barbara Cottage Hospital**  
including Cottage Children's Medical Center, Cottage Rehabilitation Hospital and Cottage Residential Center



**Goleta Valley Cottage Hospital**  
and Goleta Valley Medical Building,  
including Grotenhuis Pediatric Clinics



**Santa Ynez Valley Cottage Hospital**



**Cottage Rehabilitation Hospital**

**Cottage Residential Center**  
for chemical dependency treatment

**Pacific Diagnostic Laboratories**

**Level 1 Trauma Center at  
Santa Barbara Cottage Hospital**

**Level 2 Pediatric Trauma Center at  
Cottage Children's Medical Center**

# Santa Barbara County

Population: 448,299

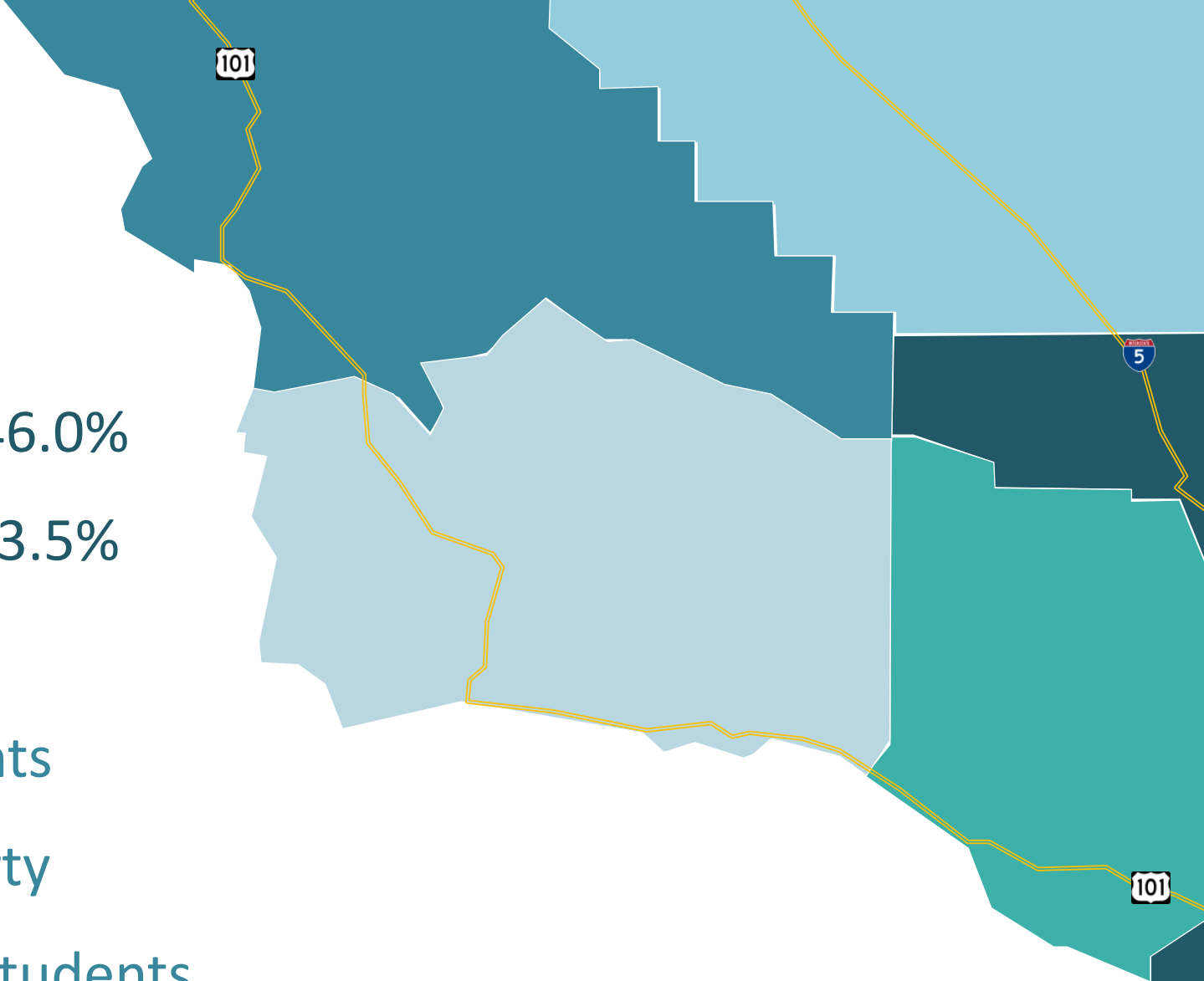
White: 43.8% Hispanic/Latino: 46.0%

Living below the poverty level: 13.5%

1<sup>st</sup> highest % of homeless students

3<sup>rd</sup> highest % of families in poverty

4<sup>th</sup> highest % of English learner students



# Cottage Recuperative Care Program at PATH Santa Barbara

**10** patient beds

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**90** day maximum stay

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**1** medical director (part-time)

**3** registered nurses (part-time)

**1** social needs navigator

**5** respite care monitors



- Hospital-led
- Onsite Public Health Care Center
- Referrals from hospital and community
- Continue to follow patients after exit

# Recuperative Care Referral Process



Referrals from:

- Community organizations
- Local agencies
- Hospitals

Referrals reviewed by:

- Medical Director
- Social Worker

Patients must express a willingness to participate

Transitional Care Program provides a landing spot for patients

# Patient Criteria

Patients must be:

- Experiencing homelessness
- Alert, oriented, and independent in ADLs or needing minimal assistance
- Agreeable to proposed treatment
- Able to self-administer medications
- Willing and able to adhere to PATH's rules
- Have appropriate acute medical need
- Low risk for severe, acute withdrawal syndrome from alcohol or illicit drugs



# Electronic Medical Record Documentation

- Custom Epic referral process and encounter
- Communicates status of patient to hospital providers
- Streamlined reporting



# PROGRAM EVALUATION

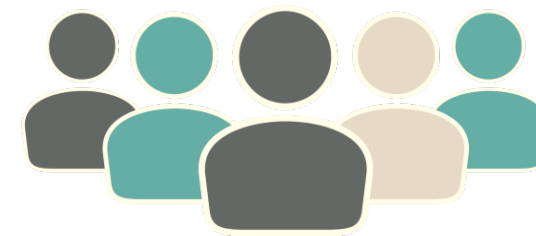
# Recuperative Care Evaluation

- Patients document-ready for housing at exit
- Improved patient health and self-efficacy
- Personal documents secured

**84%** have entered permanent housing

**51%**  
decrease in Emergency Department visits

**58%**  
decrease in inpatient stays



137 unique patients  
from October 2018 – December 2023

# What We've Learned: ED and Inpatient Use

- Connection to primary care provider is a top goal
- Social work and case manager connections in hospital are critical
- Accompany patients to the ED when necessary

# What We've Learned: Document-ready for Housing

- Support during the program helps patients enter housing in the future
- Continued support after program allows time to become document-ready
- More permanent, supportive housing options are needed



# HOSPITAL ROLE IN RECUPERATIVE CARE

# Recuperative Care: Importance of Hospital/Shelter Relationship

- Hospitals and shelters are aligned in improved outcomes for patients
- Recuperative care team offers support and communication
- Continuity of care is critical for patient success

## Recuperative Care: Continuity of Care

*No matter where Cottage patients go, they have had support. This provides the continuum of care that is critical.*

*-- Service provider at Housing Authority properties*



# Recuperative Care: Maintaining Positive Hospital/Shelter Relations

- Relationship building ranges from caregivers to leadership
- Develop workflows designed for hospital team coordination
- Communication on individual patient outcomes and aggregate data

# Recuperative Care: Funding Strategies

- Hospitals can:
  - Leverage community benefit funding
  - Bring Medicaid expertise
  - Connect with broader philanthropic support
- Shelter expertise in layered funding



**Monica Ray**

Population Health Strategic  
Development Manager

Cottage Health

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805-270-5631



**Cottage**

Center for  
Population Health

# Center for Respite Care, Inc.

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Cincinnati, OH

20 beds

Standalone facility

Integrated Clinical Care Model

# The Importance of the Hospital Relationship for Medical Respite and Recuperative Care Programs

Referrals

Clinical support

Community collaboration

# From Strategy to Investment – Hospital Partnerships

Where to find the  
priorities

Creating “bang for buck”

Investments other than  
\$\$\$

# Maintaining the Relationship

Consistency with communication

Visits – staff and patients

Outcomes

Key data points

PR opportunities

# Hospital Funding Break-Out Groups

- 1. New and developing programs -** strategies for hospital partnership and funding

*Elizabeth Kelly, Hope Recuperative Care*

- 2. New and established programs -** transitioning and existing partnership to a funding partnership

*Laurel Nelson, Center for Respite Care*

- 3. Established programs –** maintaining the relationship and negotiating for growth

*Monica Ray, Cottage Health*





# Related Resources

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- [FAQs: Contracts with Hospitals](#) (publication)
- [Building Relationships with Hospitals](#) (webinar)
- [Homeless in the ED: Partnerships to Improve Care for People without Homes in Emergency Departments](#) (webinar)
- [Relationships with Hospitals](#) (online course)
- [Medical Respite Care Programs & the IHI Triple Aim Framework](#) (publication)
- Speaker and Facilitator Contact Information:
  - Elizabeth Kelly – [Ekelly@hopeshelters.org](mailto:Ekelly@hopeshelters.org)
  - Laurel Nelson - [ceo@centerforrespitcare.org](mailto:ceo@centerforrespitcare.org)
  - Monica Ray – [mray@sbch.org](mailto:mray@sbch.org)

# Medicaid

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Julia Dobbins, MSW, National Health Care for the Homeless Council



# Plan-Driven Reimbursement

- Plans have flexibility to contract with providers for designated services
- Types of payments can vary—though per diem and pre-purchased beds are most common

Table 1. Types of Payments to Medical Respite Care Programs

	Boston	Chicago	Los Angeles	Phoenix	Santa Barbara	Seattle	Yakima
Medicaid/FQHC payments	X			X			
MCO/per diem rate	X	X				X	X
MCO/capitated PMPM					X		
MCO/one-time case rate		X					X
MCO/pre-purchased beds		X	X				

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

# Plan-Driven Reimbursement

- Bundled services packages can vary widely

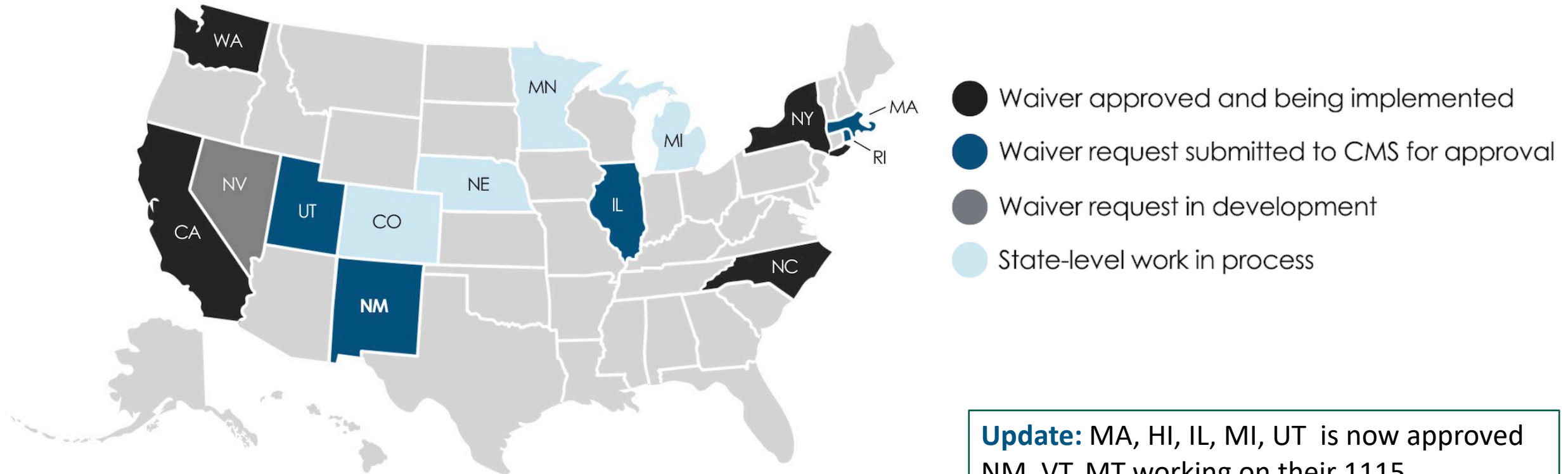
Table 2. Services Included in Medical Respite Payments, by Site

	Boston	Chicago	Los Angeles	Phoenix	Santa Barbara	Seattle	Yakima
Onsite health care services	X			X		X	
Support services (case management, care coordination, benefits, health education, medication management)	X	X	X	X	X	X	X
Food	X	X	X		X	X	X
Beds/housing	X*	X	X		X	X	X
Transportation	X	X	X				X
Administration/indirect costs	X		X	X	X	X	X

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

# State-Driven Reimbursement

## Status of Statewide Medicaid Waivers (as of December 2023)



# Approval Language from CMS

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Recuperative care provides a safe and stable place for eligible individuals transitioning out of institutions, and who are at risk of incurring other Medicaid state plan services, such as inpatient hospitalizations or emergency department visits (as determined by a provider at the plan or network level), to receive treatment on a short-term basis.

Recuperative care may be offered for up to ninety (90) days in duration.

# Approval Language from CMS

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“Eligible settings for recuperative care and short-term post-hospitalization housing **must have appropriate clinicians** who can provide medical and/or behavioral health care. The **facility cannot be primarily used for room and board without the necessary additional recuperative support services.**”

“For example, a hotel room in a commercial hotel, where there are no medical or behavioral health supports provided onsite appropriate to the level of need, would not be considered an appropriate setting, but if a hotel had been converted to a recuperative care facility with appropriate clinical supports, then it would be an eligible setting.”



# Lessons Learned in CA: Perspectives from MRC Providers

- 1 Better relationships with plans
- 2 Improved services to patients
- 3 Better informed partners
- 4 Greater system integration

“The success in respite CalAIM reinforces that recuperative care is a solid, dependable program that is a backbone of a homeless response.”

*but...*

- ➔ Significant administrative burden
- ➔ Low reimbursements
- ➔ High clinical needs
- ➔ Limited lengths of stay amid scarcity of housing

“We spend a significant amount of time on claims, processing claims, and getting claims paid on a timely basis. I need to focus on my staff and the services I provide and not be focused on the back office work so much.”

# Lessons Learned in CA: Perspectives from Plans

1

Regular meetings improve services and workflow

2

Service allows PEH to receive better care and achieve better stability

“We appreciate that CalAIM services like recuperative care have allowed more of an upstream focus on health. It’s the right thing to do and we hear how helpful this is on a daily basis.”

*but...*

➔ Need for greater program capacity

➔ Barriers to skilled care

➔ Lack of housing

“We fax to 40 SNFs and **no one will admit** because it’ll be a custodial care admission. We **need funding to pay for board and care or assisted living** for members who could get services in that venue. This would decrease the number of people on the street—especially for elderly folks. They deserve the dignity of a roof over their head.”

# 8 Principles of Medicaid Reimbursement

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**Limit Program Eligibility to  
Individuals Experiencing  
Homelessness**

**Do Not Exclude Patients with  
Behavioral Health Conditions**

**Reimburse on a Daily Basis or with  
Pre-paid Beds**

**Set Sufficient Payments that Include  
Short-term Room and Board**

**Allow for Tiered Payments**

**Place No Limits on Length of Stay**

**Connect to Standards of Care**

**Focus on Values and Outcomes,  
Not Cost-Savings**

# What about us?

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Non-Expansion States


States Not Pursuing an 1115 Waiver

We Have It and Its Not So Great 😞



Um What's Gonna Happen To Medicaid?

# Medicaid Break-Out Groups

- 1. SSI/SSDI Outreach, Access, and Recovery (SOAR):** *Katie League & Stephen Wilder (NHCHC)*
  - 2. Contracts with Managed Care Organizations (MCO):** *Susan Donovan & Chester Czuj (Quantified Ventures)*
  - 3. CalAIM Contracted Programs:** *Julia Gaines (NHCHC)*
  - 4. Washington State Programs:** *Tarryn Bieloh (NHCHC)*
  - 5. 1115 Waivers:** *Barbara DiPietro & Anne Williamson (NHCHC)*
  - 6. Other Medicaid State Reimbursement:** *Julia Dobbins & Samantha Marco (NHCHC)*
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# Related Resources

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- [Principles for Medicaid Reimbursement](#) (publication)
- [Status of State-Level Medicaid Benefits for Medical Respite Care](#) (2024 publication)
- [CalAIM Implementation of Recuperative Care Services: Lessons Learned](#) (publication)
- [Statewide Medicaid Benefit for Medical Respite Care: Issues Informing Benefit Design and Implementation](#) (publication)
- [Medicaid & Managed Care: Financing Approaches for Medical Respite Care](#) (publication)
- [Medicaid & Managed Care Financing Strategies that Support Medical Respite Care Programs](#) (webinar)
- [Sustainability for Medical Respite Programs: Strategies and Recommendations](#) (webinar)
- [Medical Respite Programs and Managed Care Organizations: Recommendations for Collaboration and Sustainability](#) (webinar)
- [Medical Respite Playbook – A Practical Guide for Managed Care Plans](#) (webinar)
- [Relationships with Managed Care Organizations](#) (online course)
- [Medical Respite Playbook: A Practical Guide for Managed Care Plans](#) (publication)
- Kaiser Family Foundation Medicaid Waiver Tracker

# Related Resources

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- Speaker and Facilitator Contact Information:
  - Katie League – [Kleauge@nhchc.org](mailto:Kleauge@nhchc.org)
  - Susan Donovan – [Sdonovan@quantifiedventures.com](mailto:Sdonovan@quantifiedventures.com)
  - Chester Czuj – [Czuj@quantifiedventures.com](mailto:Czuj@quantifiedventures.com)
  - Barbara DiPietro – [BDiPietro@nhchc.org](mailto:BDiPietro@nhchc.org)
  - Anne Williamson – [Awilliamson@nhchc.org](mailto:Awilliamson@nhchc.org)
  - Samantha Marco – [Smarco@nhchc.org](mailto:Smarco@nhchc.org)
  - Julia Dobbins – [Jdobbins@nchch.org](mailto:Jdobbins@nchch.org)
  - Tarryn Bieloh – [Tbieloh@nhchc.org](mailto:Tbieloh@nhchc.org)
  - Julia Gaines – [Jgaines@nhchc.org](mailto:Jgaines@nhchc.org)

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4:15-4:55 – Braiding it All Together

- Program Panel and Q&A



# Fundraising & Grant Funding

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Liz Nohra & Kashia Shaw, PathForward, Arlington, VA



## Funding a Medical Respite Program: *Strategies for Fundraising Success*



**Liz Nohra**  
Vice President, Philanthropy



**Kasia Shaw, FNP-C**  
Vice President, Medical Services

**January 29, 2025**





## Presentation Objectives:

- Identify effective grant opportunities for medical respite programs.
- Explore strategies to diversify funding sources.
- Discuss sustainable fundraising plans tailored for long-term impact.

# VISION & MISSION

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**PathForward *envisions* a world where everyone enjoys stability, dignity, and freedom from homelessness.**

**PathForward's *mission* is to foster stability and dignity through transformative services and housing solutions.**

# OUR COMPREHENSIVE SERVICES MODEL



Our mission-driven, innovative homeless services transform the lives of our clients so they can get back on their feet again. Through our spectrum of care, we empower our neighbors to achieve stability and dignity.



# OUR MEDICAL RESPITE PROGRAM



Medical Care



Case Management



Support Services



## Funding Sources

- County Allocation
- Partner Organizations - Reimbursements



**\$16,000  
DELTA**

# FUNDRAISING - BASIC ELEMENTS

- **PROCESS** – A structured and agree upon plan leads to successful fundraising.
- **PROSPECTS** – Everyone should be involved in identifying and engaging a wide network of supporters.
- **PEOPLE** – Fundraising is a people business; it's all about relationships and partnership!
- **PLAN** – A well-crafted plan ensures sustainability.

# BUILDING YOUR INFRASTRUCTURE



## VOLUNTEERS:

- BOARD
- COMMITTEES
- COUNCILS
- PROGRAM VOLUNTEERS
- COMMUNITY ADVOCATES

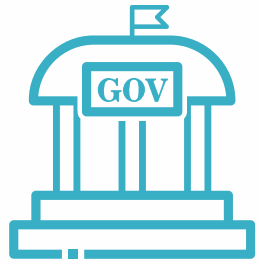


## STAFF

- ED/CEO
- DOD
- COMMS
- VOLUNTEERS
- ADMIN
- GRANTS
- PROGRAMS



# TYPES OF FUNDING SOURCES



**Federal,  
State & Regional**



**Community  
Foundations**



**Health-Focused  
Foundations**



**Family & Private  
Foundations**



**Faith-Based  
Organizations  
(Social Justice)**



**Corporate  
Foundations &  
Grants**



**Individuals**

- Seed Funding
- Giving Programs & Levels
- Annual Fund
- Sustainer Program



**Volunteers**



**In-Kind Donations**



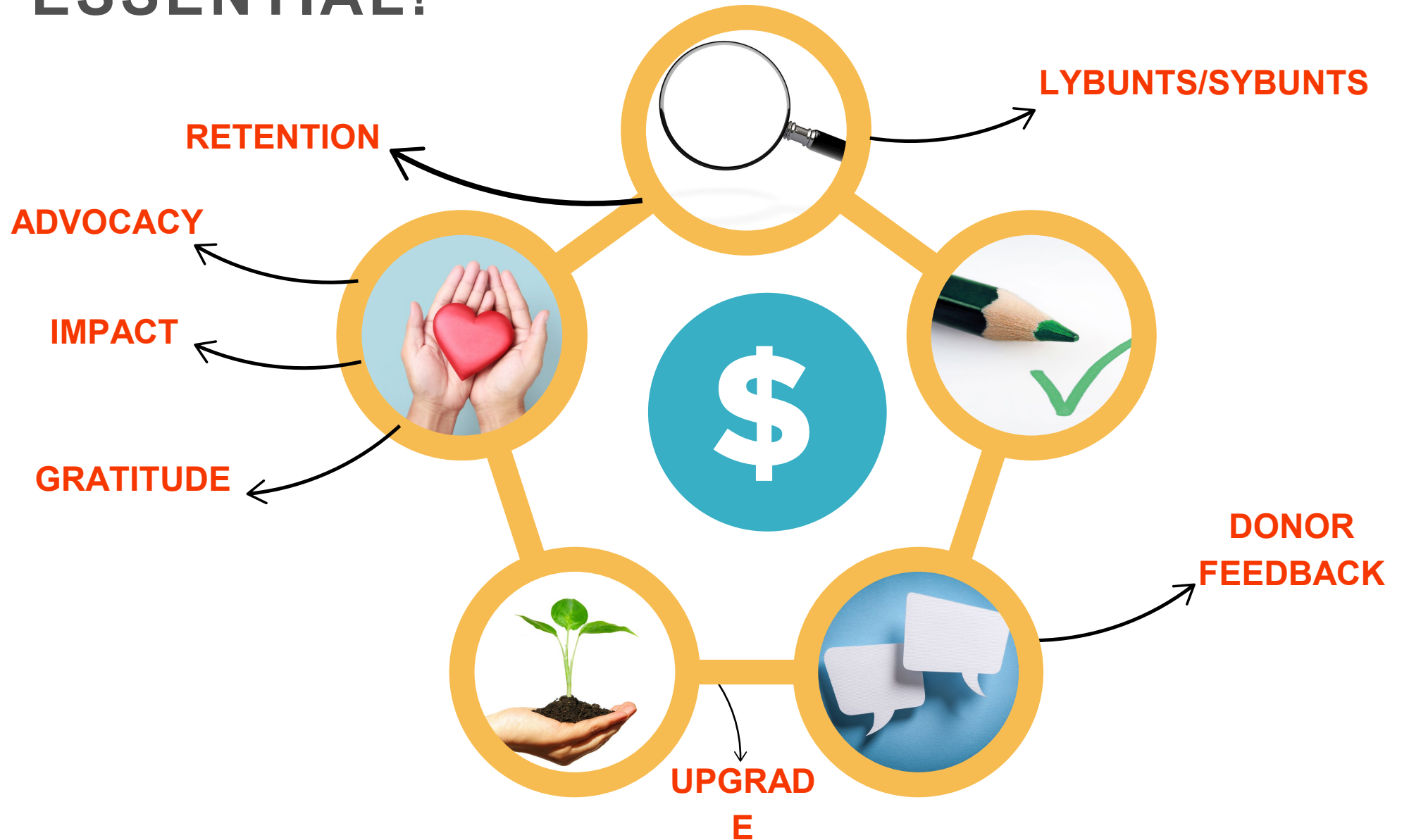
**Earned Income**



**Events**

- Major Fundraiser
- 3rd Party
- Peer-to-Peer

# THE DONOR CYCLE IS ESSENTIAL!



# How to Identify Grant Opportunities

**instrumentl**

All Projects Tracker Awards Calendar Tasks

Quick find

View All 109 **Researching 60** Applications 47 FY 2025, FY 2026

**GOAL EDIT >**

**\$475k**  
over 2 years

Search researchi  Displaying 60 of 60 **+ Add new**

NAME	OWNER	FUNDER DE...	STATUS	AMOUNT	NOTES
<b>February 2025</b>					
Housing for Everyone G... Td Charitable Foundation	N W	Feb 6, 2025 1:00pm PST	Resear...	\$1m - \$2m	
<b>March 2025</b>					
Dr. Scholl Foundation G...	N	Rolling	Resear... <b>Today</b>	\$25k	LOI is first step. Then foundation

Who is giving to similar organizations?

- grants.gov
- foundationcenter.org
- guidestar.org
- cof.org/community-foundation-locator

# STRATEGIC GRANT WRITING



## **Highlight Outcomes and Innovation:**

- Present data: Number of individuals served, types of diagnoses treated, health outcomes.
- Share success stories: Personal narratives demonstrating program impact.
- Emphasize unique initiatives: MMP outreach, LCSW integration, partnerships with educational institutions.

## **Tailoring Proposals:**

- Align with funder priorities and mission statements.
- Provide detailed budgets and sustainability plans.

## **Building Partnerships:**

- Collaborate with universities for student immersion experiences.
- Establish relationships with local health systems for referrals and support.

**Questions?**

**THANK YOU!**



# Related Resources

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- Research members of [Funders Together to End Homelessness](#) or [Grant Makers in Health](#) to identify potential funders interested in the work of medical respite and ending homelessness
- Research your local hospital Community Benefits Fund
  - Related resource: [Hospital Community Benefit Funds: Resources for the HCH Community](#)
  - [Boodle Box AI](#)
- Speaker Contact Information:
  - Liz Nohra - [lnohra@pfva.org](mailto:lnohra@pfva.org)

# Health Center & Housing and Urban Development (HUD) Funding

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## Group 1 – Health Center Funding

Brandon Cook, National Health Care for the Homeless Council  
LaSonya Kelly, Montgomery County Dept. of HHS  
Susannah King, Hennepin County Health Care for the Homeless

## Group 2 – HUD Funding

Richard Ducatzenzeiler, The Boulevard



# Related Resources

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- [Health Centers Improve Health Outcomes with Medical Respite Care](#) (publication)
- [Expanding Options for Health Care Within Homelessness Services: CoC Partnerships with Medical Respite Care Programs](#) (publication)
- [One Community's Collaborative Approach: A Spotlight on Yakima, Washington](#) (publication)
- Speaker and Facilitator Contact Information:
  - Brandon Cook – [Bcook@nhchc.org](mailto:Bcook@nhchc.org)
  - Richard Ducatzenzeiler – [r.ducat@blvd.org](mailto:r.ducat@blvd.org)

# Braiding it all together: Program Panel

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Richard Ducatenzeiler, The Boulevard, Chicago, IL

Laurel Nelson, Center for Respite Care, Cincinnati, OH

Dorothy Slama, I. M. Sulzbacher Center, Jacksonville, FL

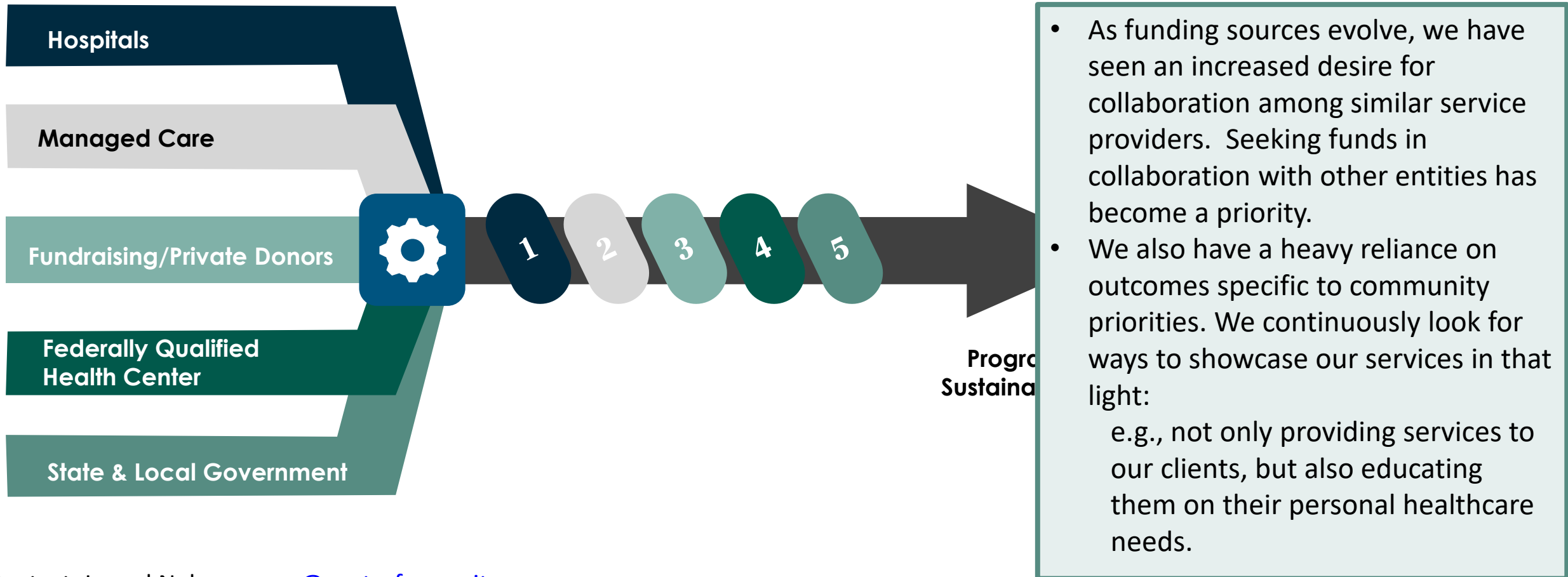
# Center for Respite Care, Inc.

Cincinnati, OH

20 bed

Standalone facility

Integrated Clinical  
Care Model



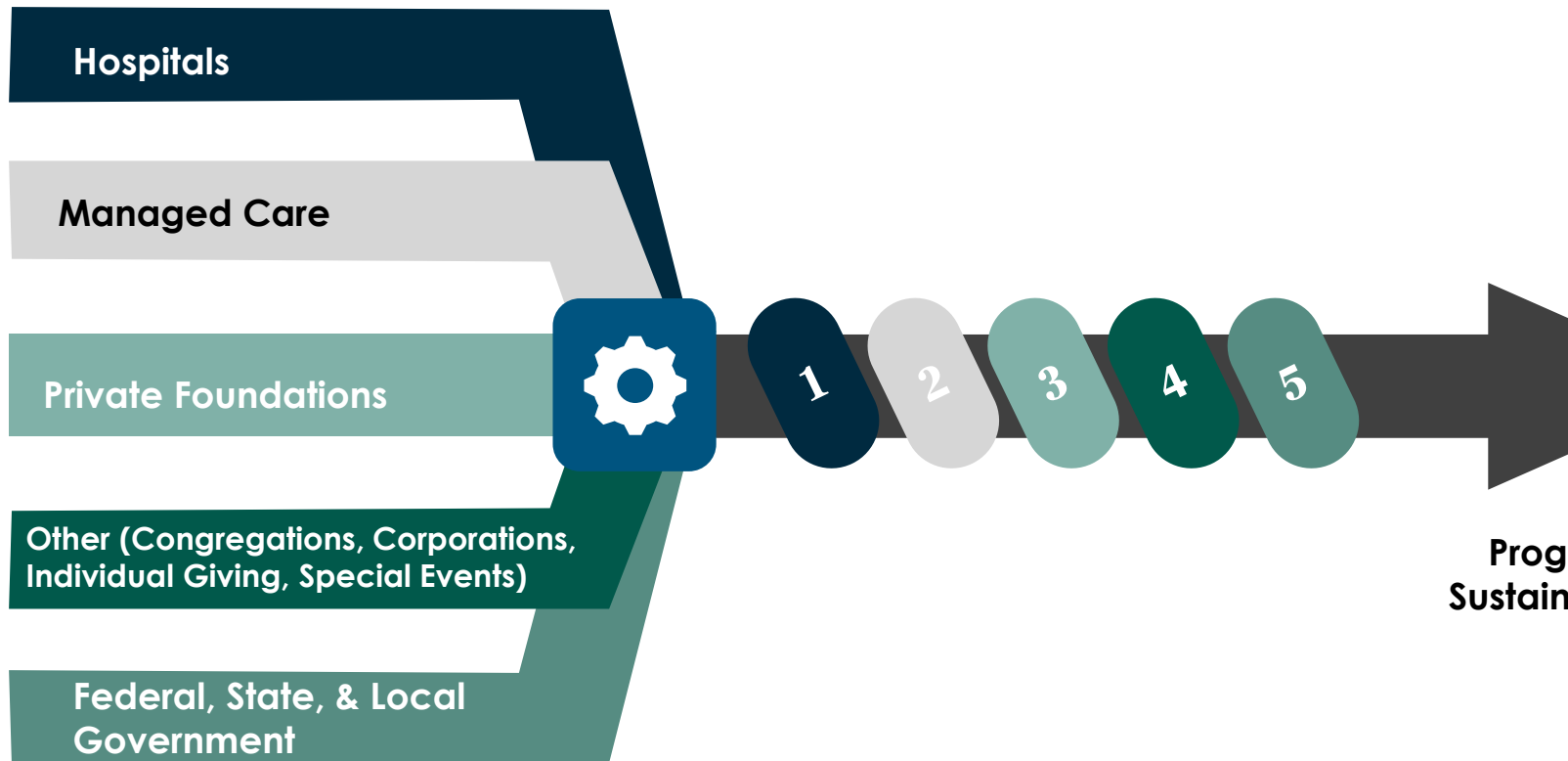
# The Boulevard

Chicago, IL

64 bed

Shelter-based

Integrated Clinical  
Care Model



- These various streams are carefully layered on top of one another to cover all of the costs associated with operating the Medical Respite Program.
- As none of the sources fully fund all of the associated expenses, we use the multiple sources to fund different areas such as services, operations, administration and indirect costs.
- The Boulevard has recently become a certified Behavioral Health Clinic (BHC) allowing the organization to bill for certain case management or supportive services under Medicaid and we are also looking into new opportunities under the 1115 waiver.
- Our development team is constantly prospecting private grant opportunities, and we also work with consultants to establish new contracts with MCO's and to also renegotiate existing ones with current partners.

# I. M. Sulzbacher Center

Jacksonville, FL

15 bed

FQHC & Shelter

Comprehensive  
Clinical Care Model

Hospitals/ Referring Agencies

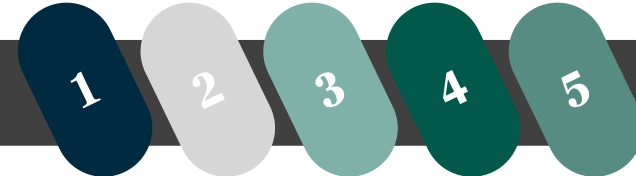
Private Insurance, Managed  
Care, Medicare & HRSA 340b

State/Federal Grants &  
Private Donors

State Grant, SOAR

Supplemental Funding for  
Specific Program Areas:

- Medical/Behavioral Health Care
- Food Services
- Case Management
- Medications



Program  
Sustained

## Sustaining Hospital Collaboration:

- MOA includes written deliverables
- Quarterly dashboard reporting 30 day re-admissions, % of clients stably housed, referral acceptance rates and other variables relevant to the funder
- Bi-Annual in-person meetings with Case Management Director
- Regular communication with hospital Case Managers through guest speakers at their staff meetings, scheduled tours of the campus and program, group email to solve complex cases
- Openness to providing informal assistance as needed.

## Developing additional lines of funding:

- Regular collaboration with other agencies through structured and informal communication
- Participation in the local HMIS to coordinate a broad range of services
- Implementing processes for referrals and follow up when areas of unmet need are identified
- Assessment for eligibility for and interest in available supports
- Begins at intake with connection to Medical, Behavioral Health and Substance Use Care Providers
- First Case Management meeting within one week to assess Social, Spiritual, Medical and other Needs, and develop a written Care Plan identifying client goals and delineating Tasks for staff and Client
- Weekly meetings with Case Management to discuss progress and revise as needed.

# Related Resources

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- [Medical Respite Care: Financing Approaches](#)
- [Medical Respite Budget Tool](#)
- [Outcome Measures & Data Collection: Recommendations for Medical Respite Programs](#)
- [Identifying Outcomes for Medical Respite Care Programs](#)
- [NHCHC Medical Respite Online Courses: https://nhchc.org/online-courses/](https://nhchc.org/online-courses/)
- Panelist Contact Information:
  - Richard Ducatzenzeiler – [r.ducat@blvd.org](mailto:r.ducat@blvd.org)
  - Laurel Nelson – [ceo@centerforrespitcare.org](mailto:ceo@centerforrespitcare.org)
  - Dorothy Slama – [dorothyslama@sulzbacherjax.org](mailto:dorothyslama@sulzbacherjax.org)

# Related Resources

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- NHCHC Medical Respite Online Courses: <https://nhchc.org/online-courses/>

# Upcoming Activities

## Respite Care Providers Network (RCPN)

- [February 26<sup>th</sup> All Member Meeting](#) – Certification & Policy Updates
- Nominations for the [RCPN Steering Committee](#) & [Willie J Mackey Awards](#) are open until February 28<sup>th</sup>

## Role Specific Virtual Meet-Ups

We are excited to continue to offer an opportunity for medical respite program staff to engage and connect with others in similar roles across the country. We will have three meet-ups, and you are welcome to attend the role that best describes your role:

- [2/20 – Case Managers/Care Coordinators](#)
- [3/20 – Medical/Clinical Providers](#)
- [4/17 – Program Directors](#)

## Webinars

- March – Motivational Interviewing in Medical Respite Care Programs
- April – SSI/SSDI, Outreach, Access, and Recovery (SOAR)
- June & July – Provider Self-Care and Burnout Series

## NHCHC Annual Conference and Symposium

- [Register here](#)
- End of Life Care in Medical Respite Care Pre-Conference Institute
- Developing a Medical Respite Program Learning Lab
- Medical Respite workshop sessions through the Main Conference Days



# NIMRC Resources

Resources to support development and implementation of medical respite programs:



Guiding Documents



Financing and Partnerships



Clinical Guidelines



Research



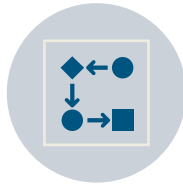
Policy & Advocacy



Quality Improvement



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