### THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

### **CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Gra	nt Request:		
Legal Name of Requesting Organization or Individual: The Rehabilitation Hospital of the Pacific (REHAB)	Dba:		
Amount of State Funds Reque	sted: \$_132,000		
Brief Description of Request (Please attach word document State Grant-in-Aid funding would be used toward the purcha Management System. This system will help mitigate threats campus, strengthening REHAB's ability to respond to emergination recovery.	se, installation and all related to patients, staff and visitors	costs of a new	Nuuanu main
Amount of Other Funds Available:  State: \$\frac{0}{0}\$  Federal: \$\frac{0}{0}\$  County: \$\frac{0}{0}\$  Private/Other: \$\frac{0}{0}\$	Total amount of State Gra Fiscal Years: \$\frac{1}{1},100,000\$ Unrestricted Assets: \$\frac{15}{6}01,264\$	ants Received	d in the Past 5
New Service (Presently Does Not Exist):	Existing Service (Pre	sently in Op	eration):
Type of Business Entity:  501(C)(3) Non Profit Corporation  Other Non Profit  Other	Mailing Address: 226 N. Kuakini Street City:	State:	Zip:
Contact Person for Matters Involving this Application	Honolulu	HI	96817
Name: Stephanie Nadolny, MHA, FACHE Email: stephanie.nadolny@rehabhospital.org	Title: President and Chief Exe Phone: (808) 566-3471	ecutive Offic	er
Federal Tax ID#:	State Tax ID#		

Stephanke Nadalny

Stephanie Nadolny, President & CEO

January 13, 2024

Name and Title

Date Signed

### **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.

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
<ul> <li>6) Budget</li> <li>a) Budget request by source of funds (<u>Link</u>)</li> <li>b) Personnel salaries and wages (<u>Link</u>)</li> <li>c) Equipment and motor vehicles (<u>Link</u>)</li> <li>d) Capital project details (<u>Link</u>)</li> <li>e) Government contracts, grants, and grants in aid (<u>Link</u>)</li> </ul>
7) Experience and Capability
8) Personnel: Project Organization and Staffing

Stephante Nadolny AUTHORIZED SIGNATURE STEPHANIE NADOLNY, PRESIDENT & CEO

January 13, 2024

PRINT NAME AND TITLE

DATE

Rev 9/6/2023 Application for Grants



### 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 (DCCA).

Vendor Name: THE REHABILITATION HOSPITAL OF THE PACIFIC

DBA/Trade Name: THE REHABILITATION HOSPITAL OF THE PACIFIC

Issue Date: 01/17/2024

Status: Compliant

Hawaii Tax#:

New Hawaii Tax#:

FEIN/SSN#: XX-XXX0156 UI#: XXXXXX0453

DCCA FILE#: 29293

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status	
A-6	Hawaii Department of Taxation	Compliant	
8821	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	A status determination has not yet been made
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

### CHAPTER 42F, HAWAI'I REVISED STATUTES DECLARATION STATEMENT OF

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:
- solution in 121 105, reached the secretains with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
- 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; and
- 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.
- 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, 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.

(Typed Name)	(əliiT)
Stephanie Nadolny, MHA, FACHE	President & CEO
(Signature)	(Date)
Stephanse Nadalny	January 13, 2024
(Typed Name of Individual or Organization)	
The Rehabilitation Hospital of the Pacific	

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.

See attached Certificate of Vendor Compliance.

### 2. Declaration Statement

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

See attached Declaration Statement.

### 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.

If awarded State Grant-in-Aid, The Rehabilitation Hospital of the Pacific (REHAB) will use funding toward a public purpose as explained in **Section** *II. Background and Summary, Question 3* below. Funding will be used toward the purchase, installation and all related costs of a new Security Management System. This system will help mitigate threats to patients, staff and visitors accessing the main Nuuanu campus, strengthening REHAB's ability to respond to emergencies and creating a more secure environment that fosters patient recovery.

### 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:

A brief description of the applicant's background;

For the past 70 years, REHAB has been dedicated to rebuilding lives, providing exemplary care for those with physical and cognitive disabilities.

With 82 licensed inpatient beds, three outpatient clinics and a hospital-based physicians clinic, REHAB offers state-of-the-art equipment, specialized experts and powerful programs that are customized for specific needs. Not only have we been a community leader in advanced rehabilitation treatment since 1953, we are also the only facility in the state to offer access to a full continuum of care for inpatient acute rehabilitation and outpatient therapy. This includes wellness programs benefiting adolescents and kupuna statewide who are recovering from strokes, traumatic brain injuries, spinal cord injuries, complicated orthopedic and neurological disorders, amputations, and debilitative diseases. We have the largest staff of board-certified rehabilitation medicine doctors in the state. Our physicians are available 24/7, which sets REHAB apart from other programs where support by physician specialists is not always available.

To address the critical shortage of healthcare workers in Hawaii, REHAB serves as an experiential pipeline for universities and colleges of healthcare professionals in the State of Hawaii through a preceptorship experience across every clinical discipline and level of staffing. REHAB preceptors provide students with clinical experience necessary for the workforce in their chosen field of study, with a focus on rehabilitation medicine.

In 1984, REHAB Foundation was created to support REHAB's mission through philanthropic support – developing strategies that generate revenue through campaigns aimed at offsetting costs for hospital programs impacting the care of patients and their families, including those not covered by private or government insurance. REHAB Foundation provides funding for patient care programs, cutting-edge technologies to restore function, clinical education for hospital staff, capital improvements, financial assistance to patients who are uninsured or underinsured and special projects focused on the hospital's annual area of highest need, all directly impacting the care of patients and their families.

2. The goals and objectives related to the request;

### Goals

- 1. To ensure the safety of patients, staff and visitors by preventing unauthorized access to sensitive areas within the hospital premises.
- 2. To create a more secure environment that promotes patient recovery by minimizing the risk of incidents like violence or disruptions within the hospital.
- 3. To enhance REHAB's ability to respond effectively to emergencies, such as natural disasters, accidents or security threats to mitigate potential harm.

### **Objectives**

- 1. Implement control and monitor access to different areas of the hospital to ensure only authorized individuals can enter specific zones, such as patient care areas.
- 2. Utilize surveillance systems to monitor key areas and enhance situational awareness, strengthening REHAB's response time to any security incidents.

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

REHAB strives to provide the best rehabilitative care possible to patients with cognitive and physical disabilities. Individuals struggling with a debilitating injury or illness resulting in disabilities desperately need a comprehensive, multi-disciplinary approach to rehabilitation to restore function, focus on safety and optimal independence so they can return home, live productive lives and age in place. When a patient or a loved one experiences an unexpected injury or illness resulting in disability, it changes lives forever. Physical and cognitive limitations may leave a person wheelchair bound, perhaps permanently. During this transition, patients must have access to a range of therapies and interventions to help them reach the highest level of functioning to improve their quality of life and live as independently as possible.

REHAB's comprehensive and specialized approach to rehabilitation creates a catalyst for successful community re-entry. Utilizing a range of interventions, REHAB's skilled rehabilitation teams (physical therapy, occupational therapy, speech-language pathology, recreational therapy, nursing, physiatry, social services, case management and psychology) work together to create an individualized roadmap to recovery for each patient to safely transition from the hospital back to family, work and community.

The well-being and safety of patients, staff and visitors is paramount. Unfortunately, active shooter incidents in healthcare facilities have become a concerning trend, with a notable rise in recent years. The high-stress nature of healthcare, coupled with emotional situations involving patients and families can easily escalate into violence. REHAB serves a vulnerable population of patients, including those who have experienced injuries resulting from violence and personal threats, making it imperative that we ensure their safety during their rehabilitation.

With the rising number of individuals experiencing housing crisis in Nuuanu and contiguous communities, REHAB has also recently encountered instances of unauthorized persons accessing areas of the hospital, some with weapons. As the only facility in the state to offer a full continuum of care for inpatient acute rehabilitation and outpatient therapy, REHAB must implement a comprehensive Security Management System that addresses a range of potential emergencies and threats to ensure the safety of patients, staff and visitors by controlling access to the hospital and various areas within the campus, remotely and via card access. This system will also play a crucial role in REHAB's ability to effectively manage and respond to any future natural disasters, fires or medical emergencies.

### 4. Describe the target population to be served; and

Unanticipated accidents, injuries or illnesses strike people of all ages who desperately need REHAB's advanced, intensive therapy and patient education and training to adapt to a new normal. REHAB provides comprehensive care that directly serves patients from early adolescence to kupuna who are suffering from stroke, traumatic brain injuries, spinal cord injuries, orthopedic and neurological disorders, amputations, and

debilitative diseases. Once fully functional, the new Security Management System will serve patients, staff and visitors to the REHAB main campus.

5. Describe the geographic coverage.

As the only comprehensive acute-care rehabilitation hospital serving the Pacific, REHAB and this project will benefit all Hawaii residents, residents of locations throughout the Pacific Basin, and any visitors to the State. While its annual support varies, REHAB serves approximately 50 non-resident patients annually from around the world who experience a recreational accident or unexpected illness while visiting Hawaii. These individuals require acute rehabilitation before they can safely travel and return home.

Without REHAB, residents would need to travel over 2,500+ miles to the mainland for services (for many patients this is not an option due to their medical condition) or forgo the care they need to recover with connection to family, caregivers and community to achieve their optimal potential. In many circumstances, the lack of quality acute rehabilitation will mean greater dependency on caregivers and public support programs and services to live independently and/or age in place.

### 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;

If awarded State Grant-in-Aid, REHAB will use funds toward the purchase and installation of the new Security Management System, as well as toward all other related costs. REHAB will retain the services of a licensed, experienced vendor who will report progress to REHAB Director of Facilities throughout the project period.

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

Upon receiving the Notice to Proceed, REHAB will draw down funds toward the purchase, installation and other related costs of the Security Management System.

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

The President/CEO, VP/CFO and CIO, will be responsible for monitoring and evaluating the Security Management System implementation project. The current process includes the following: vendor selection (including participating in demos, reviewing proposals);

contracting to determine timeline for implementation, including design, data collection, testing, training and education of staff.

In addition to the evaluation and monitoring of this project, the President/CEO, VP/CFO, and CIO work together to ensure that expenses are properly processed on a timely basis, and that the projected expenditures stay within budget. Each year REHAB undergoes a financial audit by certified public accountants to ensure that the financial reporting of the organization complies with U.S. Generally Accepted Accounting Principles.

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.

REHAB will report quarterly progress to the State based upon its pre-established timeline and milestones for this capital project.

### 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)
  - d. Capital project details (Link)
  - e. Government contracts, grants, and grants in aid (Link)

See attached Budget Forms.

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
\$33,000	\$33,000	\$33,000	\$33,000	\$132,000

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

A \$132,000 grant from State GIA would complete funding for the purchase, installation and related costs of the Security Management System.

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.

REHAB has not received any state and federal tax credits within the prior three years, nor has it applied for or anticipates applying for any tax credits for any capital project.

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.

Source	Amount	<u>Purpose</u>
2023 City GIA	\$197,961	Pulmonary Recovery Program
2024 State GIA	\$500,000	Uncompensated Care

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

REHAB's total current assets (unaudited) as of 12/31/23 is \$15,601,264. This amount is subject to change based on the finalization and completion of the FY24 consolidated audit.

### V. Experience and Capability

### 1. 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.

Since 1953, REHAB has been committed to providing the best environment it can for patients, families and staff. We believe in continuous improvement and strive to offer the best quality care and to be among the best rehabilitation hospitals in the nation. Although REHAB was impacted by COVID-19, we continued to serve our community without interruption, touching the lives of approximately 1342 inpatients through the hospital in Fiscal Year (FY) 2023, with an additional 6713 receiving care at outpatient clinics and the Physicians Clinic, our hospital-based outpatient clinic.

As the community's need for acute-care rehabilitation has grown over the years, REHAB has responded by offering specialized therapy programs to assist patients with successfully transitioning back to home, work, and the community. One of our most innovative programs is our new Pulmonary Recovery Program, one of the first of its kind in the state that addresses Oahu's growing need for respiratory illness care, particularly

given the devastating impacts of long-haul COVID. This program is helping COVID survivors increase independence and regain health.

In 2014, REHAB completed a \$17.2 million capital campaign for renovations to the Hospital, which included 82-licensed inpatient rooms, a new outdoor mobility course, cardiac rehabilitation clinic, therapy and treatment gyms, hospital-based physicians clinic, lobby and waiting area, which enhance the quality of a comprehensive patient-centered care model. REHAB also completed installation of an LED Lighting System in 2021 throughout the hospital, including patient spaces, therapy rooms, communal areas, offices and throughout the building's exterior.

REHAB is a licensed nonprofit organization accredited by the Joint Commission, accreditation and certification that is recognized nationwide as a symbol of quality. REHAB has been consistently recognized for Hawaii Business magazine's Top 250, the premier ranking of Hawaii's largest companies and nonprofits. REHAB's Return to Home/Community rate has consistently exceeded national averages year after year, demonstrating our commitment to helping patients become as independent as possible in their own living environments and getting them back to doing the things they love.

REHAB staff responsible for directing the project have the required skills and experience to manage this project. See the qualifications of key staff involved in this project in the section below, *VI. Personnel: Project Organization and Staffing*.

### 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 REHAB main facility is a four-story licensed 82-bed inpatient hospital in Honolulu. The three top floors house inpatient services with each floor housing private and semi-private patient rooms and rehabilitation therapy gyms for physical, speech/audiology and occupation therapy. Inpatient areas also include vision testing, life skills simulation and common patient/caregiver areas. Ground floor contains Nuuanu Outpatient Clinic, Physicians Clinic (specializing in Pain Management and NeuroTrauma Recovery), Cardiovascular and Pulmonary Rehabilitation Clinic, Women's Rehabilitation Clinic, inpatient admissions, patient/customer service lobby, outdoor mobility course and a healing garden.

REHAB also has four specialty clinics: Nuuanu Outpatient Clinic and the Physicians Clinic located on the first floor of the main facility in Nuuanu, Aiea Outpatient Clinic at Pearlridge, and a Hilo Outpatient Clinic on the Big Island. All facilities are ADA compliant.

### 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.

REHAB personnel directly involved in supervising and directing this project include the following:

Stephanie Nadolny, MHA, FACHE, President and Chief Executive Officer is responsible for communicating with the Board of Directors regarding all pertinent project related activities and serves as their fiduciary agent regarding all project-related matters. With more than 25 years of experience in hospital management, Stephanie Nadolny was named REHAB's new CEO, replacing Dr. Timothy Roe who retired in September 2021. Nadolny comes to REHAB from Spaulding Rehabilitation Hospital Cape Cod where she had operational responsibility for a 60-bed inpatient rehabilitation facility with five outpatient satellites and a physicians' practice. Nadolny is a graduate of University of New Hampshire with a B.S. in therapeutic recreation and a Master of Healthcare Administration from University of New Hampshire.

Wendy Manuel, CPA, Vice President and Chief Operating Officer/Chief Financial Officer supports the CEO in overall management of the hospital with several departments reporting to her, including facilities, business development, financial services, compliance & risk management and information technology. Manuel also has oversight of all financial activities for REHAB as the CFO and is a Certified Public Accountant.

### 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.

See attached Organization Chart.

### 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, <u>not employee name.</u>

The information below is per the reported compensation from the FY2022 990 for REHAB fiscal year ending 9/30/2021. The FY2023 990 will not be available until August 2024 at the latest.

<u>Position</u>	<u>Compensation</u>
Former President & CEO	\$369,360 (retired September 2021)
VP/CFO/COO	\$294,770
VP, CMO	\$259,073

### VII. Other

### 1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

As of 9/30/2023, REHAB is not aware of any significant cases opened.

### 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.

REHAB is a licensed, nonprofit organization accredited by The Joint Commission. This accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. REHAB is the sole organization in the State of Hawaii that is qualified as an Inpatient Rehabilitation Facility by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, and the Hawaii State Health Planning and Development Agency (SHPDA).

### 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 <a href="Article X, Section">Article X, Section</a>
1, of the State Constitution for the relevance of this question.

Not Applicable

### 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.

This is a one-time \$132,000 request to the State for Grant-in-Aid funding to support the purchase, implementation and all other related costs of the Security Management System. To ensure the system is well-maintained in the future, REHAB will have an ongoing maintenance plan in place, which is supported by general operating funds.

### BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2024 to June 30, 2025

Applicant: The Rehabilitation Hospital of the Pacific

1742-392 (808) 9hon9	(tair	Stephanie Nadolny Name (Please type or p	000,251\$	(a) Total State Funds Requested (b) Total Federal Funds Requested
7270 002 (000)				SOURCES OF FUNDING
	- <del>-</del>	Budget Prepared I		
0\$	0\$	0\$	\$132,000	TOTAL (A+B+C+D+E)
0\$	0\$	0\$	\$132,000	E. CAPITAL (Security Management System)
0\$	0\$	0\$	0\$	D. MOTOR VEHICLE PURCHASES
0\$	0\$	0\$	0\$	C. EQUIPMENT PURCHASES
0\$	0\$	0\$	0\$	TOTAL OTHER CURRENT EXPENSES
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				91
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0\$	0\$	0\$	0\$	8. Utilities
0\$	0\$	0\$	0\$	7. Telecommunication
0\$	0\$	0\$	0\$	6. Supplies
0\$	0\$	0\$	0\$	5. Staff Training
0\$	0\$	0\$	0\$	4. Lease/Rental of Space
0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	Lease/Rental of Equipment     Lease/Rental of Equipment
0\$	0\$	0\$	0\$	1. Airfare, Inter-Island
•				B. OTHER CURRENT EXPENSES
0\$	0\$	0\$	0\$	TOTAL PERSONNEL COST
0\$	0\$	0\$	0\$	3. Fringe Benefits
0\$	0\$	0\$	0\$	2. Payroll Taxes & Assessments
0\$	0\$	0\$	0\$	A. PERSONNEL COST
			<u> </u>	1
Funds Requested	(c)	Funds Requested	(8)	CATEGORIES

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES Period: July 1, 2024 to June 30, 2025

Applicant: The Rehabilitation Hospital of the Pacific

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

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

Period: July 1, 2024 to June 30, 2025

Applicant: The Rehabilitation Hospital of the Pacific

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

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

## **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2024 to June 30, 2025

Applicant: The Rehabilitation Hospital of the Pacific

ţ	stem designed	ity Management Sv	ated costs of a new Secur	on and all other rela	ourchase, installation	would support the p	JUSTIFICATION/COMMENTS: State Grant-in-Aid funds would support the purchase, installation and all other related costs of a new Security Management System designed to
				\$132,000			TOTAL:
							EQUIPMENT
				\$132,000			CONSTRUCTION (Security Management System)
							DESIGN
							LAND ACQUISITION
							PLANS
72	FY:2026-2027	FY:2025-2026	FY:2024-2025	FY:2024-2025	FY: 2023-2024	FY: 2022-2023	
	FUNDING REQUIRED IN SUCCEEDING YEARS	FUNDING R SUCCEEDI	OTHER SOURCES OF FUNDS REQUESTED	STATE FUNDS REQUESTED	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEAR	TOTAL PROJECT COST
				REQUESTED	FUNDING AMOUNT REQUESTED	FUND	

JUSTIFICATION/COMMENTS: State Grant-in-Aid funds would support the purchase, installation and all other related costs of a new Security Management System designed to mitigate threats to patients, staff and visitors to the REHAB campus.

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

Applicant: The Rehabilitation Hospital of the Pacific

Contracts Total:

\$697,961

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT
$\overline{}$	CITY Grant-in-Aid FY23	10/1/22 - 9/30/23	Dept Community Services	Honolulu County	\$197,961
2	State Grant-in-Aid FY24	7/1/23 - 6/30/24	Office of Community Services	State	\$500,000
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Application for Grants

**Board of Directors** 

**Medical Executive Committee** 

President & Chief Executive Officer Stephanie Nadolny

Foundation Board of Directors **Chief Information Officer** 

**Executive Vice President** 

Chief Operating Officer,

Chief Financial Officer

Wendy Manuel

Glenn Requierme

Chief Medical Officer Shari Ann Oshiro, M.D. Vice President

Clinical Services & Chief **Nursing Officer** Vice President, Cheryl Kozai

Brandon Wong (Dir) **Nursing Services** 

Physician & Behavioral

**Health Services** 

Vacant (Dir.)

Tricia Nagano (Mgr) une Plain (Mgr.)

Precy Asuncion, Odette

Villanueva (Asst Mgr)

Clinical Quality Improvement

A4-Jacob Correa (Mgr)

Medical Staff Services

A3-Michael Powell, A2-Rosie Tulafono,

Fundraising Vacant (Dir)

Therapy Services

Cheri Teranishi-

Hashimoto (Dir.)

**Environmental Health** 

Occupational and

Clinical Care Coordination

**Community Liaisons** Lyvonne Loui (Mgr)

Outpatient Specialty Clinics

Nuuanu Specialty Clinic

Hilo: Sandy Oda (Mgr)

- Aiea: Vacant (Mgr)

Nalani Kunishige (Mgr)

Michael Fujimoto (Dir) Community Relations

Melissa Mullen (Mgr)

Human Resources

Lyan Bonn (Mgr)

Donna Echalas (Mgr)

Aeri Tilker, Esq. (Dir.) Compliance & Risk

Vacant (Mgr)

**General Counsel** 

Jeanne Vave (Asst Mgr) **PPS** Coordination

Marketing & Communications

Community Engagement

Kurt Kobashigawa (Dir)

**Facilities** 

Edgar Binuya (Mgr.)

Sandy Kahawaii (Asst Mgr)

Safety: Security, PBX,

**Emergency Mgmt** 

Financial Support:

Financial Services

Andrew Davey (Dir.)

Information Technology

**Fechnology Sppt Svcs:** Scott Morimoto (Dir)

Ent App Sppt Svcs:

Lise Quinn (Dir)

Dutchy Kahumoku (Asst Mgr)

Charlotte Fujishiro (Mgr)

Patient Financial Svcs:

Jev Galdores (Mgr)

Patrice Jackson (Dir)

Health Info Mgmt:

Revenue Integrity:

Jonathan Shiraki (Mgr) Physicians Clinic:

Randy Talavera (Dir)

Clinical Support

Support Services

Quality and Performance Tina Laupola (Dir) Improvement

Executive Leadership

Other Roles

Compliance Officer: **Aeri Tilker** 

Privacy Officer: Patrice Jackson

**Kobashigawa** Safety Officer:

Infection Preventionist: Michael Powell

Strategy Management

Plant Ops/Groundskeeping Logistics: EVS/Procurement

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