

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.

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 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](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



AUTHORIZED SIGNATURE

SCOTT WHITING, SR. VICE PRESIDENT

PRINT NAME AND TITLE

1/19/24

DATE



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

THE QUEEN'S MEDICAL CENTER

was incorporated under the laws of Hawaii on 06/20/1859 ; 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 17, 2024

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

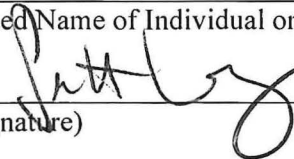
The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

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.
The Queen's Medical Center

(Typed Name of Individual or Organization)


(Signature)

1/12/2024
(Date)

Scott W. Whiting
(Typed Name)
Rev 8/30/23

Sr. Vice President – The Queen's Health System
(Title)

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

The Queen's Medical Center

Amount of State Funds Requested: \$ 450,000

Brief Description of Request (Please attach word document to back of page if extra space is needed):

The requested funding will be utilized to pay for three (3) registered nurses to augment the Queen's coordinated care program that focuses on complex care coordination and management as well as transitional care services for underserved and at-risk patients (including Native Hawaiian, Pacific Islander, and Filipino communities). This program has shown to increase access to care, reduce overall total cost of care, improve health outcomes (especially for those with chronic conditions)

Amount of Other Funds Available:

State: \$ _____

Federal: \$ _____

County: \$ _____

Private/Other: \$ _____

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 166,000 (State GIA-2023)

Unrestricted Assets:

\$ _____

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

- 501(C)(3) Non Profit Corporation
- Other Non Profit
- Other

Mailing Address:

550 South Beretania Street

City: State: Zip:

Honolulu HI 96814

Contact Person for Matters Involving this Application

Name:
Hermina (Mia) H. Taylor

Title:
Director, Community and Post Acute Care Service

Email:
htaylor@queens.org

Phone:
808-691-7283

Federal Tax ID#:

██████████

State Tax ID#

██████████



Authorized Signature

Scott W. Whiting, Sr. Vice-President
Name and Title

1/19/24
Date Signed

Application for Grants

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

I. Certification – Please attach immediately after cover page

1. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2023.

Attached is a copy of THE QUEEN'S MEDICAL CENTER certificate of good standing from the Department of Commerce and Consumer Affairs (2024)

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes.

The Queen's Medical Center affirms that it complies with the elements contained in Section 42F-103, Hawaii Revised Statutes

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

The Queen's Medical Center affirms the grant will be used for a public purpose pursuant to Section 42F-103, Hawaii Revised Statutes.

II. 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:

The Queen's Health Systems is the largest private, nonprofit acute care medical facility in Hawaii, including four hospitals: Punchbowl Campus, West Oahu Campus, North Hawaii Campus, and Molokai Campus. We have 674 staffed beds between these sites. We also serve outpatient care in the same communities. Our mission is: to fulfill the intent of Queen Emma and King Kamehameha IV to provide, in perpetuity, quality healthcare services to improve the well-being of Native Hawaiians and all the People of Hawaii.

We are seeking funding for three registered nurses (RN) that provide care that is not Currently reimbursed by health insurance. These RN provide unreimbursed care that covers: care management - services to support primary care physicians in the treatment of complex patients; transitional care management that helps reduce potentially preventable readmissions to the emergency department and hospital as well as medical errors; complex care coordination and disease Management that includes disease specific education, testing and treatment, including treatment with culturally attuned programs (including hula).

Our broader goal of this program includes increasing access to overall health care for at risk population – including those with chronic illness. This work seeks to reduce pressure on our already stressed emergency departments at Queen's Manamana (Punchbowl) and West campuses while also lowering the work burden for our primary care physicians and hospitalists. This has an impact to the reduction in overall cost of care while also drastically improving health outcomes for our most at risk communities throughout Oahu. In particular this coordinated and specialized care aims to benefit the Native Hawaiian, Pacific Islander, and Filipino communities.

III. 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;

Work will include: transitional care management, complex care coordination, disease management (if appropriate).

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

As these positions will be augmenting the existing care coordination program at QMC, the timeline is ongoing and will be accounted for on a quarterly basis to comply with the state's GIA requirements.

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

Administrative leadership from the Queen's Care Coalition will conduct a formal assessment with the nurses once a quarter to ensure processes are intact to achieve the goals intended. Data gathered through this program is used to ascertain the effectiveness of the care coordination and track long term effectiveness of care programming.

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.

Nurses and staff will measure the effectiveness of care coordination and management on a regular basis; they will evaluate the effectiveness of the program's overall impact for patient care; including medication adherence, ED utilization, and other health metrics relevant to the program.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#)) N/A
 - d. Capital project details ([Link](#)) N/A
 - e. Government contracts, grants, and grants in aid ([Link](#)) N/A
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2025.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$112,500	\$112,500	\$112,500	\$112,500	\$450,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2025.

N/A

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.

N/A

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2025 for program funding.

N/A

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2023.

V. Experience and Capability

1. Necessary Skills and Experience

The Queen's Medical Center has been providing, planning, and improving these services since 2015. Each year consecutive year we have expanded additional features, programs, services to better support our primary care providers and to improve the health of the population of Hawaii.

Hermína (Mia) H. Taylor, RN, MSN, FNP-BC, APRN-Rx, Queen's Health Systems Community and Post Acute Care Services Director. Taylor is a family nurse practitioner with thirty years of nursing experience in a variety of settings, including hospice and palliative care, infectious diseases, oncology, and critical care. Her leadership roles include clinical education and program development. Mia is a diploma RN and earned her master's degree in nursing from Michigan State University and her bachelor's degree at psychology and sociology from Aquinas College in Grand Rapids, Michigan.

Scott Whiting, Senior Vice President, Chief Population Health Officer, and Queen's Development Corporation President. Whiting manages partnerships and contracts with managed care organizations, and works with Queen's Clinically Integrated Physician Network leadership to define the needs of the market with regard to network development. Whiting has a Master of Business Administration from Harvard Business School, and a Bachelor of Arts in Genetics from Dartmouth College.

2. 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 program shall continue to utilize existing Queen's Medical Center facilities; no new facilities are needed at this time.

VI. Personnel: Project Organization and Staffing

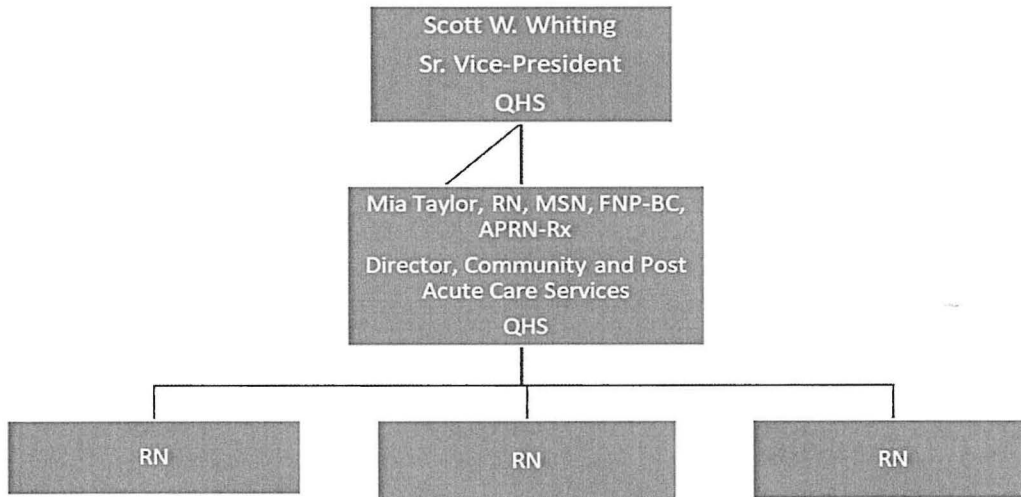
1. Proposed Staffing, Staff Qualifications, Supervision and Training

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.

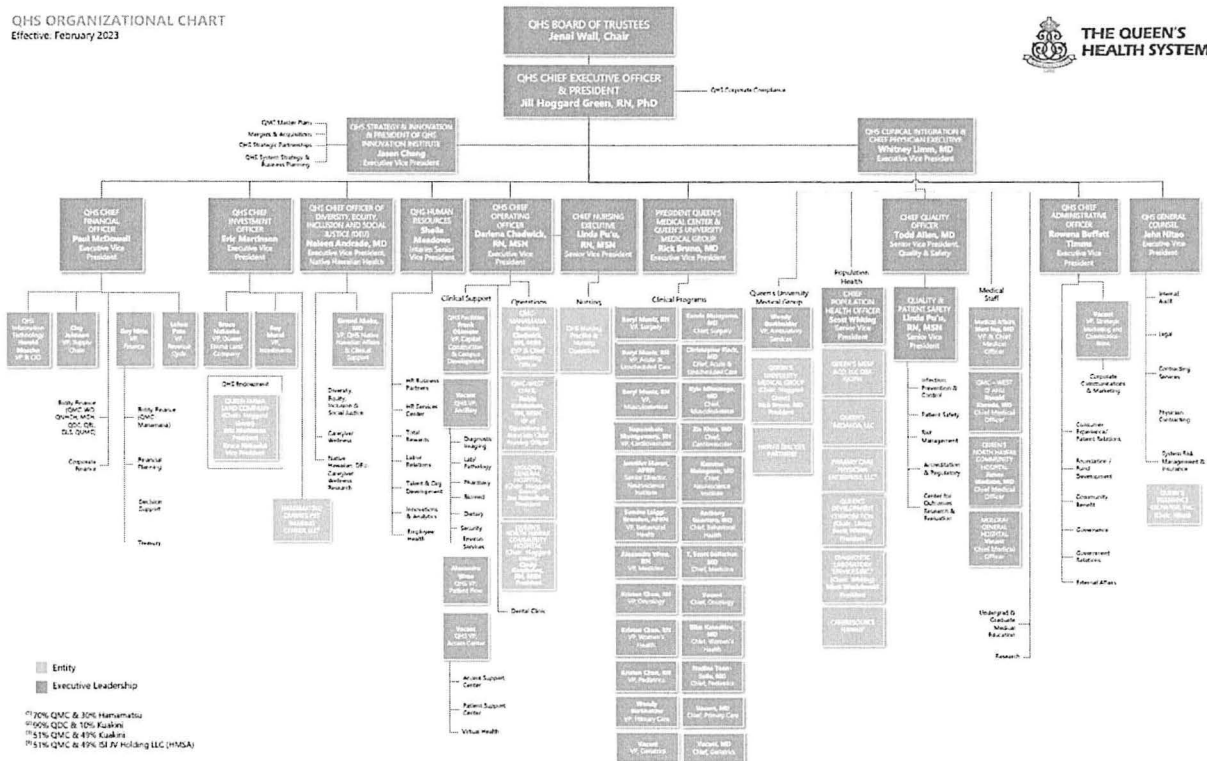
For day-to-day responsibilities and skills, Mia Taylor, will directly supervise the work of the registered nurses being funded via this proposal.

2. 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.



QHS ORGANIZATIONAL CHART
Effective: February 2023



3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

The highest paid personnel for this program are executives and nursing personnel with salaries ranging from \$150,000 - \$400,000.

VII. 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.

N/A

2. 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.

All RN providing services through the proposed project have, and will continue to, meet relevant state licensure and training requirements. No special licensure or accreditation requirements are needed beyond what are already required and met by relevant state, local, and federal agencies and The Joint Commission.

3. 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.

The grant will not be used to support any educational institutions.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2024-25 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2024-25, but
- (b) Not received by the applicant thereafter.

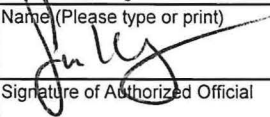
Future funding will be through The Queen's Medical Center and The Queen's Health System.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2024 to June 30, 2025

App

Queen's Medical Center

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	324,000			
2. Payroll Taxes & Assessments				
3. Fringe Benefits	126,000			
TOTAL PERSONNEL COST	450,000			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	450,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested		Scott W Whiting	808-691-7994	
(b) Total Federal Funds Requested		Name (Please type or print)	Phone	
(c) Total County Funds Requested			1/19/2024	
(d) Total Private/Other Funds Requested		Signature of Authorized Official	Date	
TOTAL BUDGET		Sr. Vice President - QHS		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2024 to June 30, 2025

Applicant: _____ Queen's Medical Center _____

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Registered Nurse	1	\$150,000.00	100.00%	\$ 150,000.00
Registered Nurse	1	\$150,000.00	100.00%	\$ 150,000.00
Registered Nurse	1	\$150,000.00	100.00%	\$ 150,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				450,000.00
JUSTIFICATION/COMMENTS:				