

House District 8

Senate District 5

THE TWENTY-NINTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

"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.

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

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:
Hale Makua Health Services

Db/a:

Street Address: 472 Kaulana Street, Kahului, HI 96732

Mailing Address: 472 Kaulana Street, Kahului, HI 96732

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name DENISE THAYER

Title Director of Development & Marketing

Phone # (808) 871-9218

Fax # (808) 871-9262

E-mail deniset@hafemakua.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL
- OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

NEW RESIDENT WANDER MANAGEMENT SYSTEM FOR HALE MAKUA KAHULUI AND WAILUKU NURSING HOMES TO HELP KEEP RESIDENTS SAFE AND SECURE.

4. FEDERAL TAX ID #

5. STATE TAX ID #:

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2018: \$ 175,000

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 \$ _____

AUTHORIZED REPRESENTATIVE:

SIGNATURE

WESLEY LO, CEO

NAME & TITLE

DATE SIGNED

1/19/17



RECEIVED

1/20/17 [Signature]

Application for Grants

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. Please include the following:

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

Hale Makua Health Services (HMHS) was established by the Maui community in 1946 to care for its frail, vulnerable elderly who needed 24-hour care and had no family or resources to provide the care. From its humble beginning 70 years ago, Hale Makua has grown from a single 24-bed residential home to two licensed-intermediate and skilled nursing facilities in Central Maui with 344 beds with a multitude of services along a continuum of care. Our services and programs include long-term nursing care; inpatient and outpatient rehabilitation programs; Medicare certified home health services; adult day health; respite care; a 22-bed licensed-adult residential care home; and consultation to the public on elder service options, and financing strategies. We are the largest long-term care provider on the island of Maui. The only other provider is Kula Hospital with 104 beds. Around eighty percent (80%) of our nursing home residents are Medicaid recipients.

Our mission, "We improve the well-being of those in our care through compassionate personalized health services, in our home and yours" reflects the commitment we have to providing quality care with competence and compassion to Maui's frail elders and disabled individuals of all ages in our nursing and care homes and in the homes of our clients. We want to be sure that Hale Makua Health Services, in all it does reflects love, honor, and compassion in the times when people need us; that we respond to the needs of our residents (patients) and community; and that all of our residents receive excellent care, in an environment that is safe and homelike.

2. The goals and objectives related to the request;

Disorientation is common in those living with dementia. In a nursing home, this often results in people seeking to "go home". One of the major elements of keeping people living with dementia safe, is to install exit doors with an alarm

system that is activated when someone with dementia approaches the exit. A closed door will automatically lock when a wristband-wearing person approaches. An open door will alarm, alerting staff to promptly come to the door to redirect the person.

Both Hale Makua Kahului and Wailuku's wandering systems are no longer supported and parts are no longer available. Thus when a part breaks or the system doesn't function properly, there is no company available for support, there are no parts available to purchase, and there is no company manufacturing new parts. Currently our Maintenance team troubleshoots any problems with the system, however they don't specialize in this type of equipment. The goal of this project is to replace the existing resident wandering systems at Hale Makua Kahului and Wailuku to ensure that our disoriented residents are kept safety in our nursing homes.

3. The public purpose and need to be served;

The population aged 75 and over is the fastest growing population on the island of Maui. Hale Makua Health Services two nursing homes admit 85% of the discharges who need SNF care from Maui's only hospital, Maui Memorial Medical Center. Most of these admissions are Maui residents and most are Medicaid recipients. A fully functioning wandering system is a critical component to keeping nursing home residents suffering from Dementia or have exit seeking tendencies safe and secure in the nursing home.

4. Describe the target population to be served; and

The program's target population is Maui County residents and visitors who need 24-hour care and support, and who cannot live safely on their own, primarily elders and disabled individuals. The average age of an individual admitted to Hale Makua nursing homes is 83; however the age range is from 30 to over 100.

5. Describe the geographic coverage.

Maui County, primarily the island of Maui.

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;

Scope of work includes the replacement of the resident wander management systems at both our Kahului and Wailuku nursing homes. Our Kahului home has a capacity of 254 residents and we need to alarm four exit doors. Our Wailuku home has a capacity of 90 residents, and we need to alarm three exit doors.

Tasks include:

- Developing bid specifications and request for proposal for a new resident wander management system
- Evaluating and awarding a qualified bid
- Ordering of materials and installation of new system
- Installing receiver antennas near the doors, which will sense the presence of a resident wearing a wandering transmitter in the form of a wristband or watch
- Tying in the wander management system into our existing magnetic lock system which unlocks in the event of a fire alarm
- Installing an alarm control panel at each exit in order to reset the alarm once the resident is located and redirected
- Installing computers in the Nursing Stations, which will display the origin of the alarm and identify which resident is triggering the alarm
- Updating the system needs to allow for reporting, as well as allow nurses to activate and deactivate wristbands
- Testing of the new systems
- Dismantling the old system after testing of the new is successful

Responsible parties:

- Financial oversight of the project will be the responsibility of Joyce Tamori, Hale Makua Health Services Chief Financial Officer
- Oversight of the project installation and coordination with the contractor will be managed by Mark Souza, Director of Maintenance and Engineering, Hale Makua Health Services
- Overall supervision of the project at Hale Makua Kahului will be Connie Miller, Hale Makua Kahului Administrator
- Overall supervision of the project at Hale Makua Wailuku will be Janinne Grimes, Hale Makua Wailuku Acting Administrator

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

July - September 2017

- Receive notification of funding from State of Hawaii
- Prepare documents and publish request for proposals

Funds released from the State

- Review proposals and award contract

October - December 2017

- Contractor orders materials and new wander management system components
- Installation period starts and is completed by December

January - March 2018

- Testing and adjustment of the new wander management system
- Dismantling of the old system
- Acceptance of the system by Hale Makua Health Services
- Notice of completion and final report to the State of Hawaii

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

Hale Makua Health Services' CFO, Director of Maintenance and Engineering, and Kahului and Wailuku Administrators will monitor and keep the project on track. Change orders if any, will be carefully scrutinized to keep the project cost increases to a minimum. Hale Makua Health Services CEO and its Board of Directors will receive reports on the progress of the installation.

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.

Hale Makua Health Services will submit quarterly financial and progress reports to the state department assigned to interface with the project. Variances from budget and timeframe will be communicated clearly and in timely manner.

III. Financial

Budget

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

Please see attached budget forms.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2018.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$175,000				\$175,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018.

- State subsidy to take 20 individuals from the Hospital waitlist: \$2,000,000
- County CDBG: \$495,000
- HMHS fundraisers: \$225,000
- FTA 5310: \$71,572
- Private foundations: \$70,000

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.

Not applicable as HMHS is a non-profit organization.

5. The applicant shall provide a listing of all federal, state, and county government contracts and grants it has been and will be receiving for program funding.

- County for Physician Services received in FY16 and FY17: \$200,000
- State Operations Grant in Aid for Physician Services approved but not yet received in FY17: \$350,000

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2016.

- Financial Statements as of December 31, 2016 has not yet been completed. As of October 31, 2016, HMHS had unrestricted current assets of \$9,870,030.

IV. Experience and Capability

A. Necessary Skills 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.

Hale Makua Health Services (HMHS) is well equipped and staffed with over 450 employees to provide healthcare services for the frail elderly and disabled. The organization has been providing care for the elderly in the Maui community for 70 years. HMHS owns and operates two of the three nursing homes on Maui. The only other nursing home on Maui is at Kula Hospital, which is a critical access hospital. HMHS' nursing homes and rehab centers are both located in Central Maui. In addition, HMHS has operated a CHAP accredited home health care agency that provides home-bound individuals with skilled nursing and therapy for over 45 years, a state licensed adult day health center for over 25 years, and most recently opened a state licensed adult residential care home in 2013.

HMHS has been working for the past four years with Maui Memorial Medical Center and Kula Hospital to address the current and future needs of Maui's aging population. In collaborating with Maui's hospitals, the organizations have improved local capacity and coordination of care, allowed the organizations to work collaboratively to tackle other challenges in the current healthcare delivery system, as well as explored of strategies to strengthen the continuum of care from acute to the post-acute settings on Maui, as well as actively manage the waitlist.

For many years HMHS has worked with Maui Economic Opportunity to provide transportation for nursing home residents and Adult Day Health clients. Because of this collaboration long-term care residents are able to go to dialysis appointments three times per week, and Adult Day Health clients receive transportation from their homes to the Adult Day Health Center in Kahului.

In addition, a contract with Hospice Maui has created a collaboration where patients are admitted and attended at Hale Makua nursing homes utilizing Hospice Maui nursing, social work and physician resources to provide end of life care. This partnership provides hospice services for hospice patients who do not have a home and existing Hale Makua nursing home patients who choose hospice.

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.

Hale Makua Health Services (HMHS) operates two nursing homes, one in Kahului, Maui with 254 SNF/ICF beds and the other in Wailuku with 90 SNF/ICF beds which includes a 22 bed care home (ARCH type II). These nursing homes comprise seventy-five percent (75%) of all long term care beds on Maui.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

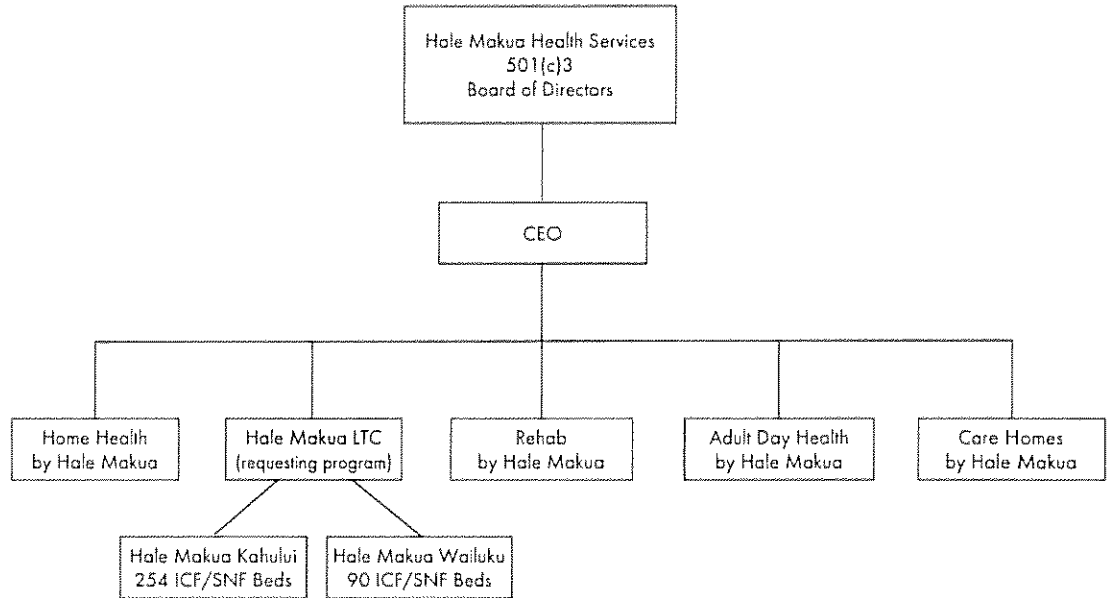
The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative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

In addition to 70 years of experience running nursing homes on Maui, HMHS has a team of highly qualified staff who will be responsible for the replacement of the wander management system:

- HMHS CFO, Joyce Tamori, CPA, will be responsible for managing the financial aspects of the project including contract management, billing and fiscal reporting; and will be responsible for quarterly reports to the State. She has over 17 years of experience in business and finance in the healthcare industry.
- Hale Makua Administrators, Connie Miller and Janinne Grimes, will be responsible for ensuring that the appropriate wander management system is selected to meet the needs of our nursing home residents. Connie is a licensed nursing home Administrator and Janinne is a Registered Nurse. Each, along with our Clinical Development Coordinator, will be responsible for ensuring that staff at their respective facilities has received the necessary training and in-servicing on the new wander management system. Nursing staff will be trained on how to use the system in its entirety and all employees will receive training on the alert system installed at the exits.

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 organization chart that illustrates the placement of this request.



C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

CEO \$230,000
CFO \$139,219
CHRO \$109,223

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.

To the best of our knowledge, there is no pending litigation to which Hale Makua Health Services is a party, including any outstanding judgements.

B. Licensure or Accreditation

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

Both of Hale Makua Health Services' nursing homes in Kahului and Wailuku are federally and state licensed, and surveyed for licensure and compliance with federal and state long-term care facility regulations annually.

C. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Not applicable.

D. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2017-18 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2017-18, but
- (2) Not received by the applicant thereafter.

If funding for the wander management system is received in fiscal year 2017 -18, HMHS will not be seeking any additional or future funding for this project. In subsequent years HMHS plans to maintain the system and will be including funds for maintenance of the system in its annual operating budget.

E. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2016.

Please see attached for our DCCA Certificate of Good Standing dated January 12, 2017.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2017 to June 30, 2018

Applicant: Hale Makua Health Services

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	175,000	0	0	0
TOTAL (A+B+C+D+E)	175,000	0	0	0
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	175,000	Joyce Tamori (808) 873-6620		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0	1/19/17		
(d) Total Private/Other Funds Requested	0	Signature of Official Date		
TOTAL BUDGET	175,000	Wesley Lo, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2017 to June 30, 2018

Applicant: Hale Makua Health Services

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2017 to June 30, 2018

Applicant: Hale Makua Health Services

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2017 to June 30, 2018

Applicant: Hale Makua Health Services

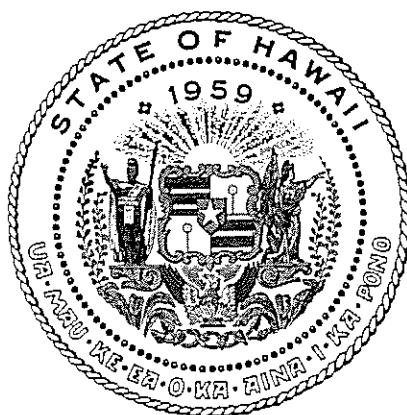
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2015-2016	FY: 2016-2017	FY:2017-2018	FY:2017-2018	FY:2018-2019	FY:2019-2020
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT			175,000			
TOTAL:			175,000			
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Hale Makua Health Services - _____

Contracts Total: _____

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Not applicable				
2					
3					
4					
5					
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Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

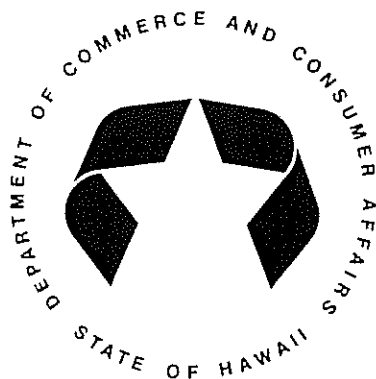
HALE MAKUA HEALTH SERVICES

was incorporated under the laws of Hawaii on 01/15/1954 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 12, 2017

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED 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 pursuant to Section 42F-103, Hawaii 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 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 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.

- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii 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 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, Hawaii 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, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant 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 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.

Hale Mauiua Health Services

(Typed Name of Individual or Organization)

(Signature)
Wesley Lo

11/9/17

(Date)
CEO

(Typed Name)

(Title)