

COPY

House District 1

Senate District 1

THE TWENTY-EIGHTH 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:

Dbas: Kauai Hospice, Inc.

Street Address: 4457 PAHEE STREET LIHUE, HI 96766

Mailing Address: 4457 PAHEE STREET LIHUE, HI 96766

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name TRICIA YAMASHITA

Title OPERATIONS DIRECTOR

Phone # 808-245-7277

Fax # 808-245-5006

E-mail TYAMASHITA@KAUAIHOSPICE.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:

PALLIATIVE MEDICINE PARTNERS, (A PROGRAM OF KAUA'I HOSPICE). A COMMUNITY-BASED PALLIATIVE CARE PROGRAM.

4. FEDERAL TAX ID #

5. STATE TAX ID #

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 137,500.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

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

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

STATE \$ 137,500.00  
 FEDERAL \$ \_\_\_\_\_  
 COUNTY \$ 17,000.00  
 PRIVATE/OTHER \$ 132,000.00

Lori J. Miller Executive Director 1/22/16

NAME & TITLE

DATE SIGNED



RECEIVED

1/22/16

## 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;

In 1983, Kaua`i Hospice was born out of the vision of an exceptional group of people who realized the value of hospice care and wanted it for their families and neighbors. Today, 33 years later, Kaua`i Hospice is the island's only not-for-profit, local, community-based provider of hospice care, having served 223 individual families last year. The vision and mission remains the cornerstone of our work and organizational soul: *to ensure the highest quality of life possible for individuals and their families facing a life-threatening illness; to provide bereavement support to individuals; and to promote an understanding of hospice and palliative care services.* In our most recent round of Family Evaluation and Hospice Care surveys, Kaua`i Hospice continued to outperform the State and National benchmarks. We are proud to announce that 100% of respondents said they would recommend Kaua`i Hospice to others. We also compare total number of deaths at Kaua`i Hospice vs. State Department of Health death statistics by county. Data indicates Kaua`i Hospice demonstrates a continued raising trajectory having served approximately 30%. State data is unavailable at the time of this application deadline for 2015. However, we expect to see a substantial rise in that statistic for year ending 2015 due to the increase in Kaua`i Hospice utilization and our expanding reach to deliver palliative care and supportive services

In the Fall of 2012, Kaua`i Hospice received a grant of \$30,000 from the HMSA Foundation to support efforts to build community and organizational capacity by developing an outpatient hospice-based palliative care program. Hospice and palliative care are the recognized models for quality compassionate care for people facing a life-threatening or life-limiting illness. Hospice is a specially designed program of palliative care patients intended for the last six months of life, whose disease prognosis is determined to be terminal, offering an inclusive care management approach focusing on comfort care and symptom control, specifically pain management. Palliative care extends the principles of hospice care to a broader population of patients who could benefit from receiving this type of care earlier in their illness or disease process.

Like hospice care, palliative care can be provided wherever the patient and family choose to receive it. Palliative care benefits people of all ages who are living with a serious illness. Patients typically have a life expectancy of one to three years or less, depending on the progression of their illness. Palliative care benefits those with cancers, heart diseases, lung diseases,

neurological diseases and many others. Treatment helps relieve painful and irritable symptoms such as shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. Treatment encompasses medical care as well as complementary and integrative therapies, known as palliative arts, including music, art, humor, massage, healing touch, yoga, pets and more. The goal is to help patients find the relief, comfort and strength needed to carry on with daily life attending to things that matter most while receiving the care they want. Families also benefit from palliative care. They are offered practical tools, counseling and support to help cope with the impact of the patients' illnesses and assist with decision-making.

Towards that end, Kaua`i Hospice developed a multilateral, collaborative approach by positioning itself as the leader in our local Kaua`i community to address the following issues in palliative care program development: assessing needs, creating capacity, getting the word out, creatively integrating community resources, addressing financial challenges, and establishing staffing, volunteers, technology and quality. Thus, the establishment of Palliative Medicine Partners, (a program of Kaua`i Hospice).

Building on existing capacity and through fiduciary support of Kaua`i Hospice the program continues to solidify. The Kaua`i medical community continues to demonstrate an interest and willingness to participate in the co-creation and delivery of palliative care models, for clinical inpatient and outpatient services and community/home-based supportive and care services. Kaua`i Hospice's Board of Directors is committed to this initiative and stands firm in its support through sharing of resources, both financial and human.

***Kaua` Hospice humbly requests the assistance of the Twenty-Eighth Legislature State Grant-in-Aid Funds to help ensure the Kaua`i Hospice Palliative Medicine Partners hospice-based community palliative care program may continue to build and expand services to reach full operational capacity.***

2. The goals and objectives related to the request;

By partnering with a broad range of physicians, health care/hospital systems and community agencies to offer the widest possible array of services, Kaua`i Hospice will continue to co-create and establish a model for early access to a defined set of palliative care services, helping to ensure that all Kauaians can enjoy the benefits of quality hospice and wanted palliative care at the time when they need it the most. The goal is to serve 220 unduplicated palliative care patients during the 2017 fiscal period. Those patients and families asking us for this support now represent the elderly, frail and often underinsured populations. They are a cross-section of cultural diversity. The need is great, yet our capacity to fully deliver is the focus for which we request a grant to aid.

Ultimately, Kaua`i Hospice Palliative Medicine Partners program seeks the following subjective outcomes:

- Respect and support patient preferences and honoring wishes
- Improve pain and symptom control towards a relief from suffering (physical, emotional, spiritual)
- Prevent inappropriate emergency department visits and inpatient hospital admissions

- Increase the number of advance care planning conversation as evidenced by a correlated increase in the completion of advance directives
- Increase patient and family satisfaction with care
- Increase enrollment of patients— including more appropriate and timely admissions into both palliative care and hospice programs
- Increase clinician knowledge of end-of-life programs
- Demonstrate cost effectiveness

### 3. The public purpose and need to be served;

There is no doubt that Americans are frustrated with traditional models of end-of-life care. Frustrated and deeply conflicted, as evidenced by two polar-opposite patient-care movements in recent years.

One has been the movement led by some patient advocates to legalize physician-assisted suicide as a means of ending the suffering of terminally ill patients. This movement, which in 1994 led to a voter-approved initiative in Oregon that legalized physician-assisted suicide under certain conditions, offers an extreme solution to a widespread problem of pain control and individual choice. Gone are the days—only a few generations ago—when Grandma lingered in the back bedroom under the watchful care of the family doctor and took her final departure surrounded by family members and close friends. Research shows, although most Americans still prefer to die at home, about 75% of deaths occur in hospitals and nursing homes. Indeed, most terminally ill Americans experience what has been called an “Invisible Death”. Sequestered in healthcare institutions, they spend their last days—sometimes their last weeks and months—isolated from family and friends, under the care of medical strangers who have had little or no instruction in the “art of dying.” For many of the dying, quality of life is sacrificed as they undergo “heroic” treatments that too often are medically futile and inappropriate, not to mention expensive. An estimated 10% to 12% of our nation’s total health care costs each year are spent on end-of-life care as reported by leading end-of-life and palliative care experts, Scitovsky and Emanuel & Emanuel.

In the *New England Journal of Medicine* of June 17, 2004, Drs. Meier and Morrison write, “There is abundant evidence that the quality of life during the dying process is often poor, characterized by inadequately treated physical distress, fragmented care systems, poor to absent communication between doctors and patients and families, and enormous strains on family caregiver and support systems.” These outcomes are in large part a result of our recent healthcare revolution, which has given rise to high-tech treatments that can extend life but also prolong dying, leaving some desperate souls to wonder “When is enough enough?”

The opposite movement has not been political in nature but rather represents a shift in patient use of hospice care. Medicare introduced the hospice program in 1983 as an optional benefit for achieving a “good death” that substitutes “high-touch” for high tech. Widely recognized as effective in improving quality of life for terminally ill patients, hospice programs provide a range of services to control pain and provide comfort care, primarily to individuals in their own homes. In the past decade, the number of Medicare patients receiving hospice care has more than doubled. Today, about 20 percent of patients who die in the United States receive hospice care.



But average lengths of stay in hospice have been dropping, from 64 days in 1992 to 48 days in 1999 (National Health Organization, 2000). The US Government Accountability Office (GAO) in 2000 estimated, twenty-eight percent of Medicare patients in the hospice program receive hospice care for one week or less. One reason for this shift in hospice use is patient unwillingness to forego curative care—and to abandon hope despite a poor prognosis. The Medicare hospice program pays for care necessary for pain control and other symptom management related to the primary diagnosis, but not those aimed at curing the patient.

As a result, many seriously ill patients resist the program because “it shuns treatment and is a strong marker for imminent death (The Center to Improve Care of the Dying, 2000).” Healthcare officials speculate that with the development of new treatment options for life-threatening conditions, terminally ill patients are waiting to enroll in hospice programs until after they have exhausted all other alternatives (GAO, 2000). As one healthcare observer put it, “They are simply unwilling to promise to die on schedule.”

This see-sawing between medically inappropriate care and too little care has prompted calls for change and for blended models of care that view relief of suffering and cure of disease...as twin obligations of a medical profession that is truly dedicated to patient care. One such blended model is a Palliative Care Program.

***Kaua`i Hospice humbly requests \$137,500 from The Twenty-Eighth Legislature to support our efforts to expand the capacity of the Palliative Medicine Partners (herein, PMP) hospice-based community palliative care program throughout Kaua`i County.*** Hospice and palliative care are the recognized models for quality compassionate care for people facing a life-threatening or life-limiting illness. Hospice is a specially designed program of palliative care patients whose disease prognosis is determined to be terminal, offering an inclusive care management approach focusing on pain management, symptom control and comfort care. *Palliative care extends the principles and expertise present in the delivery of professional hospice care while reaching upstream to a broader population of patients who could benefit from receiving this type of care earlier in their serious and complex illness or disease process.*

4. Describe the target population to be served; and

Proudly, in Hawaii, Kaua`i Hospice is at the forefront of the outpatient community-based palliative care development among our peer hospices across the state. Due to leadership’s visioning, financial support from the HMSA Foundation, expertise, advance planning and comfort with courageously taking risks to move forward, we are very well positioned to do the necessary work to assure continued delivery of high-quality care for individuals who are suffering, whether in the last six months of life or further upstream in their complex illness.

Based on current growth and successfully obtaining funding support, the PMP estimates increasing the referral rate by a minimum of 25% and serving approximately 220 unduplicated patients, of which 80% will be elderly and/or low-income and 20% of Veteran status.

5. Describe the geographic coverage.

Kaua`i County (Kaua`i and Ni`ihau islands) is the northern most of the main Hawaiian Islands and its land mass is about the same size as Oahu. The population of Kaua`i is approximately 70,000 and the residents are spread out over the coastal area which extends for about 75 miles. Lihue is the county government seat, commercial center and transportation hub and sits at the mid-point of the coastal lands.

## 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;

In brief, our model of care for the Palliative Medicine Partners hospice-based community palliative care program, consist of the following:

- I. Patients are identified from one or more of several sources: Primary Care Physicians (PCP), specialists (oncology, cardiac, pulmonary or infectious disease), Emergency Room (ER) physicians, hospital inpatient Palliative Care team, hospitalists, infusion center nurses or self referrals from patient and/or family. After determining eligibility and agreement of the patient to actively participate in the development of their goals of care, the patient and caregiver sign a consent form to be treated on this program.
- II. The patient is seen by the Palliative Medicine Partners MD, and also the RN, and given a full medical assessment. Information gathered will be used to develop a patient-centered plan of care outlining the goals of care with the patient, caregiver and other family members. This MD visit will be billed to a patient's insurance plan, including Medicare, if he/she is insured. Otherwise, it is covered through grants and other designated contributions to this program of Kaua`i Hospice
- III. Within three business days, this Patient-Centered Care Plan is developed and the patient and caregiver agree and consent to this plan, with the understanding the plan can change over time. A copy of this plan is given to the patient (and any others the patient designates) and the patient's PCP and specialists involved in treating this patient. They will also receive copies of any revisions to the plan.
- IV. The RN establishes parameters to be followed on this program based on the patient's goals of care and instruct patient how to measure and keep track of these health parameters. The RN also reviews all medications and dosing and provide disease education. A medication 'comfort pack' appropriate for the underlying condition is left in the patient's home. The patient is instructed to use 24/7 telephone number for any issues/problems that may arise. Our on-call nursing support staff are or will be certified in palliative care and provide the appropriate care for these patients.
- V. The RN follows up with the patient at least every 7 to 14 days, depending on the Plan of Care, to assess status. Depending on the situation, this follow up is telephonic, home or

office visit as determined by the goals of care and the current condition of the patient. Changes to the plan of care are assessed by the RN on a home or office visit. The RN attempts to attend any important meetings between the patient and the treating physician so that further discussions can occur for the patient after this critical meeting with the treating specialist.

- VI. The social worker and chaplain will call the patient and assess needs. Usually no more than one home visit will be made per month. The patient may come into the office for these visits as determined by the Plan of Care.
- VII. The physician will usually make no more than one visit to the patient per month at home or in the office. However, the physician will see the patient if the nurse requires back up for difficult issues. A visit to transition the patient to hospice is not included in this monthly visit as that would be a covered service under the Medicare should the patient choose to elect their hospice benefit.
- VIII. Aide and homemaker services are provided on a limited basis, especially as the patient approaches transition to hospice care. If home health is required for home care of the patient we work with our home health providers to make sure that our RN is the primary nurse on the case and that the home health staff will fulfill its obligations in reporting and will also be part of the Interdisciplinary Team (IDT) to ensure that the patients' goals of care are being honored and that there is no duplication of services.
- IX. The patient is presented to the IDT at least every 15 days and Plan of Care reviewed.
- X. Monthly reports on the patients are communicated to the patients PCP and/or specialist.
- XI. If the patient requires more monitoring than can be provided by the above, then a patient and family reassessment of goals of care will be undertaken. The patient can be transitioned to Hospice care, if appropriate and patient consents.

We market our PMP program to the rather small "captive audience" on Kaua'i. Our Medical Director discusses with physician and nursing groups around the island what types of patients would be appropriate to send to us as consults for hospice or palliative care. This has already been met with great success as our hospice census has more than doubled in the last year. Our care coordination/case management nurse has had a long working relationship with many of the island's specialists as well as most of the PCPs. She routinely discusses with them potential patients that would be appropriate for our program. Our spiritual advisor, who is board certified in chaplaincy, hospice and bereavement, has been working with the religious/spiritual community to keep them informed of Hospice activities and our Palliative Medicine program so that they may pass this information along to their parishioners. Additional marketing to consumers is done through radio advertising and routine articles in the local paper and magazines explaining Hospice or Palliative Medicine. We have several handouts that we give to potential patients explaining in lay terms how we can support them and the important benefits of choices. We leave some of these handouts in specialists and PCP's offices. Through all of these marketing methods we have been identifying patients that would be appropriate for one of our current programs. *The drawback so far has been that we have not been able to provide full services for many of the identified patients because of a lack of reimbursement.* This has resulted in often a single consultative visit with the patient and recommendations being given to the specialist or PCP to help them assist their patients achieve their personal goals for their intended treatment, be it with curative intent or palliation.

HMSA has provided us with videos to help initiate many of the necessary discussions with patients and their families. These videos are produced by Dr. Angelo Volandes, MD, MPH of Harvard University, and the Nous Foundation. These 8 -10 minute videos have been translated in almost all languages spoken by patients in Hawaii and deal with such topics as goals of care, CPR (both videos are specific for different diseases), Hospice, feeding tubes, ICU and Advanced Care Planning. We are finding these expertly done videos to be an excellent way to get the conversation started with the patient and their families. Dr. Volandes' idea, which has been demonstrated to work, is to give patients a visual presentation of medical procedures and therapies so they may make informed decisions on how they want to formulate their goals of care. We plan to use these aids with many of our patients and their families to stimulate the discussions, especially around goals of care and Hospice transition.

Kaua`i has three hospitals: Wilcox, a 71 bed private non-profit hospital run by Hawaii Pacific Health; two state related hospitals: Kaua`i Veterans Memorial Hospital (25 acute beds and 20 long-term care beds) and Samuel Mahelona Memorial Hospital (5 acute beds, 60 long-term care beds and 9 psych beds.) With the two smaller state related hospitals, we are able to work directly with the admitting physicians on patient eligibility. These admitting physicians and ER physicians have been participating with Hospice and are now referring patients to palliative care. Care coordination and case management works as it does with the islands' other physicians. At the larger Wilcox Hospital, we work in a coordinated fashion with their small still forming in-house palliative care team, hospitalists and ER physicians. We inform them of our patients who need to be admitted. Since the head of their palliative care team is also one of the hospitalists, more and more, we are referred potential palliative care patients when they are being discharged and they also assist in providing transitioning patients to hospice.

We also have working relationships and contracts with all the Skilled Nursing (SNF) and Long-Term Care (LTC) facilities on Kaua`i to deliver routine hospice care, respite care and general inpatient care. We have good working relationships with these facilities and have hospice patients within these nursing facilities.

The island has only one Home Health Care Agency on the island. This is a tremendous deficit at this point with these health professional shortages affecting a strong delivery of home based care along the continuum of care. We currently have a written working agreement with the agency and it is Medicare/Medicaid certified. We understand the importance of not duplicating services and therefore will be negotiating and assuring how we can coordinate our care without duplication. We hope to co-create a model where our RN is managing the nursing aspects of the patient's care and working with the patient on developing the goals of care and include the Home Health Agency personnel in our IDT for those shared patients to ensure a consistent care plan for the patient.

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

**Outcomes for the 2016 – 2017 Grant Period:** Throughout the reporting period the following outcomes of service shall be quantified on a quarterly basis. Staffing for this model and services provided are as follows:



- The Palliative Medicine physician visits the patient initially in the office or at home (depending on patient need) and then, as medically appropriate, monitors the patient's overall care on a regular basis. This physician will work in a coordinated fashion with the primary and/or specialist physician, the latter of whom is responsible for the medical management of curative intent or palliative disease therapy
- The Palliative Medicine nurse works with the patient and family to monitor and supervise the patient's condition and to teach caregivers how to care for the patient.
- The Palliative Medicine social worker supports the patient and caregiver by listening to and discussing difficult feelings, assisting with practical matters such as giving resource lists of available community resources and working through challenging aging and end-of-life issues
- The Palliative Medicine spiritual advisor/chaplain provides support to the patient and family on spiritual issues. It is interfaith and can assist the patient in dealing with their own spirituality. Bereavement services will be available to all patient's families who die on any of services related to Kaua`i Hospice and its programs. This is a commitment Kaua`i Hospice has already made to the community.
- Nutrition services will be available from our registered dietitian to all patients who require them.
- OT, PT and psychologist/psychiatrist will be available to assist those patients whose Plan of Care are best serviced by these disciplines. These services will be billed to Medicare. In the case of psychologist/psychiatrist, after a psycho-social assessment, we have found that many of the patients who would be eligible for this program are depressed or experiencing situational anticipatory grief and we have been experimenting with offering them "mindfulness" working groups or if needed a full psychological assessment and treatment.
- Kaua`i Hospice will provide volunteer services to these patients as the needs arise. We also have another program called "Share the Care," where a volunteers or groups of volunteers will work as a team or organized care teams with the patient and the caregiver to provide a more comprehensive volunteer assistance program focusing on practical support that can prevent caregiver burnout.
- We will also offer to work with Complementary Medical practitioners to those patients who are seeking alternative forms of treatment in conjunction with western medicine treatments. In our experience, many of our patients, especially Hawaiians, other Pacific Islanders and many different Asians groups, are seeing these practitioners but hiding it from their medical professionals. By working with these practitioners openly, we allow culturally sensitive information to combine with western medical knowledge and can deter practices on both sides that may be harmful or interfere with each other, increasing the likelihood of excellent patient outcomes.
- Acupuncturists, massage therapists, yoga trainers, healing touch and stress reduction methods will also be available to patients who request them. Most of these services would be either paid for by the patient or given voluntarily by the practitioner, unless the patients Plan of Care require a service that maybe covered by Medicare.
- On our small rural island community we can identify eligibility of beneficiaries quite easily. Should there be other programs more appropriate for the level of care wanted or required; these too can be identified whether they are at one of the two hospital systems

(large private, small state) or being offered by one home health agencies or non-profit groups on island.

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

Kaua`i Hospice has a thorough Quality Assurance and Performance Improvement Program (QAPI) which focuses on the following key elements: defined program objectives; methodology for monitoring and evaluating quality of care; priorities for resolution of problems; and monitoring to determine effectiveness of action.

Specific evaluation strategies to be used to assess effectiveness include the following:

- Family Evaluation of Health care services for all patients enrolled
- Physician Critique survey from referring physicians
- Medical Chart Reviews – Peer Reviews
- Supervised RN and Aide visits
- Pre & Post test evaluation are conducted within the volunteer training program, evaluation expectations and skills learned through the session.
- Participants attending support groups begin their session with an evaluation tool assessing expectations. On completion a final questionnaire assesses the effectiveness and overall quality of the sessions.
- Conduct an annual survey of volunteers, requesting feedback on their experience.
- Lecture/in-service surveys are handed out at each session and findings compiled
- Conduct staff evaluations.

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.

PROPOSED PROGRAMS/VENTURES	MEASURES OF EFFECTIVENESS
<b>Education of Community Providers</b>	<ul style="list-style-type: none"><li>• Partner with the (3) Kaua`i island hospitals to provide monthly in-service trainings on Palliative care program services to hospital staff.</li><li>• Designate a new Community Liaison role/staff position, to market and educate community partners of what palliative care is and how the PMP can benefit the community, this will result in growth of the patient census.</li></ul>

<p><b>Increase in referrals from community partners such as:</b></p> <p><b>Private Practice Physicians</b>  <b>Wilcox Memorial Hospital</b>  <b>Samuel Mahelona Memorial Hospital</b>  <b>Kaua'i Veterans Memorial Hospital</b>  <b>Kaua'i Oncology Center</b></p>	<ul style="list-style-type: none"> <li>• Update survey and implementation tools</li> <li>• The program will achieve a 25% increase in referrals from community providers during the fiscal year.</li> </ul>
<p><b>Palliative Care Supportive Services</b></p>	<ul style="list-style-type: none"> <li>• The program will serve 220 unduplicated patients and/or a minimum of a 30% increase over the 2016FY.</li> </ul>
<p><b>Volunteer Services</b></p>	<ul style="list-style-type: none"> <li>• Increase number and utilization of volunteers</li> <li>• Track number of volunteers and services provided</li> <li>• Provide monthly volunteer support meetings</li> <li>• Provide quarterly volunteer educational trainings for current volunteers</li> <li>• Provide quarterly volunteer recruitment community activities</li> </ul>
<p><b>Electronic Medical Records</b></p>	<ul style="list-style-type: none"> <li>• Upgrade and maintain EMR for Palliative Care patient services</li> <li>• Upgrade clinical staff laptop computers and possibly other 'smart' technology to meet the new EMR software requirements to allow for consistent and accessible point-of-care charting.</li> <li>• Maintain security &amp; HIPAA requirements</li> </ul>
<p><b>Public Education on Advance Health Care Directives (AHCD) &amp; Physician Orders for Life Sustaining Treatment (POLST), as well as general education about options for improved quality of life when facing a serious illness</b></p>	<ul style="list-style-type: none"> <li>• Deliver a minimum of thirty-six (36) presentations during the grant period.</li> <li>• Increase awareness/understanding evidenced by post surveys</li> <li>• Track the number of AHCD distributed to community members</li> </ul>

### III. Financial

#### Budget

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

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2017.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$34,375	\$34,375	\$34,375	\$34,375	\$137,500.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.

**FY2016 – 2017 Additional Requested Sources of Funding:**

Kaua`i County Grant	\$17,500.00
Foundations	\$70,000.00
Events/Fundraisers	\$30,000.00
Individual Donors	\$32,000.00

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.

**Tax Credits:** Kaua`i Hospice has not received state or federal tax credits in the last three years. Kaua`i Hospice does not anticipate applying for any state or federal tax credits pertaining to capital projects in the near future.

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.

Kaua`i Hospice has not received and is not projected to receive federal, state, or county contracts and grants for program funding. In 2018 Kaua`i Hospice will participate in the CMS Medicare Care Choices Model. Kaua`i Hospice has been selected as a pilot program location, the only Hospice in the State of Hawai`i to be selected and one of 140 applicants from a national pool of over 3,000 applicants.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.

**Kaua`i Hospice, Inc. Balance of Unrestricted Current Assets as of December 31, 2015:**  
**\$920,309.00**

#### **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.

Established in 1983, Kaua`i Hospice is a free-standing, independent, not-for-profit rural home hospice and Kaua`i's only hospice. Medicare and Medicaid certified Kaua`i Hospice is a member of the National Hospice and Palliative Care Organization, as well as, Kokua Mau: Hawaii's Statewide Association of Hospice and Palliative Care. Kaua`i Hospice is overseen by a volunteer board of directors. Day-to-day leadership is provided by an Executive Director with a Medical Director assuring clinical oversight. Leadership of the model will be provided by a physician. Care coordination and case management is provided by a hospice/palliative care certified nurse and licensed clinical social worker.

Kaua`i Hospice is independent and has working relationships with all of our providers/suppliers. We recently developed a working agreement with Ohana Home Health Care the Medicare/Medicaid certified agency for services they can provide, but we both remain independent entities.

**B. Basic Requirements of Eligible Applicants**

Kaua`i Hospice is pleased to report its good standing as demonstrated by not exceeding the inpatient hospice cap and aggregated hospice cap for the cap years 2012, 2011 and 2010. Additionally, the hospice, hospice employees, board members, directors and administrators have never been sanctioned by and/or suspended from the Medicare program or not allowed to contract with the federal government.

*Hospice Name*           Kaua`i Hospice, Inc.

*Main Address*           4457 Pahee Street, Lihue, HI 96766

*CCN*                       121507

*Tax ID*                   

*Point of Contact*       Lori J. Miller, Executive Director

Kaua`i Hospice, Inc, 4457 Pahe`e Street, Lihu`e, HI 96766

(808) 245-7277 [lmiller@Kaua`ihospice.org](mailto:lmiller@Kaua`ihospice.org)

**B. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The Kaua`i Hospice Harry Jeanette Weinberg Center for Compassion is housed at 4457 Pahe`e Street, Lihue and opened our doors in April of 2008. The Center includes a physician office, patient exam room, a reception area, nursing & administrative offices and a large family meeting area with a capacity of 75 people.

## 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.

Description of staffing positions and roles include but are not limited to the following:

- Medical Director - This person is the MD for the patients enrolled in the palliative care program.
- RN – Certified hospice and palliative care nurses.
- Liaison/Intake RN - (this person maybe the same as the RN) their role would be to encourage participation by beneficiaries in the program and verify that they are appropriate and eligible candidates. They will not do a full assessment of the patient.
- CNA - will perform aide and homemaker services, if needed.
- LCSW- will work with patients on social service needs and completing Advance Directives (AD) and POLST. AD and POLST may also be completed by other team members.
- Board Certified Chaplain- will address patient and family's spiritual needs, including anticipatory grief
- OT/PT- occupational and physical therapist if needed by Plan of Care (Not a hospice employee)
- Registered Dietitian - dietary assistance if needed
- Massage therapist/yoga/stress reduction - these are community volunteers or for hire and will be offered to patient to be used as needed (Not a hospice employee)
- Acupuncturist-community volunteers and will be used as needed or if Plan of Care requires (Not a hospice employee)
- Receptionist/data manage - will schedule appointments, keep records and aid in charting information
- Psychologist - to be used as needed for depression if part of Plan of Care (Not a hospice employee)
- Volunteer Coordinator - will organize community volunteers and "Share the Care" volunteers to assist patient and caregiver if needed
- Billing - will do Medicare billing for the program

**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.

SEE ATTACHMENT "B"

**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..

Lori J. Miller	Executive Director (1. FTE)	\$91,520
Robert S. Weiner, MD	Medical Director (.62 FTE)	\$92,500
Michael Plumer, MD	Associate Medical Director (.62 FTE)	\$92,500

**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.

No pending litigation or outstanding judgments.

**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.

Kaua`i Hospice is Medicare certified and in good standing regarding all Medicare conditions of participation.

**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.

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



**D. Future Sustainability Plan**

Kaua`i Hospice will continue to build and maintain relationships with donors and sponsors, as well as make ongoing efforts to apply for financial support through private and public foundations as they become available. In addition, Kaua`i Hospice will continue to garner partnerships with the insurance industry, Kaua`i Island Hospitals and private healthcare businesses to expand reimbursement practices as palliative care services continue to show cost saving benefit. Kaua`i Hospice has a longstanding history of providing excellent services for more than 30 years.

The applicant shall provide a plan for sustaining after fiscal year 2016-17 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2016-17, but
- (2) Not received by the applicant thereafter.

**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, 2015.

Certificate of Good Standing: (See attachment "C")

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: KAUAI HOSPICE, INC.

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	86,994	n/a	14,215	85,536
2. Payroll Taxes & Assessments	8,592		1,360	8,448
3. Fringe Benefits	11,814		1,925	11,616
<b>TOTAL PERSONNEL COST</b>	<b>107,400</b>		<b>17,500</b>	<b>105,600</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance	1,800			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training	2,000			
6. Supplies	7,500			3,000
7. Telecommunication				
8. Utilities				14,400
9. Marketing	3,000			2,800
10. Dues License and Subscription	1,200			2,000
11. Mileage	4,000			3,200
12. Recruitment	800			1,000
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>20,300</b>			<b>26,400</b>
<b>C. EQUIPMENT PURCHASES</b>	<b>9,800</b>			
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>137,500</b>		<b>17,500</b>	<b>132,000</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	137,500	Tricia L. K. Yamashita <span style="float: right;">808-245-7277</span>		
(b) Total Federal Funds Requested		Name (Please type or print) <span style="float: right;">Phone</span>		
(c) Total County Funds Requested	17,500			
(d) Total Private/Other Funds Requested	132,000	Signature of Authorized Official <span style="float: right;">Date</span>		
<b>TOTAL BUDGET</b>	<b>287,000</b>	Operations Director, Kauai Hospice, Inc.		
		Name and Title (Please type or print)		

**BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2016 to June 30, 2017

Applicant: KAUA'I HOSPICE, INC.

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
HOSPICE & PALLIATIVE CARE PHYSICIAN	0.3	\$180,000.00	10.00%	\$ 18,000.00
PATIENT CARE MANAGER, RN MSN	1	\$77,500.00	25.00%	\$ 19,375.00
PATIENT CARE COORDINATOR, RN	4	\$212,800.00	25.00%	\$ 53,200.00
PALLIATIVE CARE PRORGRAM COORDINATOR, MSW	1	\$68,000.00	28.00%	\$ 19,040.00
COMMUNITY LIAISON	1	\$36,000.00	100.00%	\$ 36,000.00
VOLUNTEER COORDINATOR	1	\$30,000.00	30.00%	\$ 9,000.00
SPIRITUAL & BEREAVEMENT CARE COORDINATOR	1	\$58,000.00	30.00%	\$ 17,400.00
ADMISSIONS COORDINATOR	1	\$73,500.00	20.00%	\$ 14,700.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				<b>186,715.00</b>
<b>JUSTIFICATION/COMM</b> BOTH THE PHYSIAN, PCM & PCC ARE ABLE TO PROVIDE CLINICAL SUPPORT TO PATIENTS ACCESSING PMP SERVICES. THE PHYSICIAN WILL DIVIDE HIS TIME				

Between Hospice and Palliative Care programs. When the PMP census reaches a level that demands his full-time oversight his time will be adjusted accordingly. The Community Liaison is a new position

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: KAUAI HOSPICE, INC.

Period: July 1, 2016 to June 30, 2017

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
COMPUTER	4.00	\$1,200.00	\$ 4,800.00	8000
COMPUTER SOFTWARE UPDATES & IT MAINTENANCE	N/A	\$1,800.00	\$ 1,800.00	1800
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>	4		\$ 6,600.00	9,800

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

JUSTIFICATION/COMMENTS:



## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: KAUAI HOSPICE, INC.

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2014-2015	FY: 2015-2016	FY:2016-2017	FY:2016-2017	FY:2017-2018	FY:2018-2019
PLANS			N/A			
LAND ACQUISITION			N/A			
DESIGN			N/A			
CONSTRUCTION			N/A			
EQUIPMENT			N/A			
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS: NO CAPITAL FUNDS REQUESTED</b>						

**GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: KAUAI HOSPICE, INC.

Contracts Total: 12,300

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)</b>	<b>CONTRACT VALUE</b>
1	County product enrichment program	FY 2014-2015	KAUAI COUNTY	KAUAI COUNTY	5,000
2	County product enrichment program	FY 2013 - 2014	KAUAI COUNTY	KAUAI COUNTY	5,000
3	Kauai County Grant	FY 2014	KAUAI COUNTY	KAUAI COUNTY	2,300
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**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII 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, 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.

Kaua'i Hospice, Inc.  
(Typed Name of Individual or Organization)



(Signature)

(Date)

1/22/14

Lori J. Miller, Executive Director  
(Typed Name) (Title)



# Kaua'i Hospice

*a special kind of caring*

## 2016 BOARD OF DIRECTORS

### Officers

#### President

Walter "Kamika" Smith III  
General Manager  
Smith's Motor Boat Service  
P.O. Box 333  
Kapa`a, HI 96746  
(w) 821-6882, (cell) 635-5973  
(f) 822-4520  
[kamikas@aloha.net](mailto:kamikas@aloha.net)

#### Secretary

Mark S. Hubbard  
Retired Human Resources Director  
2420 Kanio St.  
Lihue, HI 96766  
(cell) 639-4746  
[markhubbard@hawaiiantel.net](mailto:markhubbard@hawaiiantel.net)

#### Treasurer

Keith R. Yap, CPA  
Treasurer  
Gay & Robinson, Inc.  
1 Kaumakani Avenue  
Kaumakani, HI 96747  
(h) 821-0914 (w) 335-3133  
(cell) 1-808-348-3293  
[kyap@gayandrobinsong.com](mailto:kyap@gayandrobinsong.com)

#### Vice President

Karen J. Davis, RN  
Retired Nursing Administrator  
343 Kihapai Street  
Kapa`a, HI 96746  
(h) 823-6457  
[davisk019@hawaii.rr.com](mailto:davisk019@hawaii.rr.com)

#### Executive Director

Lori J. Miller  
328 Aina Lani Place  
Kapa`a, HI 96746  
(w) 245-7277, (cell) 651-0936  
(h) 822-0500, (fax) 245-5006  
[lmiller@kauaihospice.org](mailto:lmiller@kauaihospice.org)

### Directors

Thomas Lodico  
Manager, Ameriprise Financial  
2644 Alaekea St.  
Lihue, HI 96766  
(w) 245-4950  
(fax) 245-5650, (cell) 635-5404 pref #  
[TLodico@gmail.com](mailto:TLodico@gmail.com)

Anthony K. 'Tony' Pajela  
President, Garden Island Security, Inc.  
4245 Kole Place  
Lihue, HI 96766  
(w) 245-3232, (fax) 245-3636  
(c) 645-1547  
[gis@hawaii.rr.com](mailto:gis@hawaii.rr.com)

Candy McCaslin, MSW  
Public Guardian for Kaua`i  
P.O. Box 478  
Koloa, HI 96756  
(h) 742-7335 (unlisted)  
[candymccaslin@yahoo.com](mailto:candymccaslin@yahoo.com)

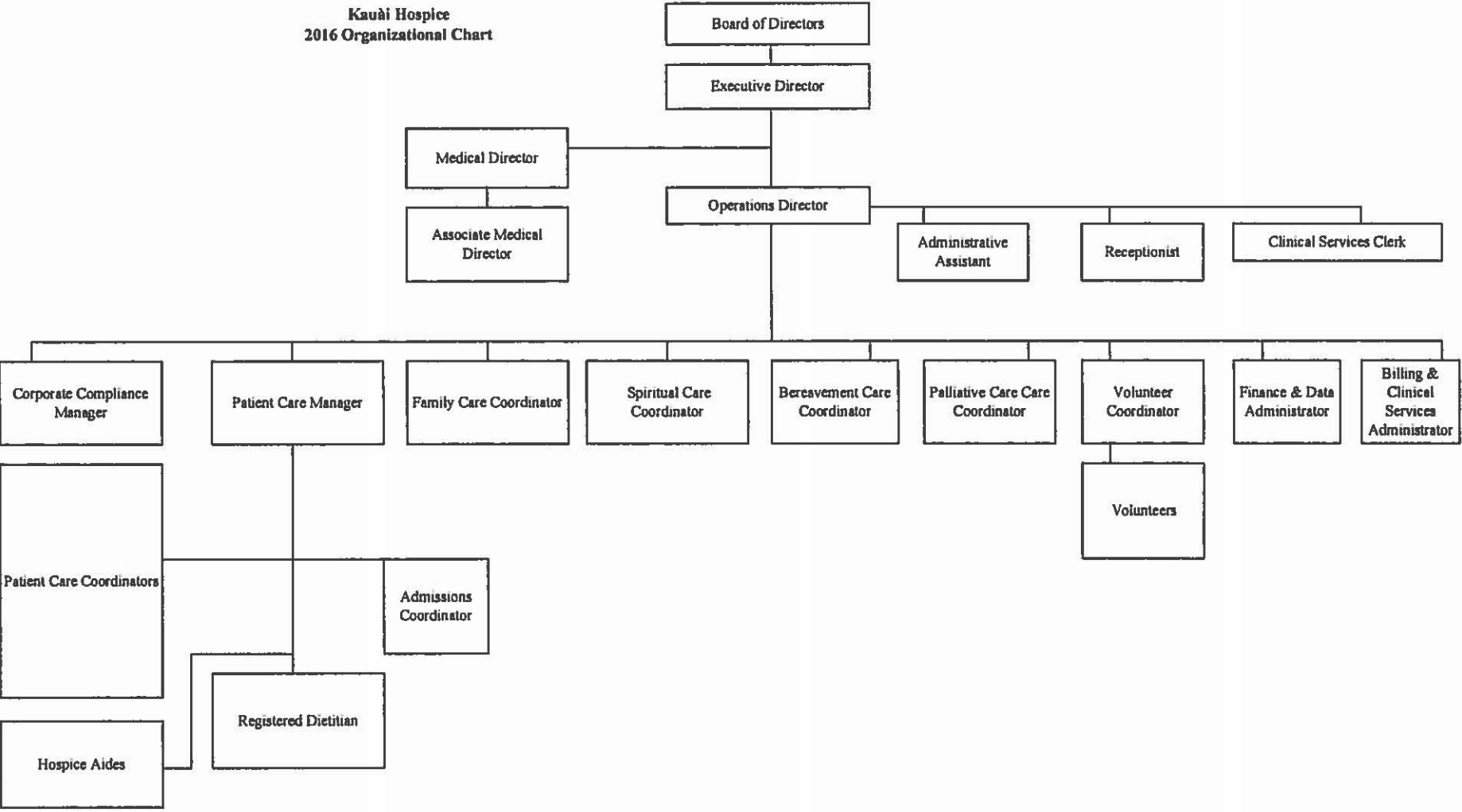
Jim Saylor  
President, Jim Saylor Jewelers  
1318 Kuhio Hwy.  
Kapaa, HI 96746  
(w) 822-3591, (fax) 822-9898  
(h) 822-3603, (cell) 639-1116  
[jsaylor@aloha.net](mailto:jsaylor@aloha.net)

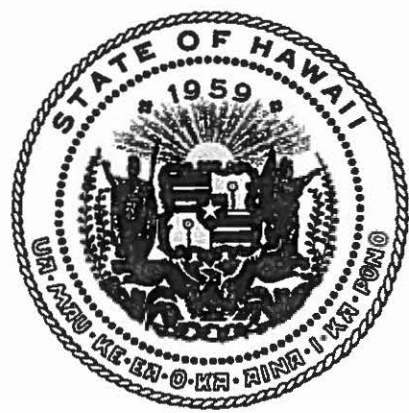
Marynel Palalay Valenzuela  
President/Owner  
Ink Spot Quality Printing Corp.  
4100 Rice Street #10  
Lihue, HI 96766  
(w) 246-0147, (fax) 246-0283  
(cell) 634-7853  
[print@inkspotkauai.com](mailto:print@inkspotkauai.com)

Roberta L. Weil, PhD  
Retired  
P.O. Box 218  
Anahola, HI 96703  
(h) 821-1288 (cell) 346-1835  
(f) 821-1299  
[berta@hawaii.rr.com](mailto:berta@hawaii.rr.com)



Kauai Hospice  
2016 Organizational Chart





**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

**KAUAI HOSPICE INC.**

was incorporated under the laws of Hawaii on 06/14/1993 ; 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 20, 2016



Director of Commerce and Consumer Affairs