

FUNDING OPPORTUNITY: RIPMD/Communities Joined in Action to Relieve and Prevent Medical Debt

Frequently Asked Questions

I. General Questions

What are the key dates for applying to this funding opportunity?

May 2	Call for Proposals opens; applicants invited to submit Letters of Intent (LOIs)
June 8	Deadline for applicants to submit LOI
June 22	RIP Medical Debt (RIPMD) and Communities Joined in Action (CJA) Review Team completes initial review; applicants moving forward will be contacted to schedule informational interviews
July (TBD)	Brief webinar(s) for applicants and partners moving past the LOI phase to answer questions about RIPMD's model and the funding opportunity
August 17	Full proposals due
September	Award determinations will be made in early September

What is the range of available funding? Over what contract period?

We anticipate selecting three organizations for this funding opportunity. Each award will be \$150,000-\$200,000 over two years.

If funded, when would the work begin?

We seek projects that can get started fall 2022.

What types of organizations are eligible to apply?

This is a limited funding opportunity open to members and participants of the Communities Joined in Action network. Dues-paying members, participants in CJA programs (e.g., donated care network webinars), and attendees at CJA annual conferences are encouraged to apply for this opportunity. Applicants will describe their affiliation and engagement with CJA, along with their commitment to sharing lessons learned from this project with the CJA network if selected to receive funding.

In addition, applicants must meet the following criteria to be eligible to apply for this funding opportunity:

- The organization or community collaborative must be based in the United States or its territories
- There must be a “backbone” organization and identified point person/leader who will serve as project lead
- There must be demonstrable support and willingness to participate in the project from local hospitals or health care systems, as described below. **[Please note:** We advise

applicants to approach hospital and health system partners about this funding opportunity as early as possible to ensure a successful application.]

Where can I find more information about RIPMD and its debt relief model to share with my partners?

To understand how RIPMD works with hospitals and healthcare providers, please visit our website at [Hospital and Health System Partnerships - RIP Medical Debt](#).

Where can I find information about what to include in our LOI? Where should I submit our finished document?

The document outlining what to include in your Letter of Intent (LOI) can be found on the [Funding Opportunities web page](#). Please submit your completed LOI as a Word or PDF document to communityimpact@ripmedicaldebt.org.

Who can I contact with questions about the funding opportunity, including the LOI and application?

For questions about the funding opportunity, please contact Sarah Gillen and Gregory Brodie at communityimpact@ripmedicaldebt.org. For more information about the RIPMD model, including information or resources you can share with potential community or hospital/health care system partners, please contact Gregory Brodie at gregory.brodie@ripmedicaldebt.org.

II. PROGRAM FIT

What is the target population for this funding opportunity?

RIPMD targets its debt relief intervention to people with incomes 400 percent or below the Federal Poverty Level, or whose medical debt is 5 percent or more of their gross annual income.

Why is RIPMD interested in relieving medical debt in communities?

We understand—and research shows—that carrying medical debt can have significant negative implications for people’s health, social and mental well-being, and economic opportunities. Constituents who have had their medical debt relieved routinely share how the debt has: forced them to make hard choices between food and medicine, at times preventing them from follow-up health care during serious or chronic illness; limited their ability to afford housing or education, or pushed them, their caregivers, and/or families to their breaking points.

These individual impacts have community-wide implications, as well. Medical debt is recognized as one of the social and economic determinants of health—that is, one of the root causes of poor health that overwhelmingly influence health and longevity. We believe that relieving medical debt in specific communities—and supporting follow-on efforts to prevent that debt from reoccurring—will improve health and economic well-being at the community level, in addition to offering relief for the individual constituents whose debt is abolished.

What are the key program goals for this funding opportunity?

RIPMD and CJA seek to support and build the knowledge and capacity of three (3) local action collaboratives to eliminate medical debt across a community, promote / advocate for reforms to address upstream causes of medical debt, and lift up local patient and partner stories that illustrate the burden and impact of medical debt. Key program goals include:

- Health System Engagement — Hospitals within the local community or region commit to participating directly in debt abolishment, and potentially other aspects of the project.
- Research and Evaluation — Participate in research and evaluation initiatives to add to existing research on the impact of medical debt and debt abolishment (focus groups, etc).
- Fundraising – Support RIPMD’s local fundraising efforts to support debt relief. RIPMD will be fundraising for debt relief in the local regions selected by one or more various methods: high traffic canvassing, direct mail, email, and/or special events. RIPMD does not expect community partners to fundraise on behalf of the organization, but appreciates input and facilitation of our fundraising process from our community partners, such as by:
 - a. To the extent that the community partner has experience observing local fundraising trends and practices, advising RIP Medical Debt on the style, season, and preferred fundraising practices (i.e. special event models, venues, clubs or orgs frequented by philanthropists, etc.)
 - b. Identifying potential regional funders whose impact focus may overlap with RIPMD’s mission and making warm introductions to RIPMD’s development team where relationships permit the opportunity
- Public Policy– Ensure RIPMD’s efforts are aligned with and can support the current local public policy context and priorities to prevent medical debt in the community (e.g. insurance reforms, improving financial assistance policies at health systems).
- Publicity – Work with RIPMD to publicize debt abolishment efforts, with a focus on the personal stories of those benefiting from debt relief.

What criteria will be used to select awardees?

RIPMD will evaluate applicants and select awardees based on criteria that include:

- Community context and characteristics - What is the prevalence and risk of acquiring or suffering long-term harm from medical debt, based on historical and current factors, in this community? What relevant political and environmental factors might influence the reach and impact of this project?
- Awardee characteristics – How well is the organization or collaborative seeking this award positioned to succeed, based on the skills, capacities, and existing networks for engaging health care systems among its leadership team, steering committee, or staff?
- Hospital(s)/health care system characteristics – Will the hospital(s) or health system(s) that awardees seek to engage be motivated to participate in multiple aspects of this opportunity, from debt relief (required) to policy change?

How will RIPMD and CJA evaluate success?

We will evaluate success based on our ability to 1) collectively identify and relieve medical debt in the awardee's community; 2) identify and marshal local constituent stories that can inform the public narrative around medical debt; and 3) further existing research to understand the implications of medical debt and debt relief on communities. Awardees will also be invited to develop and share measures of success for this initiative based on their local community's needs and priorities.

What types of support will RIPMD provide to the participation communities and collaborative partners?

RIPMD will provide technical assistance and leadership support to the participating communities and collaborative partners. Types of support may include insights on debt operations and policies, assistance with fundraising, and support with communications and project evaluation activities.

III. REVIEW AND SELECTION PROCESS

What elements should a successful Letter of Intent (LOI) include?

Interested applicants are invited to submit a Letter of Intent (LOI). For more information on what the LOI must include, see [\[INSERT LINK to LOI\]](#). It is particularly helpful for LOIs to include information about the scope and nature of medical debt in their local communities; the strength of the existing relationships between community partners and local/regional hospitals; and information about other medical debt-related efforts the collaborative has participated in.

What is the process for selection after the LOI is submitted?

Once an LOI is submitted, the RIPMD/CJA review team will evaluate the submissions and determine which applicants are well-suited to move forward with the project. The review team will reach out to selected applicants to conduct informational interviews to supplement our desk research. Once the informational interviews and desk research are complete, we anticipate that we will invite 5 applicants to submit full proposals. The RIPMD/CJA review team will then make a final decision and select 3 awardees. Project work will begin in Fall 2022.

If our collaborative is chosen to submit a full proposal, what additional material will we need to submit beyond what we provide in the LOI?

Finalists will need to complete an application form that will include:

- A proposed scope of work, with timelines and anticipated outcomes;
- Demographic information about the leadership of both the local action collaborative and any participating hospitals or health care systems;
- A project budget; and
- Letters of participation from community partners, hospitals, and health care systems demonstrating intent to partner in this funding opportunity.

Why are you requiring letters of participation from hospitals and health care organizations that will partner in this project as part of a full proposal?

This is a multi-pronged, multi-year project that includes a significant focus on acquiring and relieving medical debt in local communities in its first year. Substantial commitment from hospitals is crucial for the successful execution of RIPMD’s model, and for this funding opportunity. In RIPMD’s experience, the median range of time it takes for a hospital or health care system to meet with RIPMD, become acquainted with our model, and take the necessary steps to participate in our debt relief model is 3-8 months. We believe that having community collaboratives lay the groundwork early with hospital and health system partners will ensure that community residents with medical debt will have that debt relieved as soon as possible. It is important to note that RIPMD’s model relies on the willingness of health care providers to sell or donate their debt to RIPMD. We cannot obtain debt by working directly with individuals who own the debt in the community. Additionally, this funding opportunity seeks to support longer-term, upstream interventions that prevent medical debt from being acquired in the first place. Those interventions may include changes to health care institutional policies and practices; building awareness and knowledge or reducing stigma about medical debt in the local community; elevating the stories and supportive services available for people recovering from medical debt; or supporting regional and statewide public policy initiatives that prevent medical debt. We seek to work in communities where health care providers and community partners are able and willing to work together to achieve these aims.

Applicants invited to submit a full proposal will need to provide letters of support from the hospitals or health care systems with which they intend to partner. The letter(s) should be explicit in describing hospitals/health care systems’ commitment and intention to work toward abolishing individual medical debt.

Who should plan to participate in our informational interview, if we’re chosen to move forward?

We recommend having the leader of the backbone organization applying for the funding opportunity participate in the call. We will also strongly recommend that applicants moving past the LOI phase involve hospital and health system partners in the informational interviews and brief webinar sessions where they can learn and ask questions about RIPMD’s model, expectations for their involvement and the timeline. Please feel free to involve other community partners as you deem necessary.

For applicants invited to submit full proposals, what information will you cover in the brief webinar sessions?

The RIPMD team will be on hand to answer applicants’ detailed questions about the RIPMD model and the funding opportunity.

IV. FUNDING

How can we use this funding?

We anticipate that the majority of the funding will go towards staff or consultant time to support the project. We are comfortable with a justifiable overhead rate based on audited financials. This is a one-time, two-year funding opportunity. At this time, there will not be an opportunity to renew funding at the end of the contract period.

Are matching funds required for this project?

We do not require the selected partner to source additional or matching funds from another party in addition to the funds we are providing. Please note, however, that we would like collaboratives to work with RIPMD to investigate local fundraising campaign potential for debt relief, as described above under Section II, Program Fit, in the discussion of key program goals).