

House District _____

Senate District _____

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE 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): _____

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
PACIFIC RENAL CARE FOUNDATION

Dbas:
PACIFIC RENAL CARE FOUNDATION

Street Address:
2226 LILIHA STREET, SUITE 226
HONOLULU, HAWAII 96817

Mailing Address:
SAME

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name MELISSA-ANN SOUZA

Title Director of Operations, Maui and Kauai Counties

Phone # 808-244-9600

Fax # 808-244-5712

e-mail msouza@libertydialysis.com

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 FOR EARLY DETECTION, EDUCATION AND AWARENESS OF THE POTENTIAL DEVASTATING OUTCOMES OF END STAGE RENAL DISEASE TO HELP MINIMIZE THE INCREASING CHRONIC DISEASE HEALTH BURDEN TO THE STATE OF HAWAII

4. FEDERAL TAX ID #:

5. STATE TAX ID #:

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2012-2013: \$ 500,000.00

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 \$ _____
 FEDERAL \$ _____
 COUNTY \$ _____
 PRIVATE/OTHER \$ _____

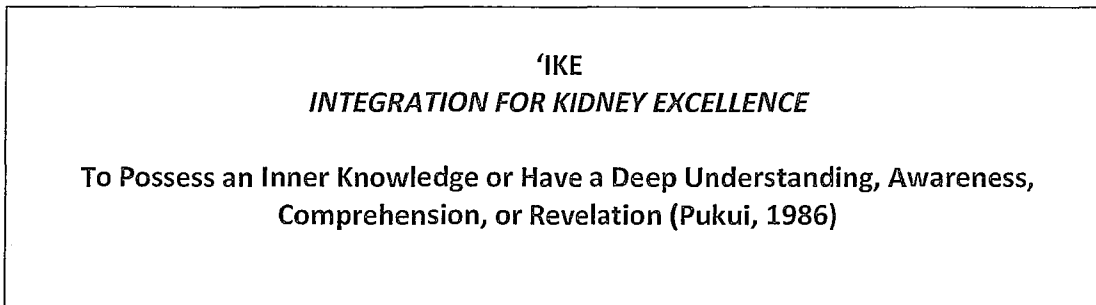
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

MELISSA-ANN SOUZA, DIRECTOR OF OPERATIONS
NAME & TITLE

01/28/2013
DATE SIGNED

Application for Grants and Subsidies

I. Background and Summary



'IKE is the outreach arm of Pacific Renal Care Foundation (PRCF), a domestic nonprofit corporation established in 2006 continuing good standings with the State of Hawaii Department of Commerce and Consumer Affairs. As a 501(c)3, the corporation's program mission includes charity for individual suffering from chronic kidney disease (CKD), and education to prevent or slow disease progression.

This new CKD program demonstrates an innovative outreach service which will target the high risk populations of Hawaii's rural communities over the next three years that include the Islands of Maui, Molokai, Lanai, Kauai and the Big Island (Hawaii) where kidney failure disproportionately affects minorities and those of lower social economic status. Integration for Kidney Excellence ('IKE) is the proposed standard level of knowledge essential to correlating the linkage between chronic disease and social determinates which environmentally influences healthy life choices. The prevalence of diabetes and hypertension continue to be highest among Native Hawaiians (BRFSS, 2009). Western Pacific Network 17 recognizes and is well aware of the fact that in Hawaii, diabetes and cardiovascular disease continue to play a significant role as both the primary diagnosis of end-stage renal disease (ESRD) and the leading cause of death (1). Early detection as well as education and awareness of the potential devastating outcomes of ESRD are essential to minimize the increasing chronic disease health burden that the State of Hawaii has had to endure.

'IKE is designed to focus its program initiative on the immediate family members, who oftentimes are the primary caregivers of End Stage Renal Disease (ESRD) patients in isolated, rural locations. These communities demographically present a high prevalence of risk factors for chronic kidney disease as well as other social-economic disadvantages. Little has been done to closely follow-up or monitor these relationships. 'IKE seeks to promote better care and better health at a lower cost for these family members by utilizing nephrology trained professionals. Through efficient utilization of limited rural healthcare services and social resources, the objectives are:

1. To promote early screening and assessment,
2. Address health literacy on ESRD through education, and
3. Coordinate integration of services to sustain continuity of patient care.

‘IKE Program will:

- demonstrate the effectiveness of community-based programs in developing, implementing, and conducting this program which integrates community based education, case management, screening and outreach services.
- enhance existing healthcare services and community outreach activities using the Interdisciplinary Team (IDT) professional expertise, and coordinate linkages for new referrals.
- develop an individualized plan of care with client and family involvement consistent with client’s stated goals, and provide a collaborative oversight to identify barriers, set timelines, and monitor progress.
- evaluate an effective data-drive Quality Assessment Performance Improvement (QAPI) program with participation by the professional members of the IDT. Outcomes will include but not be limited to:
 - Reduction in high-risk behavior
 - Adoption of health promoting behaviors
 - Connection to continuum of care
 - Improved access to health care
 - Increased utilization of community health services
 - Improvement in health maintenance including nutrition habits and health life choices.
 - Utilization/introduction of Native Hawaiian health intervention

II. Service Summary and Outcomes

A. Scope

In 2010 Native Hawaiians and Pacific Islanders accounted for 32.1% of all ESRD patients in the State of Hawaii requiring renal replacement therapy. ⁽³⁾ It is also noteworthy that the rural areas of Hawaii experience significant challenges and barriers with access to care because of their geographic challenge and the subsequent limitations that include few health care resources and specialty care. There is also a statistically higher prevalence of Native Hawaiians residing in rural communities as compared to the State of Hawaii. This reflects a profound dissimilarity when compared to the State’s overall Native Hawaiian ESRD population, especially in the urban areas.

The 2011 Chronic Disease Disparities Report from the Hawaii State Department of Health found that social economic factors increased healthcare risk in rural communities. While health care cost in Hawaii doubled since 1991 to a total of \$6.2 billion in 2004, it was found that those underinsured or uninsured in Hawaii were more likely to reside on the neighbor islands of Maui, Molokai, Kauai, and Big Island (Hawaii). These groups who self report being Native Hawaiian:

- have lower educational attainment,
- are more likely to be unemployed, or
- have lower reported household income.

The conclusion of this report confirmed that there was a high correlation between the rural communities in Hawaii with less education and less income and a higher prevalence of chronic disease and disability burden in the State of Hawaii. (2)

Using a community-based approach to address chronic disease and promote wellness, the 'IKE project proposes to plan, execute, develop, implement, and achieve the goals of our three arms which includes:

- understanding unique community strengths and challenges,
- expediting screening and education for families at risk for chronic kidney disease, and
- establishing the infrastructure and framework in each community to support and assist the navigation of individuals in the promotion of and participation of 'IKE. Our innovative program will focus on prevention, care coordination, care process re-engineering with dissemination of best practices, team based care, community based care, and continuous quality improvement.

Table 1

Prevalent Dialysis Patients of Liberty Dialysis-Hawaii			
Rural Dialysis Facility			
Island	Census	#Native Hawaiian	NH Percentage
Kauai			
Lihue Dialysis	63	24	38%
West Kauai Dialysis	39	16	41%
Maui			
Maui Dialysis	220	82	37%
Kahana Dialysis	36	18	50%
Molokai	27	15	69%
Hawaii			
Hilo	174	65	37%
North Hawaii	34	15	44%
Kona	74	24	32%

December 2011, Liberty Dialysis- Hawaii, LLC

ARM 1 (Community-Based Participatory Research Model) – The initial and first arm of the 'IKE project will be developed from a community-based participatory research (CBPR) model by first implementing a series of focus group meetings. The meetings will

be scheduled over the initial three months of the project timeline and will be comprised of invited End State Renal Disease (ESRD) patient family members. Each of the initial (6) focus groups will consist of 6-8 participants and will be scheduled in the conference rooms located at Liberty Dialysis- LLC clinics on the islands of Maui, Molokai, Lanai, and Kauai during the first year of this program.

There is a pre-existing relationship among the family members/caregivers of ESRD patients and the interdisciplinary healthcare team (IDT) from dialysis clinics. For purposes of these initial focus groups, the (IDT) will include a Renal Dietician (RD), and a Social Worker (SW), both of whom will be contracted with Pacific Renal Care Foundation through Liberty Dialysis- Hawaii in a collaborative effort to utilize existing services.

Also participating in the focus group will be IDT's staff from Pacific Renal Care Foundation's Chronic Kidney Disease Clinic that consists of an Advanced Practice Registered Nurse (APRN) and the OC. Each OC on Maui, Molokai and Kauai will be community based and nephrology trained to maximize on the utilization of available resources, and to foster trusting relationships to cultivate a successful outcome with outreach activities. Using a community-based participatory research model (CBPR), the 'IKE project will guide the group participants to identify what they see as healthcare and social concerns within their unique community which hinders healthy life choices among the extended family. Family members/primary caregivers of patients on dialysis personally experience the financial impact and disabling progression encountered with their loved ones impacted by CKD and other chronic diseases; and their insights are valuable towards promotion of both successful routine follow-up and compliance with established treatment goals.

On the fourth month following completion of CBPR activities, a "*Report to the Community*" will be provided to share the identified factors that hinder healthy life style choices as well as community- tailored best practices to promote follow-up compliance. Community stakeholders will be invited to meet on each island to share results of CBPR and the vision of 'IKE.

Community screening dates will be publicized using flyers, radio announcements, publication in the dialysis clinic's newsletter, and posting on internet sites.

Arm 2 (Screening) –Screening activities will begin in the 5th month of this initiative on the islands of Maui, Molokai, Lanai, and Kauai. The second arm will consist of outreach and intake for the screening and will focus on family members of ESRD patients residing in rural communities. Flyers announcing community screening dates and times will be posted and also sent to community stakeholders to maximize local participation. Initially, a total of five community screenings will be scheduled on the islands of Maui (2 days), Molokai (1day), Lanai (1), and Kauai (2 day) to establish a participant base for clinical and social follow-up. For community screening purposes alone, sites utilized are conference rooms located at the following designated locations:

- Maui CKD Clinic, 105 Maui Lani Parkway, Wailuku, 96793
- Kahana Professional Building, Ste 100 Hoohui Street, Lahaina, 96761
- Na Pu'uwai, P.O.Box 130, 604 Maunaloa Hwy, Kaunakakai, HI 96748
- Lanai Dialysis, 628 7th Street, Lanai City, HI 96763
- West Kauai Veteran's Hospital, 4643A Waimea Canyon Rd, Waimea, Hawaii 96796
- Kauai Dialysis, 3224 Elua Street, Lihue, Hawaii 96766

'IKE will also coordinate screening activity with community health fair as with the Native Hawaiian Health Care System, Hui No Ke Ola Pono's Hana Health Fair held in early 2013,. Volunteer support from the local university's nursing programs will be coordinated to give students the opportunity to participate with screenings and the educational portions of the outreach. This experience will give future healthcare providers a practical understanding of the effects of chronic kidney disease on families and the community, while addressing health literacy on ESRD which will benefit both the students and the community. Collaborating partners to implement this component will be the University of Hawaii- Maui Nursing Program, Kauai Community College Nursing Program, and Chaminade University Nursing Program.

With oversight by the Advanced Practice Registered Nurse (APRN), the screening track for participants will consist of 3 stations; Consent and Intake, Screening and Analysis, and Exit Interview. Screening staff will include healthcare volunteers from dialysis centers, Native Hawaiian Healthcare Systems, and students from nursing schools.

Station 1-Consent and Intake: At this station screening staff will review with participants the pertinent information that will be collected and how this information will enable the IDT to identify individuals with the risk factors that contribute to Chronic Kidney Disease (CKD). An informed consent will be reviewed and approval obtained with each participant to allow opportunity for questions before screening activity begins.

Station 2-Screening and Risk Analysis: Participants will complete a registration form that will provide basic demographic information. A brief survey for CKD risk factors will be completed independently by participants. Participants will be provided privacy while screening staff gather physical measurements which include blood pressure, height, and weight. The height and weight will be used to calculate an individual's Body Mass Index (BMI). Each participant will then be given a specimen cup and instruction on how to provide a "clean-catch" sample of urine. Urine samples will be tested by screening staff using Clinitek Status Analyzers. Collected data will be forwarded to licensed personnel for analysis of findings based on risk factor survey and physical findings.

Station 3- Exit interview: Exit interviews will be provided to all participants who have completed the screening. Consultations by licensed personnel will be provided for

individuals presenting risk factors for CKD. Adopted from the National Kidney Foundation (NKF), these risk factors include

- History of hypertension
- diabetes
- cardiovascular disease
- obesity- BMI ≥ 30 kg/cm²
- age of sixty years or older and
- ethnic minority

Behavioral risk factors and lack of adequate medical insurance coverage will also be evaluated as contributors towards CKD risk.

At the conclusion of the exit interview, participants meeting criteria of risk factors for CKD will be offered the opportunity for a comprehensive assessment and routine follow-up by the IDT. HIPPA consent will be obtained and a fax transmittal form will be completed and sent to their primary care physician (PCP) or nephrologist requesting physician referral into the local CKD program that provides routine follow-up and access to program services. Attached will be a request for medical information to obtain the most recent laboratory findings as well as the last History and Physical examination/s. When medical information of the referred participant is received, an initial office visit with the APRN will be scheduled by the OC.

Ongoing opportunities for physical screening and CKD risk factor analysis will be continued each month by the APRN and OC at leased office space to encourage continuing surveillance for chronic kidney disease. Six months of scheduled dates for ongoing monthly screenings will be posted and publicized with community stakeholders and the renal community using a variety of methods and media.

Arm 3 (Navigation) – The Outreach Coordinator (OC) will follow-up on all request for referrals sent to the PCP or nephrologist. Once returned, the participant will be contacted, and the initial office visit with the IDT will be scheduled.

Using evidence based best practice; the IDT will incorporate measures similar to the Standards of Care established by Centers for Medicare & Medicaid Services ESRD Conditions for Coverage 2008 to create a comprehensive CKD assessments and plan of care. The IDT will meet with clients and complete their assessment and individualized plan of care within thirty (30) day of the initial office visit. Identified barriers to services will be reviewed with each client and individualized goals and timelines will be determined. The plan of care will be shared with the referring physician and/or the nephrologists for review and agreement on a management plan. On patient request/approval, the plan of care will be forwarded to preventive health services to complement and coordinate with entire healthcare team.

In addition, continued communication and collaboration with the PCP and/or nephrologists will determine the frequency of office encounters and educational management.

B. Projected Annual timeline

Screening and outreach activities promote earlier intervention for those identified at risk for chronic kidney disease, and this is the ultimate goal of a successful CKD Clinic. The potential for success using this model will be the increased number of providers who will maintain and enhance their expertise in nephrology and establish collaborative relationships with the renal community.

By the end of the first six months, 'IKE will screen six hundred (600) adults (≥18 years of age) on the islands of Maui and Molokai, and Lanai. Target is based on screening a minimum two family members for every ESRD patient. Monthly screening opportunities at the CKD clinic will continue to promote intake for follow-up by the IDT team. Total screening of 1000 participants planned for this project.

Table 2

IKE Participant Screening					
Year	Month	Island	Activity	Participant (N)	Partners
1	3	Molokai	Initial screening and outreach	70	-Liberty Dialysis- Hawaii -Na Pu'uwai -Molokai Community Health
	4-5	Maui	Initial screening and outreach	80 (Lahaina) 350(Central) 50 (Hana) Health Fair)	-Liberty Dialysis- Hawaii -Hui No Ke Ola Pono -University of Hawaii- Maui Campus -Valley Isle Kidney Associates National Kidney Foundation- Maui
	6	Lanai	Screening and Outreach	50	-Liberty Dialysis-Hawaii - Explore partnership opportunities.
	7-12	Kauai	Initial Screening and Outreach	200	Explore partnership opportunities with Big Island primary care physicians, community clinics, and University of Hawaii- Hilo
			Monthly Screening of new ESRD patient's families, community referrals, outreach, and health fairs	200	

C. Assurance and Evaluation

'IKE offers an innovative opportunity to enhance CKD services by utilizing an established methodology of best practice. The Kidney Disease Outcomes Quality Initiative (KDOQI) was established by the National Kidney Foundation to improve patient outcomes on all aspects of chronic kidney disease (CKD) through the development of clinical practice guidelines. These CKD clinical practice guidelines are regularly reviewed and updated based on emerging evidence based research.

Quality Assessment and Performance Improvement (QAPI) is an ESRD Condition for Coverage created and adopted by the Centers for Medicare and Medicaid Services in 2008. Modifying the parameters to establish Chronic Kidney Disease and community goals will provide the interdisciplinary team (IDT) a best practice clinical structure for ongoing performance improvement. Areas of focus will include:

- Anemia Management- Anemia almost universally accompanies CKD. Chronic disease, or co-morbidities, associated with anemia include left ventricular heart (LV) dysfunction, cardiac failure, reduced exercise capacity, and reduced quality of life.
- Hypertension Management- To reduce cardiac risk the blood pressure goal for clients with CKD risk factors is $\leq 130/80$. Patients with CKD are considered at highest risk for coronary vascular disease.
- Bone Disease Management- Disturbances in mineral and bone metabolism are common in patients with CKD which has been found to be significantly associated with increased mortality and morbidity.
- Nutritional Status- There is evidence to support that early referral to dietician or dietary control may help to slow the progression of CKD.
- Education and Training- Client and family education is an integral part of CKD intervention to promote mutual goal setting and ultimately client responsibility for managing his or her health care.

The following table 3, is the structure to be used in providing this program's quality assurance and evaluation. It is the intent of this program to seek guidance from rural communities before implementing services. This design includes a three ARM approach using focus groups, community screening, and client navigation to aid with the development of community tailored goals and action plans. Healthcare services and community rural health activities vary on each island preventing a "one model fits all" approach. To eliminate duplication of services, existing resources will be maximized through partnerships and collaborations. Measurable parameters and desired outcomes will be joint efforts and common goals.

Table 3

Measures Assessment Tool			
Condition/Standard	Measure	Value Goal	Reference
Anemia Management (HGB, HCT, iron stores, ESA need)	Community tailored and IDT set goals.	Identified # of clients presenting w/hemoglobin <10 g/dl	-KDOQI Anemia 2006 -Renal Physician Association Guideline 2002 - Amgen black box warning 2011
Hypertension Management		Increase % with blood pressure (BP) ≤ 130/80	-KDOQI Cardiovascular 2005 -RPA Guideline 2003
Bone Disease Management		Identify # of clients presenting out of range on lab markers of calcium, phosphorous, and parathyroid hormone (PTH)	-KDOQI Bone Metabolism & Disease 2003 -KDOQI CKD 2002, RPA Guideline 2003 -Conditions for Coverage 2008 -Medicare Medical Nutrition Therapy 2010 (MNT)
Nutritional status		Increase % within target range on albumin and other nutritional parameters	KDOQI Nutrition 2000 -KDOQI CKD 2002, RPA Guideline 2003 -Medicare Medical Nutrition Therapy 2010 (MNT)
Education and training		Increase % activity within clinic and community.	-KDOQI CKD 2002 -RPA Guideline 2003 -Medicare Medical Nutrition Therapy 2010 (MNT)

The primary care physician's referral to the 'IKE Program will be required for all new client intakes. Medical information gathered, as described above, are protected and secured using Federal and State regulatory requirements. Electronic medical record (EMR) will be generated to secure patient medical information and promote efficiency for the IDT to have access using an intranet-protected access site on software known as MIQS Disease Manager Plus. Contracted service manages 'IKE program's electronic information. MIQS daily backup, disaster

recovery, and system security are supported with this contracted agreement. A System Administration manages security profiles and role based access. Monthly aggregated data will be collected for each island from MIQS and manually tabulated by the program Outreach Coordinator. These community tailored measured outcomes will be reviewed and trended as part of the program’s performance improvement plan. The IDT, Program Director, and ‘IKE Medical Director will meet to review and trend outcomes. Actions plans will be generated by the IDT for substandard or ineffective results to identify root causes and explore further opportunities for improvement.

Included with the monthly QAPI meetings will be community recommendations for consideration to improve ‘IKE activities and/or incorporate new services. Any filed grievance or adverse event will be submitted for the IDT to review and addressed.

QAPI reports will be provided quarterly to the Pacific Renal Care Board of Directors by the Program Director for review of ‘IKE activities and outcomes.

III. FINANCIAL

Fiscal Year 2012-2013: Refer to pages #4-7 Budget Justification forms enclosed.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$ 1,250,000.00	\$125,000.00	\$125,000.00	\$125,000.00	\$500,000.00

Other funding applied for include OHA Grant Solicitation No.: 13-03, Obesity and Physical Health Improvements in Native Hawaiians. As a new program, there have been no state and federal tax credits applied for or anticipated at this time.

IV. Experience and Capability

A. Necessary Skills and Experience

The relationship of PRCF and the provision of renal replacement therapy in Hawaii can be traced back to the legacy of Mother Marianne Cope, who introduced quality of healthcare for those who would never leave Kalaupapa, and for those who continued to call Hawaii their home. It was this mission and commitment from Saint Francis Medical Center (SFMC) that brought to Hawaii the State’s first dialysis machine in 1965, and subsequently established the Outer-Island Outreach Program which over time eliminated many barriers to renal replacement services in our rural communities on the neighbor islands.

Chosen as a partner by the nuns of SFMC to continue their mission of service, Liberty Dialysis-Hawaii (LDH) was established in 2006. With a primary focus on renal disease to support this

mission, existing facilities were immediately upgraded and new technology introduced. Expansion of services included the opening of new facilities and establishment of new programs on the islands of Maui, Molokai, Kauai, Big Island of Hawaii, and Oahu. New home dialysis programs on neighbor islands have eliminated the need for most patients and their caregivers to relocate to the island of Oahu for extensive training and monthly clinical visits.

In addition to improving access to service and patient comfort, physician partnerships established with LDH resulted with nephrologists playing a larger role as company decision-makers, a new model of dialysis healthcare services introduced for the first time to the State of Hawaii. Innovation and partnerships have also lead to major changes in national provider policies with the introduction of the Communal Dialysis Home program, originating in Hana, Maui, and soon to be established in Kalaupapa (Hansen disease settlement). The concept was presented in 2008 by LDH to Steven Chickering, Associate Regional Administrator of the Center's for Medicare and Medicaid Services (CMS), Division of Survey & Certification.(See attachment 1) Expanding on the current requirements for certification of home dialysis, this new model allows multiple tenants of a single home to receive hemodialysis.

In 2007 PRCF opened Hawaii's first CKD specialty clinic on the island of Maui. Referrals to the clinic are primarily generated by local nephrologists. Insurance carrier relationships exist with Medicaid, Medicare, HNM/HMN, HMAA, HMSA, Hawaii Laborers Pacific Administrators, MDX Hawaii (Commercial- Aetna, CIGNA, Queens, UHC MDX Hawaii- Evercare Medicare and Medicaid, Ohana/Wellcare, AlohaCare, and University Health Alliance.

With this distinguished legacy, and the commitment of continuing to advance renal services in the islands of Hawaii, 'IKE's specialty outreach program will take the nephrology practitioners expertise out of the clinic setting and into the community to promote early intervention through screening, surveillance, medical therapy, and education to prevent or slow CKD disease progression.

B. Facilities

The original Maui CKD clinic currently exist at 105 Maui Lani Parkway, Suite 100, Wailuku, Maui, 96793 which supports office space for both the advanced practice registered nurse (APRN) and outreach coordinator (OC), including a patient exam room complete with exam table, centrifuge, and wall mounted integrated diagnostic system. Common area includes a 200 sq foot conference room with projector screen and wireless internet access. This CKD clinic meets ADA requirements in addition to all State and County building codes. Teleconferencing capabilities are provided here and as well on almost all islands at LDH dialysis clinics.

Office space will also be secured on Molokai with Na Pu'uwai Native Hawaiian Healthcare System which support 'IKE Outreach Coordinator (OC) and visits from neighbor island IDT members. The office site located at 604 Maunaloa Highway, Kaunakakai, Molokai, currently

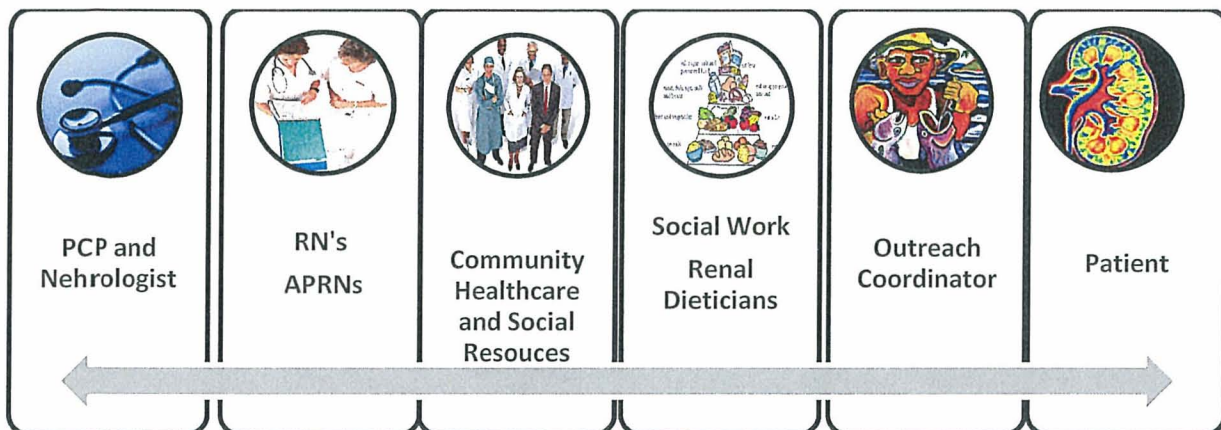
provides two (2) exam rooms and a multi-use conference room with VTC capability and wireless internet access. Office/exam room on Kauai is located at 3224 Elua Street, Suite 100, Lihue.

Sites to provide community education exist at LDH dialysis clinics throughout the State. Other locations include locations utilizing partnerships as listed on Attachment 3.

IV. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

Establishing a community Interdisciplinary Team (IDT) approach helps to pool valuable expertise and services to provide a cost-effective model of care that facilitates communication among the range of disciplines while eliminating the potential of duplication of services. Existing community IDT stakeholders include primary care physicians, nephrologists, community healthcare leaders and organizations, and Native Hawaiian Healthcare Systems



Start-up staffing for 'IKE will include a full-time(FTE) Advanced Practice Registered Nurse and three Outreach Coordinators with one 1.0 FTE residing on the island of Maui and the other two 0.5 part- time employees on the islands of Molokai and Kauai. A Renal Dietician and Nephrology Social Worker from community dialysis clinics assure required licensing, credentialing and accreditation are current and maintained.

Using the following staffing ratios, hours for each discipline will be adjusted as program client enrollment increases. Additional hours will be allocated according to caseload. Allocation of hours for second APRN will be determined according to island needs. The long term goal of the program is to have a nephrology trained OC and APRN on each island.

Staffing Assumptions		
Position	Calculated FTE	Total PT per FTE
APRN	1.00	250
RD	0.20	50
SW	0.20	50
OC	0.50	150

Initially, the Nephrology Social Worker and Renal Dietician will be contracted to provide 8 hours a week to the 'IKE Program. Contractual increase of allocated hours will be driven by caseload. As caseloads increase, hours will be adjusted.

Employee summary of duties and employment requirements include:

Advanced Practice Registered Nurse (1.0) FTE:

- *Summary of Duties*- Provides safe and effective delivery of CKD patient care and education in compliance with requirements. Meets compliance with required accrediting, certifying, and regulatory agency standards related to areas of responsibility. Utilizes resources cost-effectively. Collaborates with interdisciplinary team (IDT) as is appropriate with the PCP, Nephrologists, Renal Dietitian, Renal Social Worker and patient to provide a comprehensive assessment and plan of care. Provides direct supervision for the Outreach Coordinator. Evaluates the outcomes of CKD activity and reports aggregate finding at quality assurance performance improvement (QAPI) meetings with IDT and Program Director. Responsible for the maintenance and security of CKD patient medical record. Responsible for reporting and documenting all new or unusual incidents, clinical variances, complaints, or problems to Director of Operations if applicable. Utilizes resources cost-effectively. Performs patient history/physical exams and ongoing patient care/coordination of services for CKD patient. Seeks appropriate consultations and/or referrals for the CKD patient in the event that a problem or abnormality is beyond the normal scope of nurse practitioner practice. Reports to Director of Operations.
- *Employment Requirements*- Graduate of accredited School of Nursing (RN). Graduate of accredited School or Nursing Nurse Practitioner Program. Master's degree in Nursing if required by state law. Current state specific licensure. Previous experience in nephrology nursing preferred. One year nurse practitioner experience, nephrology practice preferred. State authorization to practice in the expanded role. DEA Licensure. UPIN number or eligibility. Maintains BCLS certification. Maintains state professional licensure requirements. American Nephrology Nurses Association membership preferred.

Outreach Coordinator (OC) (2.0 FTE):

- *Summary of Duties*- Under supervision of the Advanced Practice Registered Nurse, the OC will be responsible with coordinating outreach activities, arranging and promoting educational lectures, and scheduling clinic appointment for clients with IDT. Coordinates the daily operations of the clinic to ensure safe and timely patient follow-up. Facilitates patient intake and movement in the clinic via communication with IDT, PCP, healthcare agencies, and social services. Maintain and secures medical records and personnel files. Maintains clinic and outreach supplies. Assist with payroll and distribution of paychecks. Requires ability to understand and carry out assigned duties effectively.

- *Employment Requirements-* High school diploma, plus additional courses or specialized training at business or community college, or other formal training facility or program. One year medical experience required with understanding of medical terminology. Renal experience preferred. Certified Nurse Assistant (CNA) preferred. Prefers OC to be computer literate.

Nephrology Social Worker (0.5FTE):

- *Summary of duties-* Responsible for psychosocial evaluation of all new clients. Reviews advanced directives on intake and annually thereafter. Will assist client in executing advanced directive on request. Provides ongoing social work services to patients and families, including counseling, referral to community resources, advocacy, education, and consultation to health care team on issues identified in plan of care. Maintains a working relationship with clients and their families to maximize their adjustment to chronic illness. Works collaboratively with the interdisciplinary team. Documents problem, interventions, and outcomes, or any significant change in patient's psychosocial status. Working knowledge of psychosocial implications of disease and treatments, healthcare organizations, interdisciplinary team functions and community resources.
- *Employment Requirement -* Masters degree in Social Work (MSW) from an accredited school of social work. Licensed as a social worker in the State of Hawaii. Experience with financial counseling preferred and renal disease preferred.

Registered Renal Dietician (0.5 FTE):

- *Summary of duties-* Provides nutritional assessments, education and counseling services to clients. Recommends and documents appropriate diet. Counsels client and their families/care givers. Assesses laboratory values, nutritional status, and develops individualized plan of care with client to determine desired goals and timeline. Has knowledge of community resources and collaborates effectively with other providers.
- *Employment Requirement-* Baccalaureate or advanced degree with major studies in food and nutrition or dietetics. One year of experience in renal clinical nutrition. Registration by the American Dietetic Association.

Program Director (0.25 FTE):

- *Summary of Duties-* Provides operational leadership in directing the planning, organizing, financial management, and resource development for the services represented by the service line for community outreach and CKD Clinic. Projects short and long term capital and operational budget requirements for strategic and business plan implementation. Works collaboratively with community stakeholders in promoting service line development and performance improvement strategies. Assures the integration of the mission, values, and associated business ethics in the delivery of care through responsible administration, policy development, communication, and education of staff and community stakeholders. Assures compliance to accrediting, certifying, and

regulatory agency standards related to areas of responsibility. Promotes and represents Pacific Renal Care Foundation mission, values, and strategic initiatives in the community. Projects staff training requirements and competencies as appropriate to meet needs of service line. Reports to Board of Directors and provides quarterly report on activity outcomes.

- *Employment Requirements*- Current Nursing License with State of Hawaii. Four years nursing/management experience with nephrology. Requires a high degree of initiative, independence, and judgment in carrying out responsibilities.

Medical Director (0.1 FTE)

- *Summary of Duties*- the Medical Director shall be responsible for : (i) clinical management of patient services and outreach activities, (ii) promote a positive relationship with patients, PRCF staff, contracted services, and communities, (iii) and act as a liaison between the PRCF Board of Directors, and Program medical and professional interdisciplinary team.
- *Employment Requirements*- the Medical Director shall hold a current Florida State license to practice medicine and shall have and maintain the qualifications required by Section 405.2102 of the Code of Federal Regulations as amended and corresponding state laws and regulations.

Scheduling of clinic and outreach activities will be coordinated with clients and the IDT by the Outreach Coordinator(OC). The OC is a direct report to the APRN.

Staffing supervision at CKD clinics and during outreach activities will be the responsibility of the APRN. The APRN will coordinate the development, organization, and evaluation of the program's professional licensed staff. The APRN reports to the Program Director, who in turn is a direct report to the Pacific Renal Care Foundation Board of Directors as indicated.

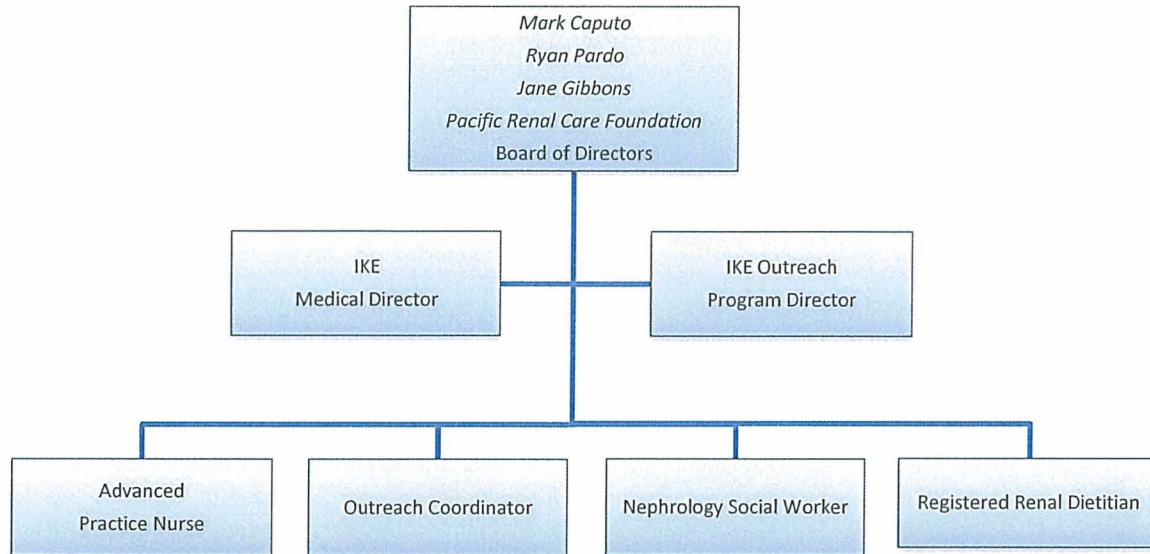
The Medical Director shall function by authority of and under the direction of the Pacific Renal Care Foundation Board of Directors, as the clinical director of CKD patient services and program outreach activities.

Should a new hire meet established employment requirements but lack nephrology experience, a collaborative agreement with Liberty Dialysis- Hawaii will allow new hires access to a two weeks comprehensive didactic training on nephrology. Education modules are adapted from the *Core Curriculum for Dialysis Technician, a Comprehensive Review of Hemodialysis*, developed by the Medical Education Institute, Inc. This "Nephrology Training Program (NTP)" is offered via telemedicine to the neighbor islands of Hawaii, and is the same didactic training used for staff development for Liberty Dialysis-Hawaii clinics throughout the State.

B.Organization Chart

Management of this cooperative agreement will be the responsibility of the Program Director who will report directly to the Board of Directors. Pacific Renal Care Foundation Board of Director members are experts in the field of renal replacement therapy services. Members include:

ORGANIZATION-WIDE CHART



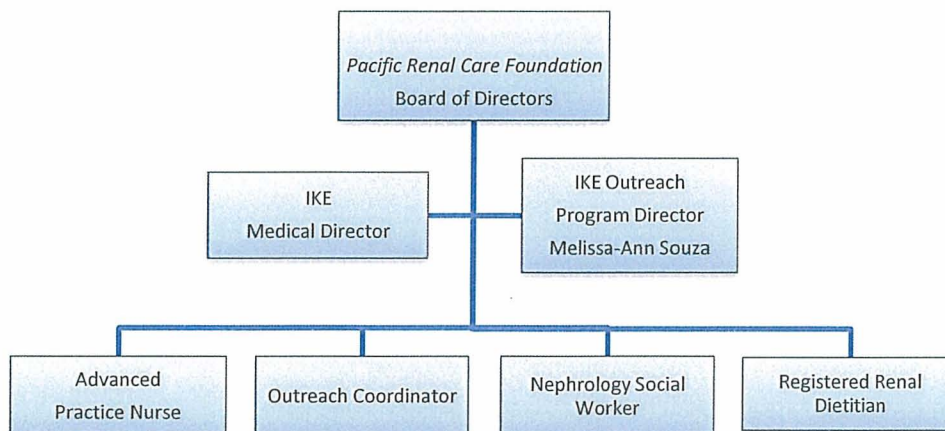
- Mark Caputo, Chief Executive Officer, dedicates much of his time to working with non-profit organizations ranging from St. Joseph's Hospital in Syracuse, to St. Francis Medical Center in Honolulu. During the last 18 years, Mr. Caputo has partnered with more than 100 nephrologists and hospitals to build and operate more than 100 dialysis centers. Mr. Caputo has served as an advisor to technology and healthcare companies from Boston to Seattle. He received an M.B.A. from Harvard Business School and B.A. in Economics from Princeton University.
- Jane Gibbons, Executive Vice President, has over 25 years of dialysis management experience. Prior to shifting focus from the clinical to the business side of the industry Ms. Gibbons spent 10 years as a renal nurse. She has experience in chronic and acute hemodialysis, peritoneal dialysis, patient training for home dialysis, aphaeresis, CRRT, and ESRD disease management. She received her MBA from the University of Liverpool in the United Kingdom.
- Ryan Pardo is Vice President and General Counsel for Liberty Dialysis Holdings, Inc. overseeing legal and compliance affairs of the company. In addition, Mr. Pardo serves as Chief Compliance Officer and Chief Privacy Officer for Liberty Dialysis Holdings Inc. Prior to joining Liberty in 2007, Mr. Pardo served as Corporate Counsel for Eddie Bauer Holdings Inc. overseeing the company's public reporting obligations before the Securities and Exchange Commission (SEC) from 2005 until 2007. From 2000 to 2005, Mr. Pardo was an attorney with Dorsey & Whitney LLP specializing in public reporting,

mergers & acquisitions and securities offerings. Mr. Pardo received a BA with distinction from Stanford University and a JD, cum laude, from Harvard Law School. Quarterly, the Officers for Pacific Renal Care Foundation will receive activity reports from the Program Director. Community specific reported activities will include:

- Community outreach- education lectures provided, number of screenings provided, new partnerships established, allocated staffing hours, and supply expenses.
- Clinic Activity- New service area(s), number of intake, allocated staffing hours, updated budget, new contracts and stakeholders, transition of clients to Stage 4 Glomerular Filtration Rate (GFR), number of clinic encounter, and revenue from billable clinic services.
- QAPI Outcomes- Trending of aggregated data

'IKE Program Director: Melissa-Ann Souza, Director of Operations, Liberty Dialysis-Hawaii, is responsible for management of the cooperative agreement. A registered nurse by profession on the island of Maui for 32 years, Melissa-Ann spent 24 years in the specialty field of dialysis. Her management experiences include oversight of dialysis clinics on the islands of Maui, Molokai, Kauai, and the Big Island of Hawaii. She services as co-chair on the Papa Ola Lokahi Institutional Review Board (IRB), and with Liberty Dialysis- Hawaii, partnered with the creation of the Hana Communal Home Dialysis model.

PROGRAM ORGANIZATION CHART



VI. Other

A. Litigation

PRCF does not have any litigation in process or since its inception in 2007.

B. Licensure or Accreditation

The Pacific Renal Care Foundation (PRCF) certifies that we are in compliance with all applicable state business and employment laws including the Hawaii Compliance Express (HCE).

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2012 to June 30, 2013)

Applicant: PACIFIC RENAL CARE FOUNDATION

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	289,640			
2. Payroll Taxes & Assessments	43,446			
3. Fringe Benefits	81,099			
TOTAL PERSONNEL COST	414,185			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	36,960			
2. Insurance				
3. Lease/Rental of Equipment	456			
4. Lease/Rental of Space				
5. Staff Training	1,800			
6. Supplies	16,759			
7. Telecommunication	2,760			
8. Utilities	2,340			
9. Contractual Services-Administrative	245			
10. Mileage	2,691			
11. Postage, Freight & Delivery	900			
12. Program Activities	12,000			
13. Subsistence/Per Diem	2,040			
TOTAL OTHER CURRENT EXPENSES	78,951			
C. EQUIPMENT PURCHASES	6,864			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	500,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	500,000	Melissa-Ann Souza (808) 856-2102		
(b)		Name (Please type or print)		
(c)		[Redacted]		
(d)		Signature of Authorized Official Date		
TOTAL BUDGET	500,000	Melissa-Ann Souza Director of Operations		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: PACIFIC RENAL CARE FOUNDATION

Period: July 1, 2012 to June 30, 2013

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
PROGRAM DIRECTOR	0.25	\$104,000.00	25.00%	\$ 26,000.00
PROGRAM MEDICAL DIRECTOR	0.10	\$208,000.00	10.00%	\$ 20,800.00
RENAL DIETITIAN	0.50	\$60,632.00	50.00%	\$ 30,316.00
NEPHROLOGY SOCIAL WORKER	0.50	\$60,632.00	50.00%	\$ 30,316.00
ADVANCED PRACTICE REGISTERED NURSE	1.00	\$104,000.00	100.00%	\$ 104,000.00
OUTREACH COORDINATOR-MAUI	1.00	\$39,104.00	100.00%	\$ 39,104.00
OUTREACH COORDINATOR-MOLOKAI & KAUAI	1.00	\$39,104.00	100.00%	\$ 39,104.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				289,640.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: PACIFIC RENAL CARE FOUNDATIO Period: July 1, 2012 to June 30, 2013

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Laptops	3.00	\$1,000.00	\$ 3,000.00	
Medical Equipment (exam tables)	2	\$1,100.00	\$ 2,200.00	
Diagnostic System	1	\$1,664.00	\$ 1,664.00	
			\$ -	
			\$ -	
TOTAL:	6		\$ 6,864.00	

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

N/A

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: PACIFIC RENAL CARE FOUNDAT

Period: July 1, 2012 to June 30, 2013

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: 2010-2011	FY: 2011-2012	FY:2012-2013	FY:2012-2013	FY:2013-2014	FY:2014-2015
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						
N/A						

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

The undersigned authorized representative of the applicant acknowledges that said 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:

- (1) 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;
- (2) Comply 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;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow 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.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) 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.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy 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.

PACIFIC RENAL CARE FOUNDATION

(Typed Name of Individual or Organization)



01/28/2013
(Date)

MELISSA-ANN SOUZA

(Typed Name)

DIRECTOR OF OPERATIONS

(Title)