

KŪ ALOHA OLA MAU



January 30, 2013

Senate Committee on Ways and Means
State Capitol, Rm. 208
Honolulu, HI 96813
Attn: Rod Becker

Dear Mr. Becker,

Please find the original Grants-in-Aid Application submitted by Kū Aloha Ola Mau attached. If you have any questions, please feel free to call me on my direct line at 566-8234.

Very truly yours,



Lisa Cook, LSW, CSAPA, ACSW
Executive Director

House District 29
Senate District 13

**THE TWENTY-SEVENTH LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No:

For Legislature's Use Only

Type of Grant or Subsidy Request:

- GRANT REQUEST – OPERATING GRANT REQUEST – CAPITAL SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HUMAN SERVICES

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

KU ALOHA OLA MAU
Db: KU ALOHA OLA MAU

Street Address: 1130 N. NIMITZ HIGHWAY, ROOM C302
HONOLULU, HI 96817

Mailing Address: 1130 N. NIMITZ HIGHWAY, ROOM C302
HONOLULU, HI 96817

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name LISA COOK

Title EXECUTIVE DIRECTOR

Phone # (808) 566-8234

Fax # (808) 538-0474

e-mail lcook@kualoha.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
 FOR PROFIT CORPORATION
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

FUNDING TO PRESERVE MEDICATION ASSISTED THERAPY SERVICES FOR SAFETY NET PROVIDER

4. FEDERAL TAX ID # _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2014: \$ 354,430.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
 EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 354,430.00
FEDERAL \$ 525,366.00
COUNTY \$ 0.00
PRIVATE/OTHER \$ 154,599.00

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

LISA COOK, EXECUTIVE DIRECTOR
NAME & TITLE

JANUARY 29, 2013
DATE SIGNED

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Include the following:

This Grant-In-AID is requested to cover medical losses if the Department of Human Services – MedQUEST does not increase their threshold of reimbursement for methadone from \$5.50 per day to \$10.00 per day.

- There has been NO INCREASE in Medicaid/MedQUEST for methadone for the PAST TEN (10) YEARS.
- The cost of dosing methadone far exceeds the reimbursement.
- The 10 year loss suffered by Kū Aloha, a nonprofit agency, amounts to \$422,326 on its Unrestricted Net Assets to maintain services.
- Kū Aloha can no longer cover the actual costs without a **reasonable rate** and remain viable.
- The Substance Abuse and Mental Health Services Administration reports a rise in treatment admissions for benzodiazepine and narcotic pain relievers **rose 567%** from 2000 to 2010 (SAMSHA News release 12/13/2012. The State must be ready to meet this epidemic in Hawai'i.

Kū Aloha is requesting \$354,430 per year to break-even.

DHS's current rate threatens the viability for Kū Aloha Ola Mau (Kū Aloha) to continue providing the services. This proposal seeks to cover the difference between the current Medicaid/Med/QUEST medication rate (\$6.92 per dose including *medical monitoring 90853 modifier of HE*) set by the Hawaii Department of Human Services ten years ago and the actual minimum cost (\$10.00) of providing the medication in compliance with Federal Regulations (21 CFR Part 291 and 42 CFR Part 8) and National accreditation standards. Kū Aloha has been depleting its resources to cover this loss and can no longer support the 238 persons now on Medicaid and/or QUEST or future candidates in need of treatment for opioid addiction. The agency is the only purchase of service provider to the Alcohol and Drug Abuse Division to provide methadone treatment.

Prescription opioid pain killer addiction has been deemed an "EPIDEMIC" by the Centers for Disease Control and Prevention. This means that over 100,000 persons in the United States have died from overdoses in the past decade (Join Together at the Partnership).

It is now vital for adequate funding for methadone treatment to be available as it provides the additional structure needed to address addiction and long term recovery. This illness costs an estimated \$10,000 to \$15,000 for those not in treatment, even in one State such as Hawaii (CNN Money). These include but are not limited to contracting and transmitting Hepatitis B and C, pregnant women who are addicted, overdose problems and drug-drug interaction problems.

1. A brief description of the applicant's background;

Kū Aloha Ola Mau has provided methadone treatment to over 13,000 opiate dependent individuals and their families since 1976. The organization represents the safety net for the heroin and opioid prescription population since 1976. Staff consists of physicians trained in addiction, nurses at the R.N. and L.P.N. levels, Medical Assistants, Certified or Master's level counselors, Licensed Psychologists and fiscal and administrative staff. The agency has centers in Honolulu, Hilo and in Puna. For opiate addiction, the centers in Honolulu and Hilo have a combined daily average census of 363 persons. The average age for heroin addicted persons is between 35 and 58. The average age for those addicted to prescription narcotic pain medications is between 20 and 26, a growing population.

In 2010, there were *“enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month”* (Frieden. According to Kū Aloha treatment records in Hawaii, there has been a dramatic shift over the past decade from heroin users to prescription pain medication users. At this time narcotic prescription pain medication addiction comprises 5 person out of every 6 intakes. This young population are for the most part, high functioning, are either working or in school and have familial support. However despite all their attempts to discontinue use, have not been able to achieve recovery on their own or with drug free treatment alone.

2. The goals and objectives related to the request;

The **goal** for this specific Grant-In-AID until Medicaid rates can be increased, include:

1. To maintain continuous quality services in the Medicaid and QUEST populations who suffer from the brain disease of addiction.

Objectives:

- a. To ensure continuity in the provision of pharmacotherapy for the 320 current Individuals, that are now receiving it and future individuals in need of treatment.
- b. To ensure quality care and assurance of methadone treatment through adequate reimbursement that covers the cost of care.

3. The public purpose and need to be served;

Opiate addiction continues to be on the rise enough for the White House Office of National Drug Control Policy and the Centers for Disease Control to call it an EPIDEMIC. Prescription drug abuse costs insurers \$10,000 to \$15,000 for each abuser due to doctor shopping, overdose, emergency room visits, etc.. Treatment for prescription painkiller opiates and other illicit narcotics such as heroin need to continue to be made available with comprehensive rehabilitation and care. Pharmacotherapy with methadone costs only \$3,650 per year. Outpatient counseling and case management is fee-for-service according to need and as contracted by each insurance and is not controlled by the federal government.

This proposal is seeking funds to provide the difference between Medicaid and MedQUEST rates which only reimburse at \$6.92 per dose amounting to \$2,525.80 per person per year. The actual cost of to the provider is \$1,124.2 more per person per year. There is no other funding to supplement this loss which is suffered by the agency each year. The Medicaid and MedQUEST rates have not increased over the past decade.

4. Describe the target population to be served; and

These are adults, 18 years of age and older who are dependent on licit and illicit opiates to include prescription narcotic pain medication, heroin and other opiates. They are low income, on QUEST insurance or Medicaid. They must meet the DSM IV criteria for Opiate dependence and the ASAM level criteria for outpatient opioid medication assisted treatment.

5. Describe the geographic coverage.

This includes the island of Oahu and Hawai'i Island.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

Service Activities within the program related to this Grant-In-AID

Methadone dosing

Monitoring

On a daily basis, the clinical assistants prevent potential overdoses through assessing each person for safety in dosing. If seen not appropriate, they will do vitals, call a counselor, supervisor, nurse, doctor, 911 or the police depending on who is available in clinic. This position is vital to safe and efficient clinic services.

Dosing Services. This includes initial and as needed dose adjustments by the physician, nursing consultation for verbal orders, emergencies, etc. Licensed nurses provide preparation and viewing of dose ingestion and preparation of labels, comprehensive recordkeeping, electronic pumping and quality checks, assessment for daily dosing for drug interaction or intoxication, methadone inventory (includes the physician and executive director), charting, and maintain a clean and private environment to dose the participant. Participants initially come in daily and gradually are given take home doses as they demonstrate adherence to eight criteria set by the Federal Government. This is overseen by the medical staff and administrative/management staff who oversee the operations.

Haumana (meaning “students” in Hawaiian, a word describing consumers, patients, clients, participants) initially come in daily for dosing. In the first 14 days, they meet with staff daily to ensure the dose and titration schedule (scheduled increases in dosage amount) is meeting their needs and whether a new order must be given by the physician to stop the titration, or increase the amount. If a change in the initial order given by the physician is needed, the nurse will contact the physician to receive a verbal order to change the schedule as appropriately determined by the physician.

Modalities Offered: The agency offers other clinical services which are **not** part of this Grant-In-AID such as outreach, counseling, group counseling, assessment, treatment-transition-discharge planning, family counseling, education, TB and EKG readings, etc.

Related work assignments/responsibilities

Work Assignments/ Activities To be done	Responsible position
Medical evaluation	Physician determines initial schedule of dose and titration or tapering
Medical services: prescription and dose review, office visits, etc.	Nurse or Medical Assistant does the vitals and pre-physicals. The physician conducts the physicals and office visits.
Case management (in person and non face to face), crisis management	Primary Substance Abuse Counselor, Outreach/Family Coordinator, Clinical Supervisor, Medical Director, Clinical Assistant &/or available Substance Abuse Counselors
Documentation	All staff who provide services
Billing	Financial Department
Contract compliance review	Operations Director, Clinical Supervisors
Chart Audits	Clinical Supervisors/Counselors
DEA/NED/CSAT compliance	Executive Director, Medical Directors and Operations Director
Annual independent audit	Board of Directors choose, Financial Director coordinates with chosen auditor
DEA/NED licenses/Claia permits, annual DCCA filing	Operations Director
Methadone Inventory	Medical Director/Executive Director and Nurse Coordinators Operations Director
Ordering office supplies	Accounts payable

Ordering medical supplies	Nurse Coordinator
Quarterly and year-end reports	Operations Director
Quarterly quality improvement checks	Operations Director

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Timelines/Schedules. If awarded this Grant-In-Aid, funding will be drawn down as services are provided beginning July 1, 2013. All services shall commence immediately and continue from the prior year without break in services.

The hours of operations for Honolulu include:

Intake: 6:30 a.m. Tuesdays, Wednesdays and Thursdays (Hon)
 Medication Clinic: 5:30 a.m. to 11:30 a.m. Mondays through Fridays
 6:30 a.m. to 11:00 a.m. Saturdays
 closed on Sundays and Holidays
 Business Hours 5:30 a.m. to 3:00 pm Mondays through Fridays

The hours of operations for Hilo include:

Intake: 5:30 a.m. – 12:30 p.m. Monday through Fridays
 Medication Clinic: 5:30 a.m. to 10:30 a.m. Mondays through Fridays
 7:30 a.m. to 10:00 a.m. Saturdays
 closed on Sundays and Holidays
 Business Hours: 5:00 a.m. to 1:30 p.m.

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

Quality Assurance Plan

The mission of Ku aloha Ola Mau is to restore meaningful, healthy lives through responsive and responsible action towards present and future needs in the prevention and treatment of addiction.

The overriding **purpose** of KAOM’s MAT is to ensure and provide a recovery service process that provides the knowledge, skills, tools and practice necessary for sustained recovery and healthy, meaningful community life. This means positive gains and stabilization in domains of *health, ohana or family, a place to live, work/school or volunteer, hobbies/recreational interest, social life, and spirituality* which encompasses SAMHSA’s new definition of recovery of *health, home, purpose and community*. Realization of that goal centers on KAOM’s belief that each person is special and important and has a unique purpose in life. This supports the concept of resiliency. “Resiliency is an “innate capacity...’a self-righting tendency that operates best when people have resiliency-building conditions in their lives.” (www.resiliency.com).

“Medication-assisted recovery is an evidenced based practice” (Rosemary Shannon, New Hampshire Bureau of Alcohol and Drug Service). The overall objective of KAOM’s programs are: 1) reduce the stigma of opioid addiction and to engage injection drug users and the prescription opioid population in OARS; 2) to increase the number of people who achieve a sense of wellness and productivity and 3) connect or reconnect to their families and community within the context of “health, home, purpose”, and meaning.

To ensure standardized practices, the agency promotes specific competencies necessary to provide quality services. Staff expectations, performance, and all job descriptions are based on organizational competencies, and specific job competencies including qualifications and experience) and use of evidenced based practices and innovative approaches incorporating evaluations from the target community and the latest research findings.

Organizational Competencies are based on staff and management input into the organization’s prioritization of organizational competencies which emulate the values and goals of the agency. These include: 1) Supervision is based upon assessment and rating of these competencies for each employee and 2) Supporting the employee to move to higher levels of competencies. During an annual evaluation, the core prioritized competencies are rated based upon the performance of the staff’s activities and trainings which were to be completed to improve the services provided by that staff member and the staffs’s performance on each competency level.

These competencies will ensure that each staff know and understand what is expected of them in terms of skill, knowledge and performance to the related activities. Achieving positive performance on competencies will ensure quality services.

Where weaknesses occur, a specific training plan is identified to strengthen that area of need. These sessions are chosen for the staff according to their need. An online training program, Elevate, notifies each staff member when the deadline for completion of a particular course is near. It also notifies their supervisor. The supervisors may look online to see if their staff is up-to-date on their training. Outside trainings are also offered at a minimum of 12 CEU’s per year.

Data collection, analysis and report:

Weaknesses and strength indicators also come from other data. A process of data collection and review takes the forms of follow-up surveys, screening and intake information, focus group information, community surveys, suggestion box surveys, reports of complaints, incident reports and critical incident reports, toxicology results, satisfaction surveys, accessibility surveys, dosing logs, attendance data, group evaluation data, and verbal feedback. Quality and quantity data also come from Addiction Severity Index results, and data reports from software systems for dosing.

Objectives for each goal provide insight into specific data collection and analysis. Data collection on incident reports act as important flags for areas needing special attention and review such as Med Errors, spillages, and so forth which are reviewed by supervisors and staff with follow up actions and evaluations.

Analysis for each objective and goal is partially dependent upon whether activities were correctly implemented, whether the Haumana related and became engaged in the process or activity, were satisfied with it and participated in it by following through with recommendations, homework, etc. and whether staff (and/or the site itself) met competency needs.

Once per quarter, the Operations Team (OPS), comprised of managers and clinical supervisors from each site meet (via Skype, phone or in person) and discuss results of the data for each site. They review the analysis, identify strengths and weaknesses and create action plans to improve services. The data includes the results of supervision, training and evaluation. OPS members have conference calls to update progress on the planned changes and their results. If results are not demonstrating that the changes were successful, the OPS team will revisit their analysis and changes and seek input from counselors/medical personnel for new revisions of the plan/activities. The members of the OPS Team are Executive Director, Financial Director, Operations Director, Program Managers and Clinical Supervisor and medical representative.

Documentation and reporting happen accordingly:

Report on Outcomes: 1) Annual Management Summary which is sent to funding sources & CARF; 2) Reported to ADAD on the Year-End Contract Report; 3) Reported to Board of Directors twice per year. *

Report on Chart audits: A quarterly report is conducted and written by the Clinical Supervisors for each site and reported to the Executive Director in Operations (OPS) Meetings.*

Report on Accessibility: 1) Accessibility Plan and any follow-up; 2) Reported Annually to OPS team and Board of Directors *

Report on Haumana Satisfaction is documented semi-annually in the Quarterly contract report to ADAD.*

Report on Community Satisfaction is documented annually in the Community Satisfaction Report. Review and follow-up happens twice per year.*

Evaluation of staff: Annually in Job Performance Evaluation Report for each staff on their Anniversary or in March of each year, whichever is sooner.

Report on complaints and incidents/critical incidents: Quarterly *

Analysis, Discussion and Plan regarding Data collected: This is recorded in the Minutes of the OPS team and Quality Improvement Team.

Variance Reports on Finances: Not less than quarterly presentation to Supervisors and Managers at OPS Team meetings and individually as needed. Cost per client per month is reported in the Annual Management Summary.*

Utilization Review: This is reviewed weekly by Operations Director and the Financial Director through reports to managers created by the Financial Department.

Annual Management Summary (AMS): This is drafted by the Operations Director and presented to the Executive Director and Board of Directors annually by the Operations Director. The AMS is provided to CARF.

Utilization is tracked by the Operations Director and Financial Director who draw information from WITS to provide feedback to supervisors and management as to whether the service utilization is on target, under or over. The OPS team will discuss any trends, needs, or reasons for changes in utilization or estimates of productivity.

Specific adherence/fidelity to implementation of the proposal is accomplished through utilization of ADAD's monitoring form for chart reviews quarterly (any deficiencies must be brought up to standard within two weeks); supervision utilizing competency based system of management as described above and review of financial and unit variances through information from WITS as well as review of adherence to counseling schedules and outcome objectives which is done semi-annually by the OPS Team.

4. **List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**

Outcome Objectives

Medical Department

Appropriateness of the proposed outcome measures for target population::

- 1) Number of persons treated: Threshold: 320
Rationale: Historical evidence and pattern and projected intakes.
- 2) Number of emergency room visits since discharge Threshold: 10 per 150 persons
Rationale: This is expected to be low as MAT makes a concerted effort to stabilize health conditions.
- 3) Reduce the number of times client has been hospitalized for medical problems since discharge. Threshold: 80% persons

Overall Program

- 4) Employment status at Follow-up Threshold: 15%
Rationale: Given the economic recession, it is predicted that this threshold will be lower than previous years. Historically, ADAD provides funding for the aged, blind and disabled and 20 persons who have no insurance. Most able bodied individuals are now on QUEST, not ADAD funding. QExA haumana are the aged, blind and disabled. This leaves about 33% of the population who is potentially able-bodied and can work. Of this, 5% usually taper off the program which would mean 99% and adding for prescription users.
- 5) Living arrangements at follow-up Threshold: 70%
Rationale: This is an average from the sites plus 5% for prescription drug users.
- 6) Number of clients currently in substance abuse treatment Threshold: 96%
Rationale: This number is expected to be high as the prescription addiction population has grown tremendously.

7) In the past thirty days, number of days of work/school missed because of drinking/drug use
Threshold: 2 days Rationale: This is expected to be low because those who taper voluntarily will be stable

8) Number of arrests since discharge Threshold: 20% Rationale:
This has traditionally been low and arrest for new charges is minimal for those who have been through treatment.

9) Frequency of use thirty days prior to follow-up Threshold: 45% will not use
Rationale: This is due to prescription drug dependent people who tend to leave treatment early in the initial episode of treatment and will return later.

Fidelity to implementation of the proposal will be achieved through five measures.

A contract officer, the Operations Director will oversee the contract and work with the Clinical Supervisor assigned to each site to implement it. This staff person will review 1) process and outcome data on a quarterly basis, 2) oversee the clinical supervision process through review of supervision notes, 3) witness and/or view implementation of activities through WITS and SMART (in Honolulu), 4) ensure chart reviews are done on a timely basis and 5) conduct random on the spot audits. 6) check adherence to the efficacy of the “alert” system for services due.

The proposal was based on the latest research in treatment and on the neurobiology of addiction as well as recovery of the brain. It is also based upon current services and a projected evolution of services and future training goals for staff.

III. Financial

Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

Financial

Pricing structure

- For cost reimbursement basis, Ku Aloha reflects budgeted costs that are actually incurred in delivering the services incurred in the Request for Proposal. Personnel costs are comparable to industry or community standards. Non-personnel costs are reasonable and are adequately justified
- For fixed unit of service rates basis, Ku Aloha utilizes the pre-determined fixed rate for a performance unit in its budget as evidenced by the number of service units, resources and capacity information and data provided.
- All budget forms submitted by Ku Aloha are in accordance with the Request for Proposal requirement as contained on the SPO Website.

Adequacy of accounting system.

Ku Aloha was below the threshold for a Single Audit requirement for Fiscal year ending June 30, 2012. The general financial audit for the fiscal year ending June 30, 2012 was unqualified with no audit findings and management report. However, the loss at the end of the year shows the need for higher methadone dosing rates.

Cost allocation plan.

Ku Aloha's Cost Allocation Plan is based on the Direct Allocation method which treats all costs as direct costs except general administration and general expenses.

Direct costs are those that can be identified specifically with a particular final cost objective.

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

Only costs that are allowable, in accordance with the cost principles, will be allocated to benefiting programs by Ku Aloha.

The general approach of Ku Aloha in allocating costs to particular grants and contracts is as follows:

- A. All allowable direct costs are charged directly to programs, grants, activity, etc.
- B. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a base most appropriate to the particular cost being prorated.
- C. All other allowable general and administrative costs (costs that benefit all programs and cannot be identified to a specific program) are allocated to programs, grants, etc. using a base that results in an equitable distribution

The following information summarizes the cost allocation procedures of Ku Aloha:

- A. Compensation for Personal Services - Documented with timesheets showing time distribution for all employees and allocated based on time spent on each program or grant. Salaries and wages are charged directly to the program for which work has been done. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's salaries to the total of such salaries. Costs that benefit all programs will be allocated based on the ratio of each program's salaries to total salaries.
 - 1. Fringe benefits (FICA, UC, and Worker's Compensation) are allocated in the same manner as salaries and wages. Health insurance, dental insurance, life & disability and other fringe benefits are also allocated in the same manner as salaries and wages.
 - 2. Vacation, holiday, and sick pay are allocated in the same manner as

salaries and wages.

- B. Travel Costs (airfare, mileage, transportation) - Allocated based on purpose of travel. All travel costs are charged directly to the program for which the travel was incurred. Travel costs that benefit more than one program will be allocated to those programs based on the ratio of each program's salaries to the total of such salaries. Travel costs that benefit all programs will be allocated based on the ratio of each program's salaries to total salaries. No mainland travel shall be allocated to any MEDQUEST contract.
- C. Professional Services Costs (such as consultants, accounting and auditing services) - Allocated to the program benefiting from the service. All professional service costs are charged directly to the program for which the service was incurred. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses. Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses.
- D. Office Expense and Supplies (including office supplies and postage) - Allocated based on usage. Expenses used for a specific program will be charged directly to that program. Postage expenses are charged directly to programs to the extent possible. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses. Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses.
- E. Equipment – Ku Aloha depreciates equipment when the initial acquisition cost exceeds \$250. Items below \$250 are reflected in the supplies category and expensed in the current year. Unless allowed by the awarding agency, equipment purchases are recovered through depreciation. Depreciation costs for allowable equipment used solely by one program are charged directly to the program using the equipment. If more than one program uses the equipment, then an allocation of the depreciation costs will be based on the ratio of each program's expenses to the total of such expenses. Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses.
- F. Printing (including publication, supplies, maintenance and repair) - Expenses are charged directly to programs that benefit from the service. Expenses that benefit more than one program are allocated based the ratio of the costs to total expenses. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses. Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses.
- G. Insurance - Insurance needed for a particular program is charged directly to the

program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program’s expenses to total expenses.

- H. Telecommunications - Long distance and local calls are charged to programs if readily identifiable. Other telephone or communications expenses that benefit more than one program will be allocated to those programs based on the ratio of each program’s expenses to the total of such expenses. Costs that benefit all programs will be allocated based on the ratio of each program’s expenses to total expenses .
- I. Facilities Expenses(Lease/Rental) - Allocated based upon usable square footage. The ratio of total square footage used by all personnel to total square footage is calculated. Facilities costs related to general and administrative activities are allocated to program based on the ratio of program square footage to total square footage .
- J. Training/Conferences/Seminars – Allocated to the program benefiting from the training, conferences or seminars. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program’s salaries to the total of such salaries . Costs that benefit all programs will be allocated based on the ratio of each program’s salaries to total salaries .
- K. Other Costs (including dues, licenses, fees, etc.) - Other joint costs will be allocated on a basis determined to be appropriate to the particular costs.
- L. Unallowable Costs – Costs that are unallowable in accordance with OMB Circular A-122, including alcoholic beverages, bad debts, advertising , contributions, entertainment, fines and penalties. Lobbying and fundraising costs are unallowable, however, are treated as direct costs and allocated their share of general and administrative expenses.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2014.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$88,608	\$88,608	\$88,607	\$88,607	\$354,430

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2014.

MedQuest \$525,366, Commercial Insurance \$62,619, Private Pay \$91,980.

4. **The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.**

IV. Experience and Capability

A. Capability and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

A.1. Capability

Related to this request, the skills, abilities and knowledge to operate and serve in a medication assisted recovery program include an interdisciplinary team and the community.

The Board of Directors of Kū Aloha is comprised of community members with a wide variety of backgrounds. Most of them have been with the company for over 10 years, lending stability and resources to assist in the vision and mission. They provide Kū Aloha with business, medical, computer software, banking, social work, community knowledge and accountability.

Medical services are overseen by a physician who has experience and or board certification in addiction medicine and has a license to prescribe, dispense and administer schedule II drugs. The Medical Director must understand federal requirements and laws surrounding narcotic administration, ordering, inventory, and the effects of drug-drug interaction, overdose potential, differential diagnosis on medical symptomatology which mimics overdose. Every applicant must receive an EKG (electrocardiogram) conducted by the medical assistant and read by the doctor to ensure no danger of prolonged QT intervals. To a certain extent medical knowledge must also be shared with the rest of the team. All staff and haumana are annually trained with infection control and communicable disease transmission. The medical director also oversees all medical services and medical personnel. He is assisted by human resources personnel. Physicians, nurses and acupuncturists must be licensed to practice in the State of Hawaii.

The Financial Director manages all of the functions of the financial staff. Knowledge and skills in non-profit accounting, budgeting, reporting, Generally Accepted Accounting Principles, cost allocation methods, accounting software, reporting needs and how accounting impacts services and expectations of federal and state rules procurement rules, allowable and unallowable costs, independent and single audit processes, depreciation and tax law. All staff must be capable of learning and using the company's software(s) as well as a State funded software which does not have dosing and tracking for dosing capabilities.

Service or Program related to this grant request	Skills and/or Abilities Description	Position	Credential
Physician Office visit/Annual visit	Medical oversight and supervision of inventory and dosing. Determine prescribe dose level, take homes, taper/titration schedule, and review of critical incidents and prescriptions and contraindications with methadone	Physician and/or psychiatrist	M.D. Addiction Medicine certified or 2 years experience. HDL
Daily Methadone Dosing+TH	Assess for complications, dose, inventory, emergency assessment, preparation of take homes, receiving and documenting verbal orders from the physician, entering changes, document dosing, coordinate care	Nurse Coordinator & Dosing Nurse	R.N. or L.P. N. licensed in Hawaii

A2. Experience

With 39 years of successful contracting with the State and Medicaid as a Purchase of Service Provider in Hawai'i, Kū Aloha Ola Mau far exceeds the **1 year minimum experience** in providing opioid outpatient therapy and addiction recovery services to more than 13,000 people dependent on opiates and other drugs.

Funding Source	Title of award and reference	Period of funding	Contact Information
MEDQUEST*	IDU Continuum	2004-2013	Jared Yurow 692-7509
CHOW	HTH Subcontract	2008-2012	Heather Lusk 848-2469
Federal Divisions of Probation/Pretrial	Drug Aftercare Services	2005-present	Lisa Jicha-541-1315 Alison Thom – 541-3507
Aloha Care	Capitated methadone treatment	Since prior 2004	973-2475
HMSA	Fee-for-service, methadone treatment	Since prior 2004	John Tolentino 948-6548

AUW	Grant for cultural immersion trainings and Family Services	2010-present	Norm Baker 543-2202
United Behavioral Health	Fee-for-service, methadone	Begin 11/2008	Stan Luke 792-8429
Ohana Health Plan	Fee-for-service, methadone	Begin 11/2008	Jayme Pu'u 675-7341

Mandatory Pre-requisites to provide medication assisted therapy includes:

- Drug Enforcement Administration license for methadone treatment (RDO16332-Hnl) (RDO199768 –Hilo).
- Hawaii State Narcotics Enforcement license (Public Safety: E02270(Hnl), EO2272(Hilo).
- Narcotic licenses are also held by the physicians under their own license numbers. All physicians and nurses are licensed in Hawaii.
- KAOM's opioid program is CARF accredited until 2015.
- CLIA Waiver & Class I Clia Permit necessary by State Law for urine collection, on-site screening and sending to laboratories for testing.

KAOM locally and nationally:

- KAOM utilizes a web-based training, called Elevate, with over 400 courses including some MEDQUEST-CSAC credit courses since October 2009.
- All of KAOM's clinical and management staff has been fully trained and utilizing WITS for the prior and current contract year.
- Will achieve an electronic health record by 2013.
- Received the Dole/Nyswader "Marie" Award for methadone treatment in 1995.
- Hawaii State Provider representative spot for AATOD
- Presentations by KAOM staff at the American Association for the Treatment of Opioid Dependence in 2012 (Florida).
- Participated in national clinical trials for Peg-in-tron in 2003-2005 and later under SAMHSA, in Hepatitis A and A/B vaccinations.

KAOM historically shifted its services and approach with the needs of the target community, new research and technology. KAOM moved from a primary medical model, to integration of public health efforts in the 1980's and providing comprehensive services in the 1990's. More recently, with the incorporation of spiritual and cultural approaches and other evidenced based practices, KAOM has moved toward a more holistic approach utilizing best practices from many fields and on-site mental health services. The new ASAM definitions of addiction and SAMHSA's recovery oriented approach describe and are embraced by all of Kū Aloha's sites and programs. With prescription opiate users, KAOM has integrated family services through AUW funding. In leading the field in the area of culture and spirituality, KAOM provided, through funding from AUW, three 3-day cultural immersions with select Kupuna elders for professionals in prevention and treatment who work with youth to adults and families. The curriculum within its opiate focused program is multi-dimensional, focused on integrating recovery oriented services into the basic cognitive behavioral and motivational interviewing techniques to move people from a self-concept and subsequent behavior of an "addict" to their core understanding of themselves as valued and important community members.

2012 June Outcome results on discharged haumana.

Outcome area description	Threshold	Actual	Threshold	Actual
Medical outcomes	Hon	Hon	Hilo	Hilo
Number of persons treated	New threshold			
# of emergency room visits since discharge	35%	0%	35%	36%
Reduce the number of times client been hospitalized for medical problems since discharge (% not hospitalized)	35%	0%	35%	18%
Program outcomes				
Number of Haumana completing treatment	50%	0%	50%	45%
Employment status (includes education)	09%	13%	09%	09%
Living arrangements (in stable living arrangement)	70%	75%	70%	55%
# receiving sub abuse treatment since discharge	75%	100%	75%	82%
Number currently in treatment	75%	100%	75%	82%
In the past 30 days, number of days of work/school missed because of drinking/drug use.	25%	0%	25%	0%
# of arrests since discharge	25%	0%	25%	0%
Frequency of use 30 days prior to follow-up	50%	0%	50%	45%
Usual route of administration	Injection drug use			

Fidelity to implementation of the proposal. Staff assigned to each site to implement the GIA. The Operations or Executive Director will review 1) process and outcome data on a quarterly basis, 2) oversee the records and 3) conduct random “on-the-spot” audits for the pipette’s accuracy, inventory control, the alarm testing and back up alarm testing and financial reviews.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. The applicant shall also describe how the facilities meet ADA requirements, as applicable.

Facilities

The agency has facilities at 900 Leilani Street in Hilo Hawaii and at 1130 N. Nimitz Highway in Honolulu, Hawaii. These facilities have the capacity to serve up to 300 persons each. Within each of these ADA accessible facilities, there is a physician’s office, medication room and exam room for the medical services. A waiting room within the sites is reserved for these haumana and provides privacy and confidentiality.

The medication room in Honolulu is located in a room with a closable window. Haumana must first be let into the inner waiting room by a buzzer, receive their dosing card and walk to the dosing window located where other haumana and staff are not present. Security cameras allow the medical assistant to observe the dosing process if necessary and to know when the window is clear for the next haumana. This operation was approved by DEA. The medication is stored in this room which has it's own alarm system separate from the other interior offices.

The medication room in Hilo is located on the first floor which is closed off from the main waiting room. The medical assistant must let the haumana in to the dosing window where the nurse doses them with methadone via a dutch door locked from the inside. The IVEK pump is never seen by the haumana. They also use dosing cards for the haumana to initial that they received a prescribed number of doses and take homes. This room is also alarmed and secured separately from the rest of the office.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Project Organization and Staffing

Staffing

Proposed Staffing

See Organizational Chart for F.T.E and lines of supervision for the entire program including counseling which is paid for by fee-for-service or capitated contracts. The proposed staffing includes the Executive Director who reports to the Board of Directors and supervises the Medical Directors and the Operations Director. Each opioid recovery program site has a Medical Director in charge of Medical Services. A Clinical Supervisor is administratively in charge of program, contract and site responsibilities. They supervise clinical services and counselors and provide individual and group clinical supervision and training. The Operations Director focuses on the business, physical and day-to-day operations of each site and oversees contract compliance.

See Organizational Chart in Attachment B

KAOM has three sites, two of them being opioid programs that provide opioid addiction recovery services. The Executive Director is in charge of all operations and reports to the non-profit Board of Directors. The Executive Director supervises the Medical Directors, the Operations and Financial Directors. The Operations Director oversees and supervises each site. Annual administrative evaluations of the Medical Directors are done by the Executive Director in Honolulu and the Operations Director in Hilo. The Medical Directors supervise all medical services and directly supervises the Nurse Coordinators who in turn, supervises the Dosing

Nurses. This increases and enhances fidelity to accepted medical practices. The Medical Director in Hilo covers for the Honolulu program and the Program Physician in Hilo covers for the Hilo Medical Director in cases of emergencies or vacation/sick leaves. Nurses provide coverage for each other for leave situations. Both sites follow the same dosing protocols and hold the same policies and procedures to meet CARF standards and CSAT/DEA/NED regulations.

Clinical Supervisors are 1 F.T.E. for each site and coordinate clinical services with medical and financial departments. Clinical Supervisors have the overall knowledge of the agency’s needs, program services and personnel issues, implements contracts and are managers of their particular site. They report to the Operations Director and supervise the clinical staff, including the clinical assistants. All evaluations are reviewed and approved by the Executive Director who is a licensed social worker (LSW, ACSW, MSW, and CSAPA.)

Nurse Coordinators cover the dosing clinic from 5:00a.m. to 11:30 a.m. weekdays until closing at 12:00 noon. 1.5 hours are left for meetings, consultation, charting and information dissemination, inventory (done daily per DEA) and communicating with other nurses. Weekend nurses work 5-6 hours on Saturday.

The Total Number of MEDQUEST treatment Haumana that will be served at both sites would be 238, one hundred forty (140) for Hilo and ninety eight (98) for Honolulu.

Coverage. Part-time nurses cover for full-time nurses at both sites for vacations and sick leaves. There are two physicians to cover each site for the same situations.

Staff Qualifications

Position	Name	Degree/certific	Experience	FTE	Site
Executive Director	Lisa Cook	MSW, LSW, ACSW, CSAPA	31	Agency/MEDQUEST 100%/31%	All
Financial Director	Octavius Gonzaga	BS BA	13.5 in non-profit accounting	100%/31%	All
Operations Director	Keith Katada		35 years at KAOM, 20 mgt	100%/87.99%	All
Clinical Supervisor (acting)	Rob Parke	MS	KAOM 13 yrs	100%/60.43%	Honolulu
Clinical Supervisor	Brian Hyatt	CSAC	KAOM 13 yrs	100%/98.91%	Hilo
Clinical Assistant	Kesa Mafileo	MA	KAOM 7 yrs	100%/60.43%	Honolulu
Clinical Assistant	Clarence Carter	S A C Certificate	KAOM 11 yrs	100%/98.91%	Hilo
Medical	George	MD-General	KAOM 3	18.375%/76.61%	Hilo

Director	Rourke	Practice	yrs		
Medical Director	Joseph Turban	MD-Addiction medicine	KAOM 3 yrs	40%/60.43%	Honolulu
Back up Program Physician	George Rourke	MD-General Practice	KAOM 3 yrs	18.375%/23.39%	Honolulu
Back-up MD and Psychiatrist	Harry McGuffey	MD-Psychiatry	KAOM new	3.942%/98.91%	Hilo
Nurse Coordinator (NC)	Geri Foster	LPN	KAOM 6 yrs	100%/100%	Honolulu
NC	Joni Nagao	RN	New-2yrs mgt	100%/100%	Hilo
Dosing Nurse	Lorraine Lee	RN	KAOM 12 yrs	7.096%/100%	Honolulu
Dosing Nurse	Leimomi Fukuda	RN	KAOM 19 yrs	7.763%/100%	Honolulu
Dosing Nurse	Ashley Smith	RN	new	8%/100%	Honolulu
Dosing Nurse	Maxine Ferrera	LPN	new	32.356%/100%	Hilo
Clinical Assistant	Joseph Deleon	CMA; training, certified HIV counselor/tester	Six months	70.296%/60.43%	Honolulu
HR & Financial Coordinator	Laurie Brack		21 Years at KAOM	100%/31%	Honolulu
Accounting	Judy Ibara, Melody Shinto		1 year	200%/62%	Honolulu

The **nurses** are trained on Clinical Opioid Withdrawal Scale (COWS), TB testing/reading, mini-screening and neurological assessments. Nursing hours are reflective of dosing hours for a total combined 46 hours per week which include about 30 min of set up and close down. The Nurse Coordinator also orders and checks medication inventory and supplies, complete reports and attends clinical committee and staff meetings. Nurse Coordinators are full time at each clinic. **All nurses** are currently licensed in Hawaii and able to assess and dose haumana. **PT nurses** work weekends and on call.

Financial Director Octavius Gonzaga, BS, BA has had extensive fiscal experience in non-profit at federally qualified health centers. The agency's audits have been consistently clean with no recommendations during Mr. Gonzaga's management.

All positions are CPR and First Aid Certified (nurses are exempt from First Aid and physicians from both). All of them have passed Criminal History Record Checks. Haumana often have medical emergencies and this background ensures safety of the best kind. All staff are trained in utilizing the defibrillators, oximeters, oxygen tanks, masks and ambu bags. All staff are TB tested annually. New hire and random staff toxicology is conducted through Straub. EAP is available for performance problems and utilized with positive feedback from staff.

V. Project Organization

Supervision and Training

Orientation. All new employees, consultants, interns and volunteers are provided with an orientation at the start of their employment. All staff is provided initial and annual education and training on: Agency mission and philosophy, Confidentiality; Code of Conduct; HIV, TB, STD. Hepatitis A, B and C; Blood borne pathogens; universal infection control precautions; confidentiality expectations, ethics, safety; overview of the Personnel Handbook; and agency mission and computer software- WITS and SMART.

Clinical staff receive all of the above and:

Specific program orientation includes: population served; competency based job description review; job requirements; documentation and training on the SMART and WITS software; methadone 101; assessing drug affected behaviors, signs of overdose, and interventions; program rules; methadone and buprenorphine related policies and procedures and emergency procedures, resources, confidentiality and infection control, and other trainings as appropriate to position. Staff are trained on the relation of prolonged QT intervals to methadone and the need for electrocardiogram readings for every intake and everyone who may fit the profile of someone with this condition.

Staff Training. Overall mandated trainings are those outlined within CARF accreditation standards. These include: 1. Personal development areas including cultural approaches, 2. Skills development in 12 core functions. 3. Agency chosen evidenced based practices (EBP). In fiscal years 2013 and 2014, staff education will focus on Trauma Informed Care and brain function. From time to time, certain trainings may be made available outside or in-house that relate to recovery services, Evidenced based practices (EBP) interventions, confidentiality, ethics and cultural practice. Elevate provides web-based training for all staff. In Elevate the agency assigns core mandatory contract and CARF training to each employee with target dates for completion. Supervisors evaluate each individual and their competency needs and assigns specific additional trainings with target dates. Elevate tracks and alerts the employee and supervisor before the due date. Both are able to view the employee's specific training plan for compliance. Employees may take additional, non-assigned training on their own. Time is provided to all employees to complete mandatory CSAC trainings and EBPs during work hours.

Supervision. The Medical Directors provide direct supervision to the Nursing Coordinator who oversees the Part-time nurses. **Managers and supervisors** meet with the Executive Director regularly through monthly conference calls and at face-to-face meetings at least quarterly. The Executive Director meets with her supervisees individually and via Operations Meetings (OPS) meetings. Each supervisor must send a weekly report and any site staff meeting minutes to the Executive Director for review. The Executive Director meets with the management team

(clinical supervisor, operations and financial directors, program managers and HR) to oversee and consult on policies, procedures, Quality Improvement (QI) and progress of the Strategic Plan.

Approach and rationale of Structure. The basic structure of the program is designed to meet Federal Regulations for opioid treatment with methadone and to be as efficient as possible. Therefore, Kū Aloha has its own software designed to input proposed order changes, review of proposed changes by a higher level and document changes by the physician via approval and posting of a final medical order. This order automatically changes the formula of dosing the specific haumana so the IVEK pump will be accurate in what is poured and given to the haumana.

The medical structure of the organization is standard practice in the field of medicine. The collaborative nature of the medical, clinical staff to form an interdisciplinary approach meets the standards of excellence in the field of substance abuse treatment called “Principles of Substance Abuse Treatment” issued by the National Institute of Drug Abuse.

The Medical Director Honolulu 6 hours Methadone program and 4 hours Buprenorphine program a total of 10 hours a week. Methadone orders change orders prescription 1 ½ hour, clinical supervision 1 hour, chart review ½ hour, intakes office visit meeting w/ haumana 3 hours. The Medical Director Hilo 7 hours Methadone and Buprenorphine program a week. Methadone orders change orders prescription 1 ½ hour, clinical supervision 1 hour, chart review 1 hour, intakes office visit meeting w/ haumana 3 ½ hours. (Note there are only 2 Buprenorphine Haumana in Hilo)

See Organization Chart for lines of supervision and staffing. The Executive Director is responsible for overseeing the organization’s programs and policies and supervises the Medical Directors, Financial Director and the Operations Director. Medical Directors supervise all medical services and all nursing staff. Medical Directors are administratively evaluated annually by the Executive Director. The Financial Director is responsible for all accounting, billing, budgeting allocation, human resources and IT.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

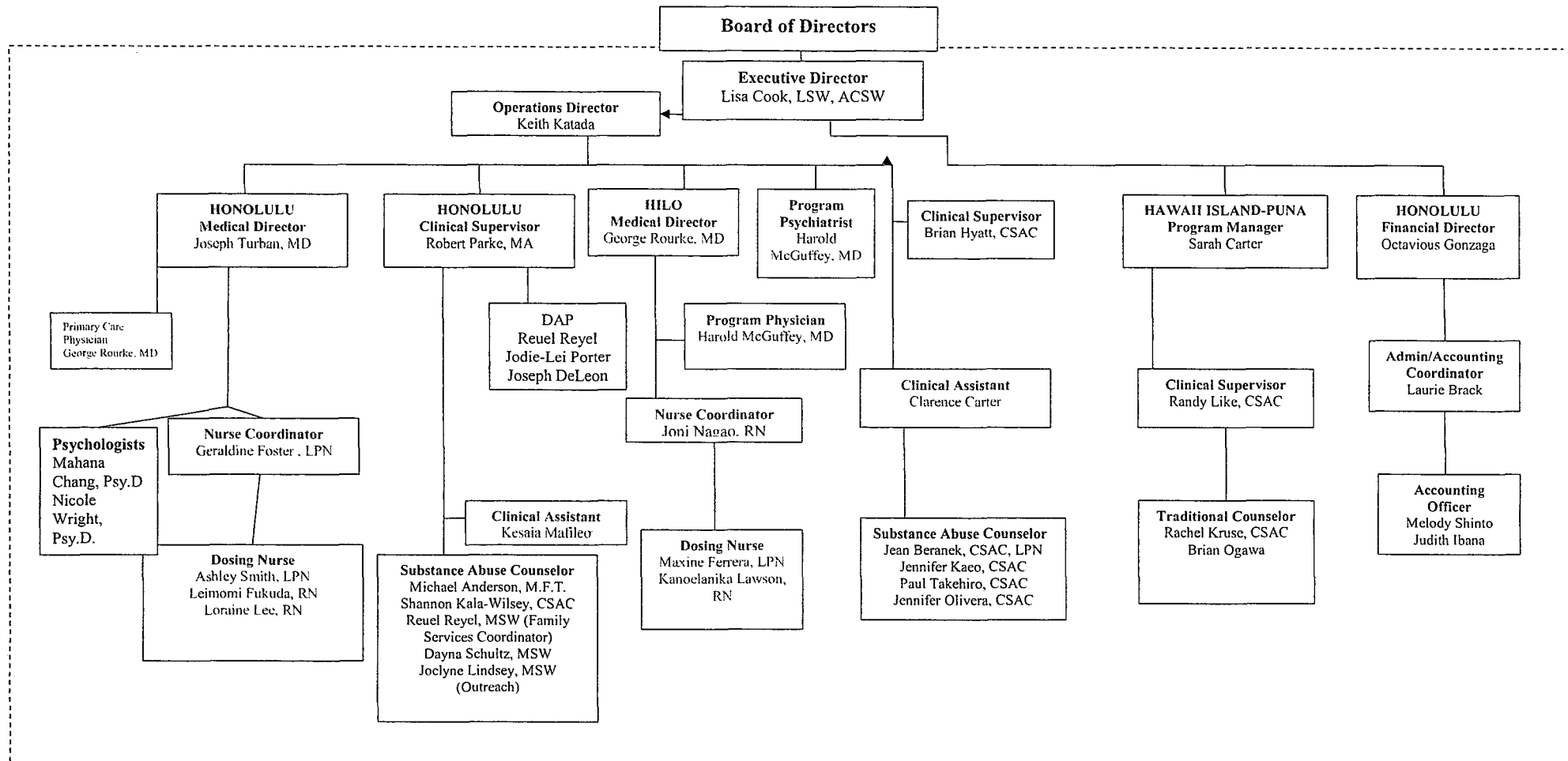
Organization Chart

Note that the entire staffing is shown on the organization chart. The staffing that relates to this GIA will be presented in **BOLD**.

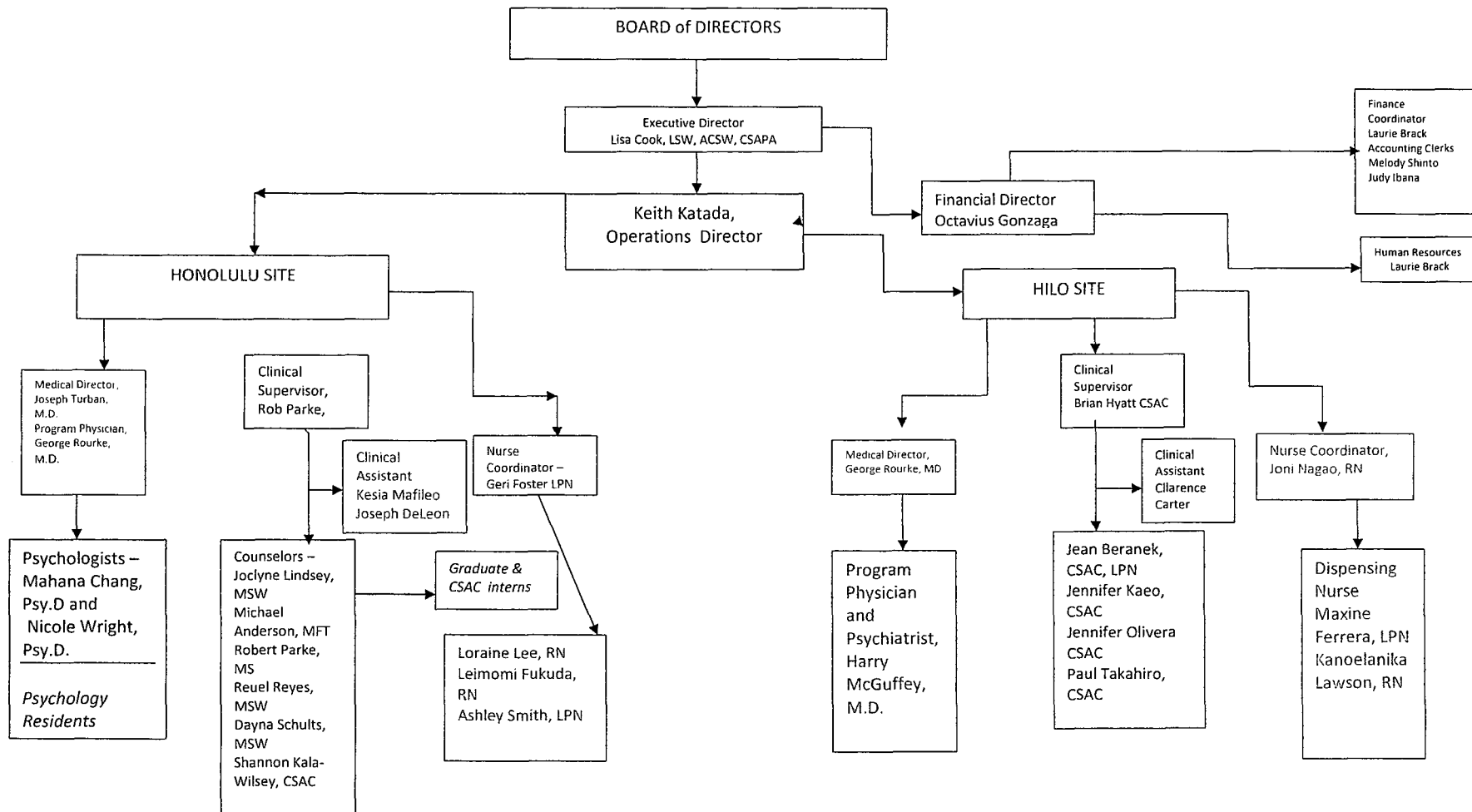
Agency Organization Chart see page 22

Program Organization Chart see page 23

KŪ ALOHA OLA MAU: Agency Wide Organization Chart (GIA related direct staff in blue)



KŪ ALOHA OLA MAU – MEDICATION ASSISTED TREATMENT ORGANIZATION CHART



VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Litigation

At this time there is no pending litigation or litigation against Ku Aloha Ola Mau or its Governing Board.

B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

As described in “experience” above (pg. 15), the agency has been accredited by CARF until 2015, and is licensed by the Drug Enforcement Administration, Hawaii State Narcotics Division. It holds a Clia Permit and a Clia Waiver for both sites from the Office of Health Care Assurance.

References

CNN Money. “How prescription drug abuse costs you money – February 24, 2012
http://money.cnn.com/2012/02/22/news/economy/prescription_drug_abuse/

Frieden, M.D., M.P.H. “Commentary: Defining The Epidemic of Prescription Painkiller Abuse” filed in Addiction, Prescription Drugs & Research
<http://www.drugfree.org/join-together/addiction/commentary-defining-the-epidemic-of-pre...>

Join Together at The Partnership at Drugfree.org “Join Together Weekly News: Defining the Epidemic of Prescription Painkiller Abuse”, September 28, 2012

National Institute on Drug Abuse (1999) “Principles of Effective Treatment”, Principles of Drug Addiction Treatment A Research-based Guide. NIH Pub. No. 99-4 180. U.s. Government Printing Office.

SAMHSA News Release. 12/13/2012 “Sharp rise in admissions for certain drug combinations over 10 years
<http://samhsa.gov/newsroom/advisories/1212132836.aspx>

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2013 to June 30, 2014)

Applicant: KU ALOHA OLA MAU

BUDGET CATEGORIES	Total State Funds Requested	(b)	(c)	(d)
	(a)			
A. PERSONNEL COST				
1. Salaries	476,083			
2. Payroll Taxes & Assessments	36,863			
3. Fringe Benefits	88,287			
TOTAL PERSONNEL COST	601,232			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	9,808			
2. Insurance	13,459			
3. Lease/Rental of Equipment	4,543			
4. Lease/Rental of Space	188,439			
5. Staff Training	10,358			
6. Supplies	52,826			
7. Telecommunication	22,709			
8. Utilities	16,979			
9. Repairs & Maintenance	61,489			
10. Professional Fees	26,834			
11. Other Expenses	25,719			
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	433,163			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	1,034,395			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$ 354,430	Octavius D Gonzaga	808-566-8236	
(b) MedQuest	\$ 525,366	Name (Please type or print)	Phone 13	
(c) Commercial Insurance	\$ 62,619	[Redacted Signature]	1-31-12	
(d) Private Pay	\$ 91,980		Sig	Date
TOTAL BUDGET	\$ 1,034,395	Lisa Cook, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: KU ALOHA OLA MAU

Period: July 1, 2013 to June 30, 2014

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
EXECUTIVE DIRECTOR	1.00	\$79,886.98	31.00%	\$ 24,764.96
EXECUTIVE ASSISTANT	1.00	\$33,280.00	31.00%	\$ 10,316.80
FINANCE DIRECTOR	1.00	\$65,000.00	31.00%	\$ 20,150.00
ADMIN/ACCT. COORDINATOR	1.00	\$38,646.40	31.00%	\$ 11,980.38
A/P ACCOUNTING OFFICER	1.00	\$27,040.00	31.00%	\$ 8,382.40
A/R ACCOUNTING OFFICER	1.00	\$33,280.00	31.00%	\$ 10,316.80
OPERATIONS DIRECTOR	1.00	\$54,995.20	87.99%	\$ 48,390.28
MEDICAL DIRECTOR	0.40	\$70,680.00	60.43%	\$ 42,711.92
PROGRAM PHYSICIAN	0.18	\$42,041.63	23.39%	\$ 9,835.56
NURSE COORDINATOR	1.00	\$47,008.00	100.00%	\$ 47,008.00
CLINICAL SUPERVISOR	1.00	\$43,992.00	60.43%	\$ 26,584.37
DOSING NURSE	0.07	\$3,256.06	100.00%	\$ 3,256.06
TOTAL:				\$ 263,697.53
JUSTIFICATION/COMMENTS:				
Note: There are 2 page 5, Page 5A and Page 5B the Grand Total is in Page 5B				

**BUDGET JUSTIFICATION
PERSONNEL - SALARIES AND WAGES**

Applicant: KU ALOHA OLA MAU

Period: July 1, 2013 to June 30, 2014

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
DOSING NURSE	0.08	\$3,562.25	100.00%	\$ 3,562.25
CLINICAL ASSISTANT	1.00	\$29,993.60	60.43%	\$ 18,125.13
CLINICAL ASSISTANT	0.70	\$19,008.00	30.22%	\$ 5,743.27
DOSING NURSE	0.15	\$6,552.00	98.91%	\$ 6,480.78
MEDICAL DIRECTOR	0.14	\$42,041.63	76.61%	\$ 32,206.07
CLINICAL SUPERVISOR	1.00	\$46,675.20	98.91%	\$ 46,166.44
PROGRAM PHYSICIAN/PSYCHIATRIST	0.04	\$12,300.00	98.91%	\$ 12,166.30
NURSE COORDINATOR	1.00	\$47,840.00	100.00%	\$ 47,840.00
CLINICAL ASSISTANT	1.00	\$23,961.60	98.91%	\$ 23,701.14
DOSING NURSE	0.16	\$6,972.00	100.00%	\$ 6,972.00
DOSING NURSE	0.32	\$9,422.00	100.00%	\$ 9,422.00
				\$ -
TOTAL:				\$ 212,385.37
JUSTIFICATION/COMMENTS:			Grand Total	\$ 476,082.90

Page 5 (continued)

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Ku Aloha Ola Mau

Period: July 1, 2013 to June 30, 2014

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	\$ -
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	\$ -
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	\$ -
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	\$ -
JUSTIFICATION/COMMENTS:				
No Purchase of Equipment or Vehicle				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: KU ALOHA OLA MAU

Period: July 1, 2013 to June 30, 2014

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2011-2012	FY: 2012-2013	FY:2013-2014	FY:2013-2014	FY:2014-2015	FY:2015-2016
PLANS				\$ -		
LAND ACQUISITION				\$ -		
DESIGN				\$ -		
CONSTRUCTION				\$ -		
EQUIPMENT				\$ -		
TOTAL:				\$ -		
JUSTIFICATION/COMMENTS:						
No Capital Funding Requested						

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

KU ALOHA OLA MAU
(Typed Name of Individual or Organization)



January 29, 2013
(Date)

Lisa Cook
(Typed Name)

Executive Director
(Title)