

PERSONAL CARE PROGRAM
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KAHULUI, HAWAII 96732
WWW.HALEMAHAOLU.ORG

January 15, 2020

Senate Committee on Ways and Means State Capitol, Rm 208 Honolulu, Hawaii 96813

Attn: GIA

Re:

Hale Mahaolu Adult Personal Care Program

Dear Senate Committee on Ways and Means

Enclosed please find our FY2021 GIA Application requesting \$225,000 in funding for Hale Mahaolu Adult Personal Care Program which covers all of Maui County.

We thank you for your time and consideration. Should you have any questions please do not hesitate to contact me at 808-873-0521 or Rignacio@halemahaolu.org.

Sincerely,

Reuben Ignacio, Director

Adult Personal Care Program

cc Grant Chun
Executive Director



# **Application Submittal Checklist**

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

X 1) Certificate of Good Standing (If the Applicant is an Organization)  $\bowtie$ 2) Declaration Statement X 3) Verify that grant shall be used for a public purpose X 4) Background and Summary  $\boxtimes$ 5) Service Summary and Outcomes  $\boxtimes$ 6) Budget a) Budget request by source of funds (Link) b) Personnel salaries and wages (Link) c) Equipment and motor vehicles (Link) d) Capital project details (Link) e) Government contracts, grants, and grants in aid (Link) X 7) Experience and Capability X 8) Personnel: Project Organization and Staffing

Reuben Ignacio, Director

1/10/2020

DATE

# HALE MAHAOLU ADULT PERSONAL CARE PROGRAM

# **FY2021 GIA GRANT APPLICATION**

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# THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

**CHAPTER 42F, HAWAII REVISED STATUTES** 

|  |   | Type of Gra                               | int Request:   |   |                                       |
|--|---|---|--|---|---------------------------------------|
|  | Oper  | ating                                     | Capital  |   |                                       |
| Legal Nam                                      | ne of Requesting Organization o   | r Individual:                             | Dba:   |   |                                       |
| HALE MAHA                                      | AOLU ADULT PERSONAL CARE I  | PROGRAM                                   |  |   |                                       |
|  | Amount of State Fu  | unds Reque                                | sted: \$225,000.00   |   |                                       |
| ADULT PER<br>DISABLED/<br>PERSONAL<br>MAINTAIN | ption of Request (Please attach worksonal CARE PROGRAM PROVICHRONICALLY ILL ADULTS 18 YELL CARE SERVICES (BATHING, GOAS A SAFE, INDEPENDENT LIFE STOARY INSTITUTIONALIZATION. | /IDES SUBSII<br>/EARS AND C<br>ROOMING, H | DIZED PERSONAL C<br>DLDER AND FRAIL E<br>YGIENE, TOILETING | ARE SERVICES I<br>LDERLY LIVING I<br>I, FEEDING, ETC) | FOR<br>N MAUI COUNTY.<br>HELP THEM TO |
| Amount of                                      | Other Funds Available:  |   | Total amount of St   | ate Grants Rece                                       | ived in the Past 5                    |
| State:   | \$  |   | Fiscal Years:  |   |                                       |
| Federal:                                       | \$  |   | \$860,000.00   |   | <del></del>                           |
| County:  | \$  |   | Unrestricted Asset   | S:  |                                       |
| Private/Oth                                    | ner: \$   |   | \$   |   |                                       |
| New  | Service (Presently Does No  | ot Exist):                                | Existing Service   | e (Presently in                                       | Operation):                           |
|  | Type of Business Entity:  |   | Mailing Address:   |   |                                       |
|  | 501(C)(3) Non Profit Corporation  |   | 200 HINA AVEN  | UE  |                                       |
|  | Other Non Profit  |   | City:  | State:  | Zip:                                  |
|  | Other   |   | KAHULUI  | HI  | 96732                                 |
| Contact P                                      | erson for Matters Involving th  | nis Application                           | on   |   |                                       |
| Name:<br>REUBEN                                | IGNACIO   |   | Title:<br>PERSONAL CAR                                     | RE PROGRAM  | DIRECTOR                              |
| Email:<br>rignacio@                            | halemahaolu.org   |   | Phone:<br>808-873-0521                                     |   | 2                                     |
| Federal Ta                                     | ax ID#:   |   | State Tax ID#  |   |                                       |
|  | t m Cm  | Grant                                     | Y.M. Chun  | 1   | /10/2020                              |
| Autho  | orized Signature  | Nam                                       | e and Title  |   | Date Signed                           |



# STATE OF HAWAII STATE PROCUREMENT OFFICE

# **CERTIFICATE OF VENDOR COMPLIANCE**

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

**Vendor Name:** 

**HALE MAHAOLU** 

DBA/Trade Name: HALE MAHAOLU (Attn: Grant Chun)

**Issue Date:** 

01/10/2020

Status:

Compliant

Hawaii Tax#:

W4039953401

New Hawaii Tax#:

FEIN/SSN#:

XX-XXX3109

UI#:

XXXXXX5516

DCCA FILE#:

15181

#### Status of Compliance for this Vendor on issue date:

| Form  | Department(s)                                     | Status    |  |
|-------|---|-----------|--|
| A-6   | Hawaii Department of Taxation                     | Compliant |  |
|       | Internal Revenue Service                          | Compliant |  |
| cogs  | Hawaii Department of Commerce & Consumer Affairs  | Exempt    |  |
| LIR27 | Hawaii Department of Labor & Industrial Relations | Compliant |  |

#### Status Legend:

| Status        | Description   |
|---------------|---|
| Exempt        | The entity is exempt from this requirement  |
| Compliant     | The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance |
| Pending       | The entity is compliant with DLIR requirement   |
| Submitted     | The entity has applied for the certificate but it is awaiting approval  |
| Not Compliant | The entity is not in compliance with the requirement and should contact the issuing agency for more information                 |

# DECLARATION STATEMENT OF APPLICANTS FOR GRANTS 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 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 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, 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 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 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 MAHAOLU                               |                    |
|--|--------------------|
| (Typed Name of Individual or Organization) |                    |
| _ Brant Jon Chin                           | JANUARY,10, 2020   |
| (Signature)                                | (Date)             |
| GRANT Y.M. CHUN                            | EXECUTIVE DIRECTOR |
| (Typed Name)                               | (Title)            |

Rev 12/2/16

# PUBLIC PURPOSE STATEMENT OF HALE MAHAOLU ADULT PERSONAL CARE PROGRAM

# (FOR GRANTS PURSUANT TO SECTION 42F-102 HAWAII REVISED STATUTES)

The public purpose of Hale Mahaolu Adult Personal Care Program is to prevent premature or inappropriate institutionalization of frail elderly and disabled/chronically ill adults 18 years and older; to prevent or remedy abuse or neglect; to promote their self-sufficiency, dignity; and to help them achieve, restore or maintain quality of independent life style and self-direction. The Program realizes its goals through provisioning in-home personal care when assisting clients with their activities of daily living, and assisting in coordinating other needed services to achieve their independence.

The objective of our request for a \$225,000 grant is to provide a minimum of 10,232 units (unit=hour) of personal care service to a minimum 15 unduplicated clients; to subsidize the hourly cost of personal care services for these clients services. Through our registry of personal care attendants, we will also provide referrals of personal care attendants to approximately 100 Maui County residents who are in need of affordable personal care services.

Most of the clients we serve under this Program do not qualify for Medicaid Waiver services as they are not nursing home level clients. Many of our clients are in the "gap group" who do not qualify for Medicaid or Kupuna Care, but would have unmet needs were it not for our Program. These elderly and disabled clients require personal care services to help them remain safely at home. For disabled adults, the need may be even greater, since there are fewer programs available to them than to the elderly. Services not covered by insurance may be too costly for many disabled adults on fixed/limited income.

Caring for these clients in their own home will also help to prevent/reduce caregiver burn out, and reduce costs of long-term care for families, communities, and government.

Personal care services are provided to adult residents on the Islands of Maui, Molokai and Lanai.

| Applicant _ | Hale Mahaolu |  |
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# **Background and Summary**

#### A. Background

Hale Mahaolu has served Maui's community since 1967 by providing affordable, safe, sanitary, independent rental units to seniors, disabled/chronically ill adults, and low income families. To further serve Hale Mahaolu residents and the community, Hale Mahaolu provides social service programs that include a Personal Care Program, Congregate Housing Services Program and a Meals Program.

Hale Mahaolu Personal Care Program has been serving the community since 1985, providing in-home personal care services to frail elderly, disabled and chronically ill adults (18 years of age and older), including cognitive and/or emotional problems which impair the individual's ability to perform activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

This program assists individuals living on the islands of Maui, Molokai and Lanai, in locating a suitable and affordable personal care attendant (PCA) through the program's registry of PCAs, and reimbursing part or the entire fee charged by the PCA to the individual client who meets the income guideline. Maui County residents looking for affordable in-home personal care services may also receive referrals through our registry. There is no referral fee to clients. For disabled adults, the need may be even greater, since there are fewer programs available to them than for the elderly. Services not covered by insurance may be too costly for many disabled adults on fixed/limited income.

#### B. Goals and Objectives

The goals of Hale Mahaolu Personal Care Program are to prevent premature or inappropriate institutionalization of frail elderly and disabled/chronically ill adults 18 years and older; to prevent or remedy abuse or neglect; to promote their self-sufficiency, dignity; and to help them achieve, restore or maintain quality of independent life style and self-direction. These goals can be realized through the provision of in-home personal care when assisting clients with their activities of daily living, and assisting in coordinating other needed services to achieve their independence.

The objective of our request for a \$225,000 grant is to provide a minimum of 10,232 units (unit=hour) of personal care service to a minimum 15 unduplicated clients; to subsidize the hourly cost of personal care services for these clients; and

| Applicant | Hale Mahaolu |  |
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to minimize our waitlist for services. Through our registry of personal care attendants, we will also provide referrals of personal care attendants to approximately 100 Maui County residents who are in need of affordable personal care services.

#### C. Public purpose and need to be served

Most of the clients we serve under this Program do not qualify for Medicaid Waiver services as they are not nursing home level clients. Many of our clients are in the "gap group" who do not qualify for Medicaid or Kupuna Care, but would have unmet needs were it not for our Program. These elderly and disabled clients require personal care services to help them remain safely at home. For disabled adults, the need may be even greater, since there are fewer programs available to them than to the elderly. Services not covered by insurance may be too costly for many disabled adults on fixed/limited income.

Caring for these clients in their own home will also help to prevent/reduce caregiver burn out, and reduce costs of long-term care for families, communities, and government.

#### D. Target population to be served

Hale Mahaolu Personal Care Program provides in-home personal care services to frail elderly and disabled adults (18 years of age and older) or who may have a chronic or acute condition(s), including cognitive and/or emotional problems, which impair the individual's ability to perform activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

#### E. Geographic Coverage

Personal care services are provided to adult residents on the Islands of Maui, Molokai and Lanai.

| Applicant _ | Hale Mahaolu |
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# **Service Summary and Outcomes**

#### A. Scope of work, tasks and responsibilities

Personal care services provided may include any of the following services in the client's individualized care plan:

- Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care, and dressing.
- Assistance with bowel and bladder care needs.
- Assistance with ambulation.
- Assistance with transfers.
- Assistance with medications that is ordinarily self-administered, when ordered by the client's physician.
- Assistance with wound care and respiratory care, by a PCA with specific training, satisfactory documented performance, and case manager's consent, when ordered by the client's physician.
- Assistance with feeding, nutrition, meal preparation, and other dietary activities.
- Assistance with exercise, positioning, and range of motion to maintain and/or strengthen muscle tone, and prevent contractures, decubitus ulcers, and/or deterioration.
- Taking and recording vital signs, including blood pressure.
- Maintaining environment.
- Assistance with adaptive equipment and supplies, including care of such equipment and supplies.
- Observing and reporting changes in client behavior, functioning, condition, and/or self-care abilities which may necessitate more or less service.
- When any of the above services are provided, the following activities may also be provided as part of personal care services:
  - Household services following personal care such as cleaning of utensils for meal service, cleaning of bathroom after bathing,

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|  |

- cleaning and maintenance of adaptive equipment, bedding changes, etc.) when no other resources are available.
- Escort service to clinics, physician office visits, or other trips for the purpose of obtaining treatment or meeting needs established in the client's care plan when no other resources are available.
- 1. For admission into the Program, applicants must:
  - a. Be assessed as disabled/chronically ill and recommended for admission by a physician, osteopath, a chiropractic doctor, or a discharge plan from an acute care, rehabilitation, nursing facility, or home health agency. In the case of applicants aged 60 and over, the assessment may come from the Department of Health's Public Health Nursing Case Management Coordination Program (CMCP).
  - b. Be at least 18 years of age.
  - c. Be within the income brackets specified on the Program's sliding fee scale (see Tab 8).
  - d. Be capable to contract with, supervise and dismiss the PCA, or be under the guardianship or supervision of a person capable of performing those duties on behalf of the applicant.
  - e. Not be receiving duplicate services from another personal care agency or funding source.
  - f. Go through the intake process which begins upon inquiry from a potential client or a referral from a physician, CMCP or other health care agency or provider. Each applicant must meet all admission criteria. Applicants who do not qualify are eligible for referrals to PCAs, but may not receive subsidy or reimbursement through this Program. All requests for service shall be logged along with referrals provided and, if applicable, reasons why services were not provided. This Program also refers applicants to other agencies whose services may meet the clients' needs.
  - g. Participate in a home visit conducted by the Program Director within 48 hours of receiving a request for services. The Program Director assesses the client's needs and assists the client with completing an application form, reviewing the Statement of Understanding which acknowledges the independent contractor status of the PCA, the responsibilities of client to contract with the PCA and to submit reimbursement requests to the Program which must be signed by the client, guardian or designated power of attorney before services can be provided. Hale Mahaolu

| <b>Applicant</b> | Hale Mahaolu |  |
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confidentiality, grievance, and discharge policies are also reviewed with the client and/or their representative.

Program staff verifies the applicant's income before determining clients' reimbursement rate according to the sliding fee scale (see Tab 8).

The Program refers to each client, PCAs whose skills (including languages spoken and special needs) are commensurate with the needs of the individual client. The client selects which PCA, if any, to contract with. Clients are responsible for paying their PCA and for submitting reimbursement requests to the Program. The Program subsidizes clients' PCA fees for up to 4 hours per day, 7 days per week. PCAs are available 24 hours a day and are scheduled based on clients' preference and need. In case of PCA illness, family emergency, etc., the Program staff shall make every effort to locate a suitable replacement.

- h. When funds for subsidies are not available, clients are waitlisted in the order in which they are received. When funds become available, the primary selection of clients on the waitlist to be served is on a first-come, first-serve basis. During the interim period, clients who are waitlisted for subsidies may receive PCA referrals to help meet their needs.
- i. A client is discharged from the Program when:
  - 1. The client no longer desires the Program's personal care services.
  - 2. The case manager or client's physician determines that personal care services are no longer necessary.
  - 3. The client or PCA is found to have misused or defrauded the Program.
  - 4. The health/safety of Hale Mahaolu staff and/or personal care attendant is threatened/at risk during the course of services being rendered.
  - 5. The client expires or is placed with a care home or long-term care facility.
  - 6. Funding is not available.
- 2. Clients are provided with the Program's grievance policy upon admission to the Program. Hale Mahaolu abides by the following procedure should a grievance occur:
  - Complaints filed will be addressed immediately and documented in the client's file.

| Applicant | Hale Mahaolu |
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- b. Program staff will work with client to resolve complaint to the client's satisfaction.
- c. The client may address the grievance in writing with Hale Mahaolu Executive Director if dissatisfied with the handling of a complaint by Program staff.
- d. The client may seek redress through the Hale Mahaolu Board of Directors and/or the appropriate government or judicial agencies should a grievance still remain unresolved after discussion with the Executive Director.
- e. The Executive Office on Aging (EOA) shall prevail in disputes between Hale Mahaolu and the EOA staff with regard to the performance of service activities within contracted specifications. Hale Mahaolu will work with EOA staff to comply with contracted specifications and remedy any recommended corrective action.
- 3. Subsidies available to clients are income based. A sliding fee scale (see Tab 8) established by Hale Mahaolu allows for reimbursement per unit, based on clients' income.
- 4. Establishing a care plan for each client ensures individualized service. Clients are encouraged to discuss any special needs or situations with Program staff. Every effort will be made to accommodate each individual's needs and/or wishes.
  - Services are provided in accordance with the client's care plan which is developed based on information gathered from the client, family members, case manager, physician, and other coordinated services. The care plan is approved by the client and/or the person responsible for the client's care and physician and acknowledged by case manager and personal care attendant. The care plan shall specify the types of duties to be performed and the number of hours required to perform those duties. Recommended services and/or hours of service may not be altered without the mutual consent of the client and the case manager. In the absence of a case manager, the Program shall assume responsibility for establishing a care plan in accordance with the client's needs and wishes and an initial face-to-face contact.
- 5. Program staff conducts home visits to each client at least semi-annually to monitor the delivery of personal care as well as any changes in the client's behavior and functioning which may necessitate a reassessment and/or revision of the client's care plan. Ongoing communication between clients and Program staff is encouraged upon admission and throughout the client's participation in the Program. Through regular home visits and telephone contact, clients are afforded the opportunity to express concerns or comments about the Program. Their concerns are addressed promptly and interventions documented in the client's file.
- 6. The Program carefully matches each client with a personal care attendant whose skills and compatibility are commensurate with the needs and interests of the client.

| Applicant _ | Hale Mahaolu |
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The client has the right to accept or refuse an attendant. Services provided by the attendant are monitored and evaluated by the Program Director and/or Program Supervisor (RN) during home visits with the clients to assure attendants skills and compatibility are commensurate with the client's needs. Concerns or suggestions are addressed promptly to insure quality care and client well-being and satisfaction. Observations and changes are noted in client and attendant files.

7. Independent contractors who are listed on this Program's PCA registry perform the personal care tasks under the supervision and monitoring of the Program Supervisor (RN). For placement on the registry, PCAs must complete an information form listing past experience, references, and other pertinent information, and must sign a Statement of Understanding acknowledging the responsibilities of the PCA as described in this section. PCAs must provide evidence of a current professional license or certification, related work experience that is verified and deemed satisfactory, or training in areas that relate to the performance of personal care tasks listed in the client's care plan. PCAs must also have current tuberculin clearance and cardiopulmonary resuscitation (CPR) training. As independent contractors, PCAs are responsible for filing and paying taxes, obtaining a general excise tax license, and observing any other legal or ethical standards.

The Program Supervisor (RN) assesses the skills competency of attendants providing personal care services and provides training as needed to meet client needs. Training may also be provided to family/caregivers to meet client needs in absence of an attendant. Assessment and skills competency are noted in attendant's file.

- 8. In the event that a scheduled attendant is unable to make an assignment, Hale Mahaolu will contact the client to inform them of the situation, and attempt to find a suitable replacement. Hale Mahaolu will inform the client of the outcome of a search for replacement coverage as soon as possible.
- 9. Personal care service hours and activities may be adjusted based on client need and/or funding availability. When adjustments are necessary, Program staff will discuss changes with the client and case manager and seek approval prior to change. Additional service hours or activities may be implemented immediately with approval and availability of funds. In the event that service hours are to be reduced due to funding availability, the client shall receive a minimum of two weeks (14 days) notice prior to change.
- 10. During the application process and follow-up home visits, clients are asked about any other services they are receiving to avoid duplication of services. The Program's participation in interdisciplinary team meetings and case management services also help to ensure non-duplication of services.
- 11. In case of abuse to a client, the Program shall provide a verbal report to the client's case manager within twenty-four (24) hours, regardless of cause of abuse/injury.

| <b>Applicant</b> | Hale | Mahaolu |  |
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The report shall include detailed accounts of all consequences and actions taken, all medication errors, and untoward reaction to drug or treatment. This shall be followed by the submission of a written report to Adult Protective Services within 72 hours of the incident.

- 12. The Program maintains records on statistics such as number of personal care hours provided, number of clients served, length of client participation, documented home visits and telephone conversations with clients, caregivers, personal care attendants, incident reports, and complete client information such as date of birth, social security number, etc. These statistics are accurate measures of outcomes. These outcomes will be compiled and reported to EOA in the quarterly report.
- 13. Hale Mahaolu maintains a log of requests for services and subsidies. When funding allows and a potential client meets the Program criteria, a home visit is conducted by the Program Director and Program Supervisor (RN) within 48 hours of receiving a request for services.

When funds for subsidies are not available, clients are waitlisted in the order in which they are received. When funds become available, the primary selection of clients on the waitlist to be served is on a first-come, first-serve basis. During the interim period, clients who are waitlisted for subsidies may receive PCA referrals to help meet their personal care needs.

The Program also assists clients who do not meet eligibility criteria for subsidies, to find suitable PCAs through the Program's registry.

14. The Program actively participates in the Department of Health's Public Health Nursing Case Management Coordination Program (CMCP), as a member of CMCP's Inter-Disciplinary Team (IDT). Twenty-eight community organizations, health care providers, and government agencies, including representatives from the Maui County Office on Aging and Department of Human Services, belong to CMCP. At the IDT's monthly meetings, referrals, follow-up, and concerns regarding elderly clients are discussed. This Program receives numerous referrals through the IDT.

Because of the relationships developed with health care providers such as Maui Memorial Medical Center, Kaiser Permanente, Hospice Maui, Island Hospice, and Hale Makua, the Program also receives numerous referrals for clients aged 18 to 59, outside the scope of CMCP.

The Program utilizes case management services in order to ensure non-duplication and efficient delivery of services. If the client is not eligible for case management services by an established agency, the Program assumes responsibility for establishing a care plan in accordance with the client's wishes and an initial face-to-face contact. The Program works closely with CMCP and other agencies to ensure delivery of all needed services to the client.

| Applicant                             | Hale Mahaolu |  |
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15. Program staff is accessible in the office from 8:00 a.m. to 4:30 p.m., Monday through Friday, except Holidays, and accessible through an answering machine. Program staff is on-call after hours and weekends through call forwarding to cellular phone to handle emergencies that may arise.

#### B. Projected Annual Timeline

The Program will provide a minimum of 10,232 units (unit=hour) of personal care services from July 1, 2020-June 30, 2021.

#### C. Quality Assurance and Evaluation

- 1. The Program maintains records on statistics such as number of personal care hours provided, number of clients served, length of client participation, documented home visits and telephone conversations with clients, caregivers, personal care attendants, incident reports and complete client information such as date of birth, social security number, etc. These statistics are accurate measures of outcomes. These outcomes will be compiled and reported quarterly to EOA.
- 2. Establishing a care plan for each client ensures individualized service. Clients are encouraged to discuss any special needs or situations with Program staff. Every effort will be made to accommodate each individual's needs and/or wishes. within reason.
- 3. Direct and frequent communication between clients and Program staff is encouraged upon admission and throughout the client's participation. Client concerns are addressed promptly and documented in the client's file.
- 4. Program staff conducts home visits to each client at least semi-annually to monitor the delivery of personal care as well as any changes in the client's behavior and functioning which may necessitate a reassessment and/or revision of the client's care plan.
- Client satisfaction questionnaires are distributed annually. All input will be recorded and carefully considered. Viable suggestions for improvement will be implemented.

| Applicant _ | Hale Mahaolu |  |
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#### D. Service Outcomes:

- 1. A Minimum of 10,232 units (unit=hour) will serve elderly and disabled persons in need of personal care services in Maui County.
- 2. 90% of clients served will be satisfied with personal care services received.
- 3. Activities of Daily Living (ADL) for 90% of the number of clients receiving personal care services have stabilized or increased.
- 4. 90% of clients receiving personal care services have maintained the quality of an independent life style with dignity.
- 5. 100% of clients served remained free from harm during the period that personal care service was provided.
- 6. 100% of clients receiving personal care services will remain in contact with Program staff for ongoing quality assurance and evaluation.
- 7. 90% of clients served will participate in their cost share of the attendant's fee.
- 8. 90% of primary caregivers will express their satisfaction with respite they received during personal care service.

| Applicant | Hale Mahaolu |  |
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# **Financial**

#### **Budget**

- 1. Budget Forms (next pages):
  - a. Budget request by source of funds (Link)
  - b. Personnel salaries and wages (Link)
  - c. Equipment and motor vehicles (Link)
  - d. Capital project details (Link)
  - e. Government contracts, grants, and grants in aid (Link)
- 2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2021.

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-----------|-----------|-----------|-----------|-------------|
| \$56,250  | \$56,250  | \$56,250  | \$56,250  | \$225,000   |

- 3. An application has been submitted to Maui County for \$113,000 for FY2021. In addition, an application was submitted for \$10,000 from the Friends of Hawaii Charities. We are also looking at other private foundations to supplement the gap in funding.
- 4. State and Federal tax credits are not applicable to this Program.
- 5. In the past three years, Hale Mahaolu Adult Personal Care Program was awarded State of Hawaii GIA Grants for FY2017 (\$250,000) and FYI2018 (\$200,000). In addition, the Program received from the County of Maui Department of Housing and Human Concerns grants for FY2017 (\$102,907), FY2018 (\$102,907), FY2019 (\$103,000) and FY2020 (\$103,000).
- 6. Hale Mahaolu Personal Care Program has no unrestricted current assets as of December 31, 2019. Program funds are based on service units provided.

# **BUDGET REQUEST BY SOURCE OF FUNDS**

Period: July 1, 2020 to June 30, 2021

Applicant: HALE MAHAOLU (ADULT PERSONAL CARE PROGRAM)

|          | UDGET                                   | Total State         | Total Federal           | Total County           | Total Private/Other    |
|----------|---|---------------------|-------------------------|------------------------|------------------------|
| C        | ATEGORIES                               | Funds Requested (a) | Funds Requested<br>(b)  | Funds Requested<br>(c) | Funds Requested<br>(d) |
| A.       | PERSONNEL COST                          | (4)                 | (5)                     | (0)                    | (6)                    |
| 1^.      | 1. Salaries                             | 26,500              |                         |                        |                        |
| ı        | Payroll Taxes & Assessments             | 2,650               |                         |                        |                        |
| ı        | 3. Fringe Benefits                      | 3,445               |                         |                        |                        |
|          | TOTAL PERSONNEL COST                    | 32,595              |                         |                        |                        |
| В.       | OTHER CURRENT EXPENSES                  |                     |                         |                        |                        |
| -        | Airfare, Inter-Island                   | 750                 |                         |                        |                        |
| l        | 2. Insurance                            | 2.950               |                         |                        |                        |
| ı        | 3. Lease/Rental of Equipment            | 0                   |                         |                        |                        |
| L        | 4. Lease/Rental of Space                | 0                   |                         |                        |                        |
| ĺ        | 5. Staff Training                       | 1,750               |                         |                        |                        |
|          | 6. Supplies/Postage                     | 600                 |                         |                        |                        |
| l        | 7. Telecommunication                    | 800                 |                         |                        |                        |
|          | 8. Utilities                            | 1,200               | 24                      |                        | - VNC I                |
|          | 9. Contractual Services                 | 6,000               |                         |                        |                        |
|          | 10. Independent Audit                   | 1,000               |                         |                        |                        |
| ı        | 11. Car Rental                          | 400                 |                         |                        |                        |
| ]        | 12. Subsistence/Per Diem                | 100                 |                         |                        |                        |
|          | 13. Subsidies to C                      | 176,855             |                         |                        |                        |
| ı        | 14                                      |                     |                         |                        |                        |
| ı        | 15                                      |                     |                         | 1. <del>1. 1. 1.</del> |                        |
|          | 16<br>17                                |                     |                         |                        |                        |
| l        | 18                                      |                     |                         |                        |                        |
|          | 19                                      |                     |                         |                        |                        |
|          | 20                                      |                     |                         | * V.                   |                        |
|          |   | -                   |                         |                        |                        |
| <u> </u> | TOTAL OTHER CURRENT EXPENSES            | 192,405             |                         |                        |                        |
| C.       | EQUIPMENT PURCHASES                     | 0                   |                         |                        |                        |
| D.       | MOTOR VEHICLE PURCHASES                 | 0                   |                         |                        |                        |
| E.       | CAPITAL                                 | 0                   |                         |                        |                        |
| ТО       | TAL (A+B+C+D+E)                         | 225,000             |                         |                        |                        |
|          |   |                     | Budget Prepared         | Bv:                    |                        |
| ٥٥       | URCES OF FUNDING                        | -                   | g                       |                        |                        |
| ١        |   | 005.000             |                         |                        |                        |
|          | (a) Total State Funds Requested         | 225,000             | Reuben Ignacio          |                        | 808-873-0521           |
|          | (b) Total Federal Funds Requested       |                     | Name (Please type or p  | ornit)                 | Phone                  |
|          | (c) Total County Funds Requested        | 113,000             | Brant m                 |                        | 13 2020                |
|          | (d) Total Private/Other Funds Requested | 10,000              | Signature of Authorized |                        | Date                   |
| T^       | TAL BUDGET                              | 240 000             |                         |                        | LTIVE DIRECTOR         |
| 1'0      | TAL BUDGET                              | 348,000             | Name and Title (Please  | type or print)         |                        |
|          |   | - N                 | L                       |                        |                        |

#### **BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2020 to June 30, 2021

Applicant: HALE MAHAOLU (Adult Personal Care Program)

| POSITION TITLE          | FULL TIME<br>EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME<br>ALLOCATED TO<br>GRANT REQUEST<br>B | TOTAL<br>STATE FUNDS<br>REQUESTED<br>(A x B) |
|-------------------------|-------------------------|--------------------|---|--|
| Program Director        | 100                     | \$70,000.00        | 25.00%  | \$ 17,500.00                                 |
| Program Manager         | 0.5                     | \$26,000.00        | 25.00%  | \$ 6,500.00                                  |
| Program Supervisor      | 0.1                     | \$10,000.00        | 25.00%  | \$ 2,500.00                                  |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         | 1000                    |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         |                         |                    |   | \$ -   |
|                         | -                       |                    |   | \$ -   |
| TOTAL:                  |                         |                    |   | 26,500.00                                    |
| JUSTIFICATION/COMMENTS: |                         |                    |   |  |

# **BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2020 to June 30, 2021

Applicant: HALE MAHAOLU (Adult Personal Care

| DESCRIPTION<br>EQUIPMENT | NO. OF | COST PER | TOTAL<br>COST | TOTAL<br>BUDGETED |
|--------------------------|--------|----------|---------------|-------------------|
|                          |        |          | \$ -          |                   |
|                          |        |          | \$ -          |                   |
|                          |        |          | \$ -          |                   |
|                          |        |          | \$ -          |                   |
|                          |        |          | \$ -          |                   |
| TOTAL:                   |        |          |               |                   |
| JUSTIFICATION/COMMENTS:  |        |          |               |                   |
|                          |        |          |               |                   |

| DESCRIPTION OF MOTOR VEHICLE | NO. OF<br>VEHICLES | COST PER<br>VEHICLE | TOTAL<br>COST | TOTAL<br>BUDGETED |
|------------------------------|--------------------|---------------------|---------------|-------------------|
|                              |                    |                     | \$ -          |                   |
|                              |                    |                     | \$ -          |                   |
|                              |                    |                     | \$ -          |                   |
|                              |                    |                     | \$ -          |                   |
|                              |                    | , ,                 | \$ -          |                   |
|                              |                    |                     |               |                   |
| TOTAL:                       |                    |                     |               |                   |

JUSTIFICATION/COMMENTS: NOT APPLICABLE TO THIS PROGRAM

# **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2020 to June 30, 2021

Applicant: HALE MAHAOLU (Adult Personal Ca

| TOTAL PROJECT COST | ALL SOURCE<br>RECEIVED IN | S OF FUNDS<br>PRIOR YEARS | STATE FUNDS<br>REQUESTED | OF<br>FUNDS REQUESTED | FUNDING REQUIRED IN<br>SUCCEEDING YEARS |             |
|--------------------|---------------------------|---------------------------|--------------------------|-----------------------|---|-------------|
|                    | FY: 2018-2019             | FY: 2019-2020             | FY:2020-2021             | FY:2020-2021          | FY:2021-2022                            | FY:2022-202 |
| PLANS              |                           |                           |                          |                       | ·                                       |             |
| LAND ACQUISITION   |                           |                           |                          |                       |   |             |
| DESIGN             |                           |                           | 1.5                      |                       |   |             |
| CONSTRUCTION       |                           |                           |                          |                       |   |             |
| EQUIPMENT          |                           |                           |                          |                       |   |             |
| TOTAL:             |                           |                           |                          |                       |   | ·           |

# **GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: HALE MAHAOLU (Adult Personal Care Program)

Contracts Total:

103,000

|          | CONTRACT DESCRIPTION |  |  | GOVERNMENT<br>ENTITY<br>(U.S. / State / Haw /<br>Hon / Kau / Mau) | CONTRACT<br>VALUE  |
|----------|----------------------|--|--|---|--|
| 1        | Adult Personal Care  | 7/1/2019 - 6/30/2020   | <b>Dept Housing &amp; Human Concerns</b> | County of Maui  | 103,000  |
| 2        |                      |  |  |   |  |
| 3        |                      |  |  |   |  |
| 4        | ,                    |  |  |   |  |
| 5        |                      |  |  |   |  |
| 6        |                      |  |  |   |  |
| 7        |                      |  |  |   |  |
| 9        |                      |  |  |   |  |
| 10       |                      |  |  |   |  |
| 11       |                      |  |  |   |  |
| 12       |                      |  |  |   |  |
| 13       |                      |  |  |   |  |
| 14       |                      |  |  |   |  |
| 15       |                      |  |  |   |  |
| 16       |                      |  |  |   |  |
| 17       |                      | The second secon |  | 3 11A-0-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1                     |  |
| 18       |                      |  |  |   | A many the Hambarita Country of State o |
| 19       |                      |  |  |   |  |
| 20       |                      |  |  |   |  |
| 21       |                      |  |  |   |  |
| 22       |                      |  |  |   |  |
| 23       |                      |  |  |   |  |
| 24       |                      |  |  |   |  |
| 25       |                      |  |  |   |  |
| 26       |                      |  |  |   |  |
| 27       |                      |  |  |   |  |
| 28<br>29 |                      |  |  |   |  |
|          |                      |  |  |   |  |
| 30       |                      |  |  |   |  |

| Applicant _ | Hale Mahaolu |  |
|-------------|--------------|--|
|             |              |  |

# **Experience and Capability**

#### 1. Necessary Skills and Experience

Hale Mahaolu Personal Care Program has been serving Maui County disabled adults since 1985. The goals of Hale Mahaolu Personal Care Program are to prevent premature or inappropriate institutionalization of disabled adults 18 years and older, to prevent or remedy abuse or neglect, to promote their self-sufficiency, dignity, and to help them achieve, restore, or maintain the quality of their independent life style and self-direction. These goals can be realized through the provision of in-home personal care when assisting clients with their activities of daily living, and assisting in coordinating other needed services to achieve their independence. Caring for these clients in their own home will also help to prevent/reduce caregiver burn out, reduce costs of long-term care for families, communities, and government.

Hale Mahaolu Personal Care staff (Program Director, Program Supervisor (RN), Program Manager) screen for qualified and compatible personal care attendants through the Program's registry of trained personal care attendants who meet the individual's needs in maintaining an independent lifestyle. These attendants may engage in stand-by assistance, supervision or cues, companionship, assist clients in activities of daily living such as bathing, grooming, hygiene, toileting, feeding, range of motion, and other services necessary to assure and maintain and/or improve the client's quality of life, while maintaining the client's dignity and privacy, when caring for them in the comfort and privacy of their own home.

Hale Mahaolu carefully matches each client with an attendant, however, the client has the right to accept or refuse the attendant. Hale Mahaolu believes in promoting the client's independence, dignity, and maintaining as much control of their situation as possible by respecting and supporting their right to choose.

Hale Mahaolu is currently providing personal care services through County funds appropriated by the DHHC Grant for FY2020 in the amount of \$103,000.

#### 2. Facilities

Services are provided at each client's home, therefore the only facility required to operate this Program is an office for Program staff. The Program office is located within Hale Mahaolu Elima Senior Housing site. It is accessible to clients with physical disabilities. Hale Mahaolu provides the office space on an in-kind basis (market value \$16,500) and the necessary equipment (computer, fax, phone, etc.) to administer the Program.

| Applicant <u>naie Manadiu</u> | Applicant _ | Hale Mahaolu |
|-------------------------------|-------------|--------------|
|-------------------------------|-------------|--------------|

# Personnel: Project Organization and Staffing

#### 1. Proposed Staffing, Staff Qualifications, Supervision and Training

Program staff consists of one full-time Program Director and one part-time (.50 FTE) Program Manager and Program Supervisor (RN) who is a casual employee

#### Program Director

The Personal Care Program Director, under the general supervision of the Executive Director, administers the Personal Care Program. The Program Director succeeded the position in May 2019 has been administering the Program since 1994.

#### Specific Duties and Responsibilities:

- Interview and assess potential clients, establish individualized care plan based on client needs and available resources. Prepare and maintain case folders on each client. Obtain necessary information and signed Statement of Understanding between Client and Hale Mahaolu. Obtain physician's recommendations and approval of care plan. Monitor client's progress during home visits and telephone follow-ups. Amend care plan as needed. Recertify clients annually.
- Register potential Personal Care Attendants (PCAs). Maintain registry and refer Personal Care Attendants to Clients. Obtain completed information form and signed Statement of Understanding between Personal Care Attendant and Hale Mahaolu. Complete reference and criminal history checks on PCAs. Monitor and observe skills, tasks completed, client interaction, and observance of cultural respect and knowledge of individual case.
- Maintain registry and refer Personal Care Attendants to Clients and caseworkers as necessary. Keep records of all referrals made, comments and/or complaints about Personal Care Attendants, and reasons for refusal of referrals.
- 4. Answer calls and respond to inquiries from public, other agencies, and/or participants about Program. Make referrals to appropriate agencies.
- 5. Compile and maintain data from Program statistics: # of participants, hours serviced, PCA contracted by client, funds expended, etc.
- 6. Administer budget for both administrative expenses and subsidy payments. Assist in ongoing efforts to obtain funding for Program, including preparation

| Applicant _ | Hale Mahaolu |  |
|-------------|--------------|--|
|             |              |  |

and delivery of funding proposals and testimony.

- 7. Maintain correspondence for Program, including but not limited to letters, forms, flyers, and proposals.
- 8. Make home visits as often as necessary (but at minimum annually) to clients and follow-up phone calls.
- 9. Collect client subsidy request forms and distribute bi-monthly subsidy checks.
- 10. Compute client subsidy request forms and submit to accounting office for reimbursement.
- 11. Attend Case Management Coordination Program (CMCP), Interdisciplinary Team (IDT) meetings once a month. Maintain communication with PHN/CMCP regarding client's status. Participate in health related community activities and long term care issues.
- 12. Prepare quarterly and annual reports to appropriate government agencies.
- 13. Attend seminars, workshops, conferences, hearings, etc. pertinent to personal care and related issues. Attendance may include overnight off-island trips.
- 14. Verify/update Clients' income information and cost share annually.
- 15. Direct and supervise Program Manager in daily duties.
- 16. Skills check of personal care attendants.
- 17. Other duties as deemed necessary to maintain or enhance the quality of the Personal Care Program.

#### Qualifications

- 1. BA Social Work; current cardiopulmonary resuscitation certification, and tuberculosis clearance.
- 2. Minimum of two years supervisory experience.
- 3. Word processing and spread sheet experience.
- 4. Must be able to communicate effectively by telephone, by written correspondence, and in person.
- 5. Must be patient and compassionate in dealing with elderly, disabled, and/or

| Applicant | Hale Mahaolu |  |
|-----------|--------------|--|
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confused people from various cultural backgrounds.

- 6. Must be able to understand and work within Program budget.
- Knowledge of or willing and able to learn about long-term care in general and current changes affecting adult and elderly clients, and government regulations.
- 8. Must be able to prepare and submit detailed requests for funding from government and/or private sources.
- 9. Must be able to perform public relations duties, including advocating for clients at the State Legislature, speaking before interested groups, etc.
- 10. Continues ongoing training to meet the needs of adult and elderly care issues.

#### Program Manager.

The Program Manager works under the supervision of, and assists the Program Director in administering the Personal Care Program and performs in the absence of the director. The Program Manager has been assisting the Program since 2012.

#### Specific Duties and Responsibilities

- 1. Interview potential clients, prepare and maintain case folders on each case. Obtain necessary information and signed Statement of Understanding between Client and Hale Mahaolu.
- Register potential personal care attendants. Maintain registry and refer PCAs
  to Clients. Obtain completed information form and signed Statement of
  Understanding between PCA and Hale Mahaolu.
- 3. Answer calls and respond to inquiries from public, other agencies, and/or participants about Program. Make referrals to appropriate agencies.
- 4. Assist in maintaining correspondence for Program, including but not limited to letters, forms, flyers, and proposals.
- 5. Make home visits as necessary to clients in absence of director.
- 6. Collect client subsidy request forms and distribute bi-monthly subsidy checks.
- 7. Attend CMCP/IDT meetings in absence of Program Director. Maintain

| Applicant _ | Hale Mahaolu |
|-------------|--------------|
|             |              |

communication with PHN/CMCP regarding clients.

- 8. Attend seminars, workshops, conferences, Legislative hearings, etc., as directed by the Program Director or the Executive Director. Attendance may include overnight off-island trips.
- 9. Assist Program Director in annual verification/update of clients' income information.
- 10. Other duties as deemed necessary by Hale Mahaolu.

#### Qualifications

- 1. Minimum of one-year experience in health care field.
- 2. Current cardiopulmonary resuscitation certification and tuberculosis clearance.
- 3. Word processing and spreadsheet experience.
- 4. Must be able to do simple math (addition, multiplication, etc.) on client application and subsidy forms.
- 5. Must be able to communicate effectively by telephone, by written correspondence, and in person.
- Must be patient and compassionate in dealing with elderly, disabled, and/or confused people from various cultural backgrounds.
- 7. Must be willing and able to learn about long-term care in general (rudimentary medical knowledge, government regulations, etc.).

#### Program Supervisor

The Personal Care Program Supervisor, under the supervision of the Director must be available for consultation with the Personal Care Attendants when and if needed.

- 1. Be available for consultation with the Personal Care Attendants when and if needed 24/7
- 2. Conduct joint initial and annual home visits

| Applicant _ | Hale Mahaolu |  |
|-------------|--------------|--|
|             |              |  |

#### Qualifications

- 1. Registered nurse with current Hawaii State license, current cardiopulmonary resuscitation certification, and tuberculosis clearance.
- 2. BSN Degree
- 3. Minimum two years of experience in acute, long-term/geriatric care

#### Personal Care Attendants:

Hale Mahaolu maintains a registry consisting of personal care attendants, nurse aides, and certified nurse aides. These attendants are independent contractors who contract directly with a client and/or the client's family to provide quality personal care to the client. Personal Care Attendants:

- 1. Are certified in cardiopulmonary resuscitation and have a tuberculosis clearance, and have been trained for care of disabled adult and elderly clients.
- Are experienced with in-home injury prevention, clients' safety and privacy, universal precautions for infection control, transfers, range of motion, and personal care skills such as:
  - Bathing, hygiene, skin care, oral hygiene, hair care, and dressing.
  - Assistance with bowel/bladder care needs ambulation and transfers.
  - Assistance with medications that is ordinarily self-administered, when ordered by the client's physician.
  - Assistance with wound care and respiratory care, by a PCA with specific training, satisfactory documented performance, and case manager's consent, when ordered by the client's physician.
  - Assistance with feeding, nutrition, meal prep, and other dietary activities.
  - Assistance with exercise, positioning, and range of motion to maintain and/or strengthen muscle tone, and to prevent contractures, decubitus ulcers, and/or deterioration.
  - Taking and recording vital signs, including blood pressure.
  - Maintain environment.
  - Assistance with adaptive equipment and supplies, including care of such

| Applicant | Hale | Mahaolu | 2000 |
|-----------|------|---------|------|
|           |      |         |      |

equipment and supplies.

- Observing and reporting changes in client behavior, functioning, condition, and/or self-care abilities, which may necessitate more or less service.
- Household services following personal care such as cleaning of utensils for meal service, cleaning of bathroom after bathing, cleaning and maintenance of adaptive equipment, bedding changes, etc.), when no other resources are available.
- Escort service to clinics, physician office visits, or other trips for the purpose of obtaining treatment or meeting needs established in the client's care plan, when no other resources are available.
- 3. Are patient and compassionate in dealing with adults and elderly clients who are disabled, and/or confused persons from various cultural backgrounds.
- 4. Communicate effectively by telephone, by written correspondence, and in person.

For placement on the registry, personal care attendants must complete an information form listing qualifications, three non-family references, and other pertinent information. References are contacted and their responses documented in the attendant's file. Attendants are placed on the registry if references are favorable and attendants meet qualification standards. Skills are monitored by Program Director to assure each client has an attendant whose skills are commensurate with their needs.

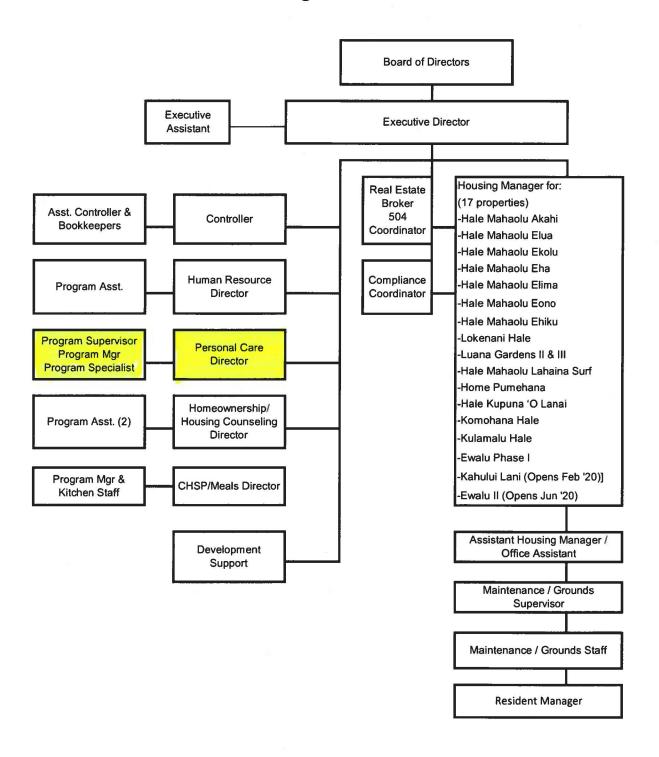
Hale Mahaolu obtains a criminal conviction record and a driver's record check on Program staff and personal care attendants, and maintains a copy of their driver's license and no-fault automobile insurance on file. Information received from these reports is considered prior to employment and/or placement on the registry.

#### **Training**

The Program Director, Program Manager and Program Supervisor attend training workshops and seminars whenever available and appropriate to the Program's goals. These include sessions on in-home care, ethics, ethnic issues, abuse/neglect, medical, legal, and social problems common to the adult and elderly population, and supervisory courses sponsored by the Hawaii Employers Council.

The Program also offers in-service training for staff and for PCAs on the registry, including individual training to meet specific client needs.

# Hale Mahaolu - Organizational Flow Chart



# HALE MAHAOLU PERSONAL CARE PROGRAM Sliding Fee Scale

| Adjusted | l Gross | Client Share | Hale Mahaolu Share |
|----------|---------|--------------|--------------------|
| \$ 0     | 13,670. | Donation     | \$14.00            |
| 13,671   | 14,270. | \$ 2.65      | 11.35              |
| 14,271   | 14,870. | 3.00         | 11.00              |
| 14,871   | 15,470. | 3.50         | 10.50              |
| 15,471   | 16,070. | 3.85         | 10.15              |
| 16,071   | 16,670. | 4.20         | 9.80               |
| 16,671   | 17,270. | 4.55         | 9.45               |
| 17,271   | 17,870. | 4.95         | 9.05               |
| 17,871   | 18,470. | 5.35         | 8.65               |
| 18,471   | 19,070. | 5.70         | 8.30               |
| 19,071   | 19,670. | 6.10         | 7.90               |
| 19,671   | 20,270. | 6.45         | 7.55               |
| 20,271   | 20,870. | 6.85         | 7.15               |
| 20,871   | 21,470. | 7.20         | 6.80               |
| 21,471   | 22,070. | 7.65         | 6.35               |
| 22,071   | 22,670. | 8.00         | 6.00               |
| 22,671   | 23,270. | 8.40         | 5.60               |
| 23,271   | 23,870. | 8.75         | 5.25               |
| 23,871   | 24,470. | 9.15         | 4.85               |
| 24,471   | 25,070. | 9.55         | 4.45               |
|          |         |              |                    |

Effective July 1, 2017

| Applicant _ | Hale Mahaolu |  |
|-------------|--------------|--|
|             |              |  |

#### **Compensation**

Funds received for this Program are strictly for Program staff, operations and direct services. Program funds have never been and are **not** allocated to any of the positions listed here:

1. Executive Director: \$210,125

2. Controller: \$123,000

3. HR Director: \$114,750

# **Other**

#### 1. 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.

#### 2. Licensure or Accreditation

State of Hawaii Home Care Agency licensing is pending (request submitted November 2018).

#### 3. Private Educational Institutions

Grant funds will not be used to support or benefit a sectarian or non-sectarian private educational institution.

#### 4. Future Sustainability Plan

Hale Mahaolu recently applied for a County of Maui (DHHC) grant for FY2021 which is pending. The future of the Adult Personal Care Program is uncertain without the support of the State of Hawaii and/or the County of Maui. The clients served by this Program would not have any other resource to meet their needs.



PERSONAL CARE PROGRAM
P: 808-873-0521 | F: 888-501-6427
11 MAHAOLU, STREET SUITE A
KAHULUI, HAWAII 96732
WWW.HALEMAHAOLU.ORG

June 2019

#### PERSONAL CARE PROGRAM CLIENT SURVEY

Your response to the following questions will help us to serve you better in the future. Please feel free to add any additional comments or suggestions you feel might improve our program.

| 1.           | Are you satisfied with Hale Mahaolu Personal Care Program? Yes No  |
|--------------|--|
|              | comments: Always For All 13 years First Rate   |
| 2.           | Are you satisfied with the services provided by your personal care attendant(s)?  Yes No   |
|              | Comments: Dependable to me Calls It hell be a little late Courteous workers Makesure I'm always safe   |
| 3.           | Do you feel your personal care attendant(s) has helped you to live an independent,   |
| nch <u>.</u> | comments: Keeps me healthy & good Hygieno considering Family member is my Day Time deciregiver is 84 yearsold The Help E receive is sorely Needed.   |
| 4.           | Does your personal care attendant(s) treat you with respect and dignity?  Yes No   |
|              | comments: He treats me with utmost respect bignity He meets my personal care needs, he gets me get ready to the Day. He is A Good Caring Person  |
| 5.           | Would you have been able to remain safely at home, in an independent lifestyle, without  |
|              | assistance through the Personal Care Program?  Yes No V  |
|              | Those of us who need these personal care service   |
|              | cannot Live Healthy, Independent from A family mem   |
|              | this sorvice and the sound |
|              | entering 13 straight vears. That says everything You' Weed to know about   |
|              | to y new about   |



PERSONAL CARE PROGRAM WITH
P: 808-873-0521 | F: 888-501-5427
11 MAHAOLU STREET SUITE A
KAHULUI, HAWAII 96732
WWW.HALEMAHAOLU.ORG

June 2019

# PERSONAL CARE PROGRAM PARTICIPANT SURVEY

Your response to the following questions will help us to serve you better in the future. Please feel free to add any additional comments or suggestions you feel might improve our program.

| 1. | Are you satisfied with services provided by Hale Mahaolu Personal Care Program (Personal Care, Respite, Homemaker, Chore)? Yes X No  |
|----|--|
|    | Comments: always exemple ravy Care   |
| 2. | Are you satisfied with the services provided by your personal care attendant and/or housekeeper? Yes No  Comments: Very efficient  |
|    | Comments: Very Comments  |
| 3. | Do you feel your personal care attendant/housekeeper has helped you to live an independent, meaningful, and dignified lifestyle in a clean and safe environment?  Yes No                 |
|    | Comments: W/ thout it My queality of lefe  |
| 4. | Does your personal care attendant/housekeeper treat you with respect and dignity?  Yes No  |
|    | Comments:  |
| 5. | Would you have been able to remain safely at home, in an independent lifestyle, without assistance through the Personal Care Program (Personal Care, Respite, Homemaker, Chore)? Yes NoX |
|    | Comments: definitely Needed  |





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June 2019

# PERSONAL CARE PROGRAM PARTICIPANT SURVEY

Your response to the following questions will help us to serve you better in the future. Please feel free to add any additional comments or suggestions you feel might improve our program.

| 1. | Are you satisfied with services provided by Hale Mahaolu Personal Care Program (Personal Care, Respite, Homemaker, Chore)? Yes No   |
|----|---|
|    | Comments: Everything is good for the life type of the aging ortgreat help   |
| 2. | Are you satisfied with the services provided by your personal care attendant and/or housekeeper? Yes No   |
|    | Comments: Inone cleanliness and great   |
| 3. | Do you feel your personal care attendant/housekeeper has helped you to live an independent, meaningful, and dignified lifestyle in a clean and safe environment?  Yes No                |
|    | Comments:   |
| 4. | Does your personal care attendant/housekeeper treat you with respect and dignity?  Yes No   |
|    | Show are nice on good geroch  |
| 5. | Would you have been able to remain safely at home, in an independent lifestyle, without assistance through the Personal Care Program (Personal Care, Respite, Homemaker, Chore)? Yes No |
|    | Comments: Without this program the aging  |



# HALE MAHAOLU PERSONAL CARE PR@GRAM

This Program is funded by the State of Hawaii and/or the County of Maui



Personal Care Program
11 Mahaolu Street, Suite A
Kahului, Hawaii 96732



Office Hours: 8:00 a.m. – 4:30 p.m. Monday – Friday

Phone: (808) 873-0521

Fax: (888) 501-6427

# PERSONAL CARE PROGRAM

## What does the Hale Mahaolu Personal Care Program do?

The two basic functions of the Hale Mahaolu Personal Care Program are:

#### REFERRALS

#### **SUBSIDIES**

Referrals are made to Personal Care Attendants (PCAs) who are independent contractors and are available to provide personal care on a contract basis.

Subsidies are available to qualified applicants to help pay for a Personal Care Attendant's fees.

## Who is eligible?

Adults residing on Maui, Molokai, or Lanai, 18 years and older.

Applicants must be at least 18 years old, residing at home on Maui, Molokai, or Lanai, and recommended to the program by a health care professional recognized by the program. Applicants must also be within the program's specified income brackets.

## What kind of personal care assistance can I get?

Any type of domestic or non-medical help, such as, bathing, grooming, hygiene, meal preparation, light housekeeping related to personal care, errands, etc.

Bathing, grooming, and other personal hygiene, meal preparation, feeding, toileting, transfers, assistance with exercise and/or ambulation, and medication reminders, wound care, respiratory care. Limited household and transportation services may be allowed under certain circumstances.

#### How much will this cost me?

As independent contractors, the PCAs are free to set their own rates. The average charge is approximately \$15.00 - \$20.00 per hour. Hale Mahaolu charges no fees for referral services.

Depending on your income level, Hale Mahaolu may reimburse you up to \$14.00 per hour of the PCA's fees.

## How does the program work?

Call the program office and tell our staff what kind of assistance you need. You will need to sign a Statement of Understanding before receiving any referrals. Our staff will assist you in locating a PCA appropriate to your needs and situation. Work schedule, method and rate of payment, etc. are between you and the PCA you contract with. Hale Mahaolu cannot guarantee placement but will do everything possible to ensure your satisfaction.

Call the program office for an appointment or home visit by our staff. Once you have been admitted to the program, you will be given invoices to submit twice per month. Reimbursement will be based on those invoices. Work schedule, method and rate of payment, etc. are between you and the PCA you contract with. Program staff is available to assist you in your relations with your PCA.

# How can I apply for Kupuna Care In-Home Care services?

Contact the Maui County Office on Aging at (808) 270-7774 (Maui), (808) 553-5241 (Molokai), or (808) 565-6818 (Lanai), and ask to speak to an outreach specialist in your geographical area. They will schedule a home visit with you to make an initial assessment of your needs. Upon completion of the assessment, they will make the appropriate referrals for services based on your needs.

Upon receiving a referral from the Maui County Office on Aging, Hale Mahaolu's Program staff will contact you to schedule a home visit. Program staff will do an assessment to develop a care plan to meet your needs, and arrange for attendants to assist you with your needs.

# Who is eligible?

Adults 60 years and older residing in Maui County who need assistance with activities of daily living to remain safely in their own homes.

#### How much will this cost me?

There is no cost to clients for services, however voluntary contributions are welcome.

Contributions received by the program are put back into the program to provide additional service hours for our clients.



This program has been made possible in part by funding from the COUNTY OF MAUI, KUPUNA CARE PROGRAM, STATE OF HAWAII, and/or the OLDER AMERICANS ACT as awarded by the Maui County Office on Aging.



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**KUPUNA CARE** 

IN-HOME CARE SERVICES

### **Personal Care**

Personal care assistance may include any of the following:

- •Bathing, hygiene, grooming, skin care, oral hygiene, hair care, and dressing.
- •Assistance with bowel and bladder care needs.
- Assistance with ambulation and transfers.
- Assistance with medications that is ordinarily self-administered, when ordered by the client's physician.
- •Assistance with feeding, nutrition, meal preparation, and other dietary activities.
- Assistance with exercise, positioning, and range of motion to maintain and/or strengthen muscle tone, and to prevent contractures, decubitus ulcers, and/or deterioration.
- Maintain environment.
- Assistance with adaptive equipment and supplies, including care of such equipment and supplies.
- Observing and reporting changes in client behavior, functioning, condition, and/or self-care abilities, which may necessitate more or less service.
- •Household services following personal care such as cleaning of utensils for meal service, cleaning of bathroom after bathing, cleaning and maintenance of adaptive equipment, bedding changes, etc., when no other resources are available.

# **In-Home Respite**

In-Home Respite offers temporary relief to primary caregivers to have personal time away from the everyday stresses and duties of being a caregiver. The caregiver may use respite time to enjoy leisure activities, take an overnight trip and have "me time" with the knowledge that their care recipient is well cared for by a compassionate and caring attendant. Arrangements for limited 24-hour and overnight care may be provided for caregivers when planned in advance.

Services for the care recipient may include:

- Companionship
- Supervision
- Services noted in Personal Care and Homemaker.
- •Other routine duties normally provided by the caregiver.

## **Attendant Care**

Attendant Care offers assistance, stand-by assistance, supervision or cues, to help maintain the independence of the older adult.

- •Oversight for safety issues to prevent falls and accidents. Friendly visiting and companionship.
- •Assist with home management activities such as sorting and opening mail.
- •Prepare shopping lists, shopping, and storing personal items, food, medicine, household supplies and other purchases.
- •Coordinate and schedule transportation and/or escort to appointments on the bus or arranged transportation as needed.
- •Light housekeeping services noted in Homemaker.

## Homemaker

Homemaker assistance may include any of the following:

- Dusting
- •Sweeping and vacuuming
- Mopping
- Cleaning bathroom (sink, toilet, shower/tub)
- Cleaning kitchen (dishwashing, countertops, stove, removing spoiled foods from refrigerator)
- •Change linens and making the bed
- •Laundry
- •Taking out household trash
- Assist with using telephone
- •Prepare and serve simple meals

# Chore

Chore assistance may include any of the following:

- Occasional cleaning of walls, ceilings, windows, screens, ovens, refrigerators, cabinets, closets, etc.
- •Other household duties as needed

Clients are responsible for providing their own supplies to accomplish needed tasks/chores.

# How can I apply for Home & Community Based services?

Contact your Medicaid plan's service coordinator. They will schedule a home visit with you to make an initial assessment of your needs. Upon completion of the assessment, they will make the appropriate referrals for services based on your needs.

Upon receiving a referral from your Medicaid plan, Hale Mahaolu Personal Care Program staff will contact you to schedule a home visit. Program staff will do an assessment to develop a care plan to meet your needs, and arrange for a personal care attendant to assist you with your personal and home care needs.

# Who is eligible?

Medicaid clients who have been deemed nursing home eligible, residing in Maui County who need assistance with activities of daily living such as bathing, grooming, hygiene, and other personal care needs, to remain safely in their own homes.

#### How much will this cost me?

Your Medicaid plan will usually cover all of your costs, however, there may be a cost share that is determined by your Medicaid plan.



This Program is funded by the State of Hawaii through AlohaCare, HMSA, Kaiser Permanente, Ohana Health Plan and United Healthcare



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MEDICAID WAIVER

HOME & COMMUNITY
BASED SERVICES

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- Mopping
- Cleaning bathroom (sink, toilet, shower/ tub)
- Cleaning kitchen (dishwashing, countertops, stove, removing spoiled foods from refrigerator)
- •Change linens and making the bed
- Laundry
- •Taking out household trash
- Assist with using telephone
- •Prepare and serve simple meals
- Marketing & shopping for household supplies and personal essentials
- •Escort to clinics, physician office visits or other trips for obtaining treatment, when no other resource is available
- •Other household duties as needed

Clients are responsible for providing their own supplies to accomplish needed tasks/chores.