STATE OF HAWAIʻI
DEPARTMENT OF HEATLH
KA ʻOIHANA OLAKINO
EXECUTIVE OFFICE ON AGING
250 S. HOTEL STREET, #406
HONOLULU, HI 96813-2831

JULY 15, 2026

REQUEST FOR INFORMATION (RFI)

RFI No. EOA-27-067

for
KUPUNALOHA PILOT PROGRAM TO PROVIDE IN-HOME HEALTH CARE AND SUPPORT SERVICES FOR ELDERLY INDIVIDUALS

Purpose of this Request for Information (RFI):

☒ To obtain community input in preparation for developing a Request for Proposal (RFP).

☐ To include a provider(s) in a federal grant application pursuant to section 3-143-614, Hawaii Administrative Rules (HAR). If the State is awarded the grant, no RFP for this section will be issued and the provider(s) selected and named in the grant application as a result of this RFI will be awarded a contract for the service.

☐ Other: _____

The State of Hawaii, Department of Health, Executive Office on Aging (EOA) is requesting input from interested providers and community stakeholders to help inform the development of a forthcoming Request for Proposals (RFP) for **a KUPUNALOHA PILOT PROGRAM TO PROVIDE IN-HOME HEALTH CARE AND SUPPORT SERVICES FOR ELDERLY INDIVIDUALS** covering the period on/about October 1, 2026 through June 30, 2027.

The EOA is soliciting information, ideas, questions, and feedback from a wide range of contributors, including government agencies, community-based organizations,

healthcare organizations, healthcare programs, licensed in-home health care agencies, technology vendors, providers—especially those with experience in providing services to address in-home health and support services for elderly individuals.

DATE AND LOCATION OF ORIENTATION MEETING: The EOA will conduct an RFI meeting on **July 22, 2026**, **from 9:30 a.m. to 10:30 a.m., Hawaii Standard Time (HST)** at 250 South Hotel Street, Suite 406, Honolulu, Hawaii 96813. A Microsoft Teams call-in is also available at **Meeting ID: 284 064 926 047 508**
Passcode: dZ6Ny2vM when prompted. All prospective providers are encouraged to attend the RFI meeting.

SUBMITTAL OF WRITTEN QUESTIONS: Written questions related to the RFI are due on **July 29, 2026, 4:30 p.m., HST**. All written questions will be responded to in the form of an addendum on or about **July 31, 2026**.

SUBMITTAL DEADLINE FOR RESPONSE TO THE RFI: Interested parties shall respond in writing to the RFI. Responses may be of any length and may be sent by email, mail, or hand-delivered to the EOA Contact Person below.

Responses may be mailed, postmarked by the United States Postal Service on or before **July 29, 2026**. Email and Hand-delivered responses shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on **July 29, 2026, 4:30 p.m., HST**.

EOA CONTACT PERSON: Questions concerning this RFI or responses to this RFI shall be directed in writing to the following:

Joy Windham
Executive Office on Aging
250 S. Hotel Street, 406
Honolulu, Hawaii 96813-2831
Phone: 808-586-7267
Email: joy.windham@doh.hawaii.gov

Interested parties should note the following:

1. Participation in the RFI process is optional and is not required to respond to any subsequent procurement by the EOA.

2. Neither the Department of Health, EOA, nor any interested party responding to the RFI has any obligation under this process.

3. The purchasing agency reserves the right to adopt or not adopt any recommendations presented in the response to the RFI.

4. This RFI does not commit EOA to solicit or award a contract or to pay any costs incurred in the preparation of information submitted. EOA reserves the right to accept, reject, or utilize without obligation, any information submitted in response to this request.

A. BACKGROUND INFORMATION

The Department of Health's (DOH's) administratively attached agency, the Executive Office on Aging (EOA) is the designated lead agency in the coordination of a statewide system of aging and caregiver support services in the State of Hawaii, authorized by federal and state laws.

The EOA is requesting information for a provider to design and implement a KupunAloha Pilot Program and provide in-home health care and support services for elderly individuals who do not qualify for existing programs, such as Medicaid and cannot afford in-home health care or support services on the island of Oahu.

In-home health care and support services allow elderly individuals to recover in the comfort of their own home, maintain independence, reduce hospital readmissions, and receive personalized attention from healthcare professionals. In summary, in-home health care combines medical expertise and support services in a home setting, aiming to improve health outcomes, enhance quality of life, and support patients in maintaining independence.

B. INFORMATION REQUESTED

EOA is seeking information from potential providers about the drafted scope and their general capabilities, experience, and potential concepts or solutions. Please review the attached draft "Scope of Services."

- **Program Design & Feasibility**

    1. What operational models or workflows would best support a mixed workforce (licensed caregivers + volunteers + family caregivers)?

    2. What challenges do you foresee in integrating community volunteers with licensed in-home health care operations?

    3. What safeguards or policies would be needed to ensure safety and liability management?

    4. What safeguards must be implemented for electronic personal health information?

5. What confidentiality laws or Health Insurance Portability and Accountability Act (HIPAA) rules would apply to in-home health care and support services agencies?

- **Technology Platform Capabilities**

1. What technology functions are essential to support a unified, multi-role Plan of Care (scheduling, electronic visit verification, documentation, messaging, credentialing, etc.)?

2. What challenges should the State anticipate with multi-system data sharing (e.g., electronic medical record, volunteer management platforms)?

3. What cybersecurity or HIPAA related considerations should be prioritized?

- **Volunteer Engagement**

1. What strategies work best for recruiting, screening, onboarding, and retaining volunteers? What are the challenges in this?

2. What types of supervision, ongoing support, or technology tools are necessary for volunteer success?

3. What screening or competency requirements are appropriate for non-medical volunteer roles?

4. What types of background checks for volunteers are necessary?

- **In-Home Health Care Agency Participation**

1. What is the feasibility of operating a task-based payment model rather than hourly minimums?

2. What administrative burdens or risks might agencies anticipate under this model?

3. What type of background checks for caregivers are necessary?

- **Intake, Eligibility & Navigation**

1. How should the State structure eligibility criteria to effectively identify the target population of elderly individuals while minimizing administrative burden?

2. What approaches support efficient warm handoffs for non-eligible elderly individuals?

3. What data elements are essential for intake, care navigation, and care coordination?

- **Budget, Costs & Sustainability**

1. What are reasonable cost drivers the State should anticipate for first-year startup (technology, staffing, training, volunteer management)?

2. What ongoing cost structures would support long-term program sustainability?

3. Please describe the current average hourly rates for in-home health care services in Hawaii, including any variations by island, rural versus urban areas, and caregiver type (e.g., licensed caregiver, certified nurse aide, in-home health care aide). Where available, please provide typical rate ranges, key factors influencing pricing, and any anticipated changes in market rates over the next 12–24 months.

4. What method of payment is preferred? An hourly rate per service or a budget-based cost reimbursement model of payment?

5. What are the current workforce challenges or labor shortages statewide?

***Response Format: Responses** may be **brief** and should include the following:

• Organization name, contact information
• Type of organization (agency, nonprofit, tech vendor, etc.)
• Answers to any questions in Section 3
• Optional supporting materials (concept papers, models, data, examples)

***Please note that the EOA does not have public parking. You will need to find your own public parking. You can refer to internet searches on “Downtown Honolulu Parking” such as the following: Honolulu parking - free or cheap lots, garages and street meter spots . Our address is 250 South Hotel Street, Suite 406, Honolulu, Hawaii 96813.

Attachment: Draft Scope of Services

Section 2
Service Specifications

2.1 Introduction

A. Overview, purpose or need

The Department of Health's (DOH's) administratively attached agency, the Executive Office on Aging (EOA) is the designated lead agency in the coordination of a statewide system of aging and caregiver support services in the State of Hawaii as authorized by federal and state laws.

The federal Older Americans Act as amended in 2020 created a "Aging Network" of federal, state, and local agencies to plan and provide services that enable older adults to live independently in their homes and communities. It provides family caregiver support services, nutrition services, preventive health services, elder rights protection, and family caregiver support services.

Hawaii Revised Statutes, Chapter 349 establishes the EOA as the focal point for all matters relating to older adults' needs and the coordination and development of caregiver support services within the State of Hawaii.

The EOA receives community input through the Policy Advisory Board for Elder Affairs (PABEA). The PABEA membership consists of older adult consumers, service providers, and others in the field of aging. The Governor, with the consent of the State Senate, appoints all members, except ex-officio members. Ex-officio members are selected from various closely with EOA on matters pertaining to aging and family caregiving. Most of the membership must be age 60 or older, and at least one member must be from each county. Refer to the following link for more information regarding the EOA: Executive Office on Aging

According to Act 249 from the Thirty-Third Legislature, 2026,

> "…The legislature finds that an estimated twenty-five thousand elderly individuals in Hawaii who require in-home health care or support services and do not qualify for existing programs, such as Medicaid, cannot afford in-home care services…" [1]

Furthermore, the purpose of Act 249 is to establish the following:

> "…KupunAloha pilot program within the Department of

[1] Hawaii State Legislature: House Bill 1973, Relating to Health. Retrieved July 9, 2026, from https://www.capitol.hawaii.gov/sessions/session2026/bills/HB1973_CD1_.pdf.

> Health to provide in-home health care and support services for individuals who do not qualify for existing government programs and cannot otherwise afford these services…" [2]

The target population makes up the 25,000 elderly individuals who do not qualify for Medicaid or other publicly funded programs yet cannot afford private in-home health care and supportive services. The lack of accessible support leads to preventable emergency utilization, hospitalizations, and premature institutionalization, significantly increasing health system costs and reducing quality of life.

The KupunAloha Pilot Program shall aim to provide early intervention, coordinated support, and a cost-efficient caregiving model that integrates volunteers, family caregivers, and licensed caregivers using a unified, technology-enabled care system.

The KupunAloha Pilot Program shall be designed to expand access to affordable, in-home health and wrap around long-term support services (LTSS) for elderly individuals. The KupunAloha Pilot Program shall preferably serve elderly individuals who are at high risk for hospitalization or institutional placement, who are being discharged from the hospital for in-home health care, and fall within the target population. Through coordinated care delivery, the strategic use of volunteers, and partnership with licensed in-home health care agencies, the program aims to help these elderly individuals remain healthy, safe, and independent in their homes for as long as possible.

The EOA is seeking a qualified Provider to design, implement, and administer the KupunAloha Pilot Program on the island of Oahu. The KupunAloha Pilot Program shall be an innovative, community-driven initiative that integrates volunteer caregivers, family caregivers, and licensed paid caregivers into a coordinated, technology-enabled care model.

B. Planning activities conducted in preparation for this RFP

The EOA will hold a Request for Information for "KupunAloha Pilot Program to Provide In-Home Health Care and Support Services for Elderly Individuals on the Island of Oahu" on July 22, 2026 at 9:30 a.m. HST.

C. Description of the goals of the service

The goals of the KupunAloha Pilot Program are the following:

[2] Hawaii State Legislature: House Bill 1973, Relating to Health. Retrieved July 9, 2026, from https://www.capitol.hawaii.gov/sessions/session2026/bills/HB1973_CD1_.pdf.
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1. Expand access to affordable, early-intervention home-based support for elderly individuals.

2. Reduce preventable health crises by addressing basic daily-living needs before emergencies arise.

3. Provide coordinated care through a structured Plan of Care (POC)

4. Integrate volunteer caregivers, family caregivers, and licensed in-home health care agencies into a unified care team.

5. Reduce reliance on high-cost emergency and institutional services.

6. Use technology to enhance safety, communication, scheduling, training, and outcome reporting.

7. Rebalance the costs of institutional rehabilitation to serve more individuals while measuring better health outcomes.

D. **Description of the target population to be served**

The Provider shall target the following elderly individuals:

1. Are at high risk of hospitalization or institutional placement;

2. Are not eligible for Medicaid or other publicly funded LTSS programs;

3. Cannot afford private in-home health care;

4. Require early support to maintain health, safety, and independence at home.

The target population includes the estimated 25,000 statewide listed in Act 249.

E. **Geographic coverage of service**

The KupunAloha Pilot Program services shall be provided on the Islands of Oahu.

F. **Probable funding amounts, source, and period of availability**

The funding available for the KupunAloha Pilot Program under this RFP is approximately $1,800,000.00 for about a nine (9)-month period with no extensions.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance/Outcome Measures
(2) Output Measures
(3) Quality of Care/Quality of Services
(4) Financial Management
(5) Administrative Requirements

2.3 General Requirements

A. **Specific qualifications or requirements, including but not limited to licensure or accreditation**

1. Provider shall be a profit corporation under the laws of the State of Hawaii or non-profit organization determined by the Internal Revenue Services to be exempt from the federal income tax.

2. If a non-profit corporation, Provider must have a governing board whose members have no material conflict or interest and serve without compensation.

3. Provider must have by-laws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflict of interest situations.

4. Provider shall partner with licensed in-home health care agencies that meet any and all applicable DOH licensing requirements.

5. Provider shall have its staff, volunteers, caregivers, subcontractors (if applicable) or other staff involved in this KupunAloha Pilot Program complete any mandated training by the DOH or EOA.

6. Provider shall comply with the Federal (e.g., Health Insurance Portability and Accountability, Americans with Disabilities Act, etc.), State of Hawaii, or County laws, codes, rules, regulations, etc.

7. Provider shall implement a secure Health Insurance Portability and Accountability-compliant platform supporting plans of care, scheduling, electronic visit verification, reporting, credentialing, data analytics, and communication across the caregiving team.

8. Provider shall maintain the platform, including user support, secure hosting, and system updates.

9. Provider shall maintain a searchable resource directory and referral tracking system.

10. Provider shall inform the EOA of any of its subcontracts.

11. Provider shall require all staff and volunteers who have direct contact with elderly individuals to have a current TB clearance.

B. **Secondary purchaser participation**
(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: No planned secondary purchases.

C. **Multiple or alternate proposals**
(Refer to HAR §3-143-605)

☐ Allowed ☒ Unallowed

D. **Single or multiple contracts to be awarded**
(Refer to HAR §3-143-206)

☒ Single ☐ Multiple ☐ Single & Multiple

E. **Single or multi-term contracts to be awarded**
(Refer to HAR §3-149-302)

☒ Single term (2 years or less) ☐ Multi-term (more than 2 years)

Contract terms:

Contract terms:

Initial term of contract: October 1, 2026 to June 30, 2027 (nine months), or start date on the Notice to Proceed

Length of each extension: N/A

Number of possible extensions: N/A

Maximum length of contract: about nine (9) months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: Extensions are subject to the availability of funds; satisfactory performance of the provider to scope of services herein, and upon prior mutual agreement in writing.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Joy Windham
Executive Office on Aging
250 South Hotel Street, Suite 406
Honolulu, Hawaii 96813
Telephone Number: (808) 586-7267
Facsimile Number: (808) 586-0185
Email address: joy.m.windham@doh.hawaii.gov

Scope of Work

A. **Service Activities**
(Minimum and/or mandatory tasks and responsibilities)

The KupunAloha Pilot Program shall be an innovative, community-driven initiative that integrates volunteer caregivers, family caregivers, and licensed paid caregivers into a coordinated, technology-enabled care model. The Scope of Work shall include, but not be limited to the following:

1. Provider shall provide a copy of its design of a KupunAloha Pilot Program for elderly individuals in its proposal.

   a. The design shall include a complete **administrative and operation structure** for the program delivery of in-home health care and support services.

   b. The design shall include intake, navigation, and care coordination that includes but is not limited to the following:

      - Intake Call Center to receive referrals
      - Process eligibility determinations
      - Documentation of all interactions

- Ability to assess eligibility for elderly individuals who are not eligible for Medicaid, cannot afford private care, and considers early-intervention focus.

- Provides warm handoffs and documented referrals for non-eligible individuals to appropriate public programs or community resources

- Assign trained staff to conduct in-home assessments, develop individualized POC, stratify tasks among caregivers, and monitor progress

c. The design shall include **licensed in-home health care agency coordination** that includes but is not limited to the following:

- Establish a network of licensed in-home health care agencies and maintain credentialing, readiness, and capacity.

- Implement a task-based payment model enabling services to be billed by task rather than hourly.

- Coordinate scheduling among licensed caregivers, volunteers, and family caregivers.

- Ensure participating agencies supervise the full caregiving team (paid and unpaid), use electronic visit verification tools, and incorporate in-home technologies.

d. The design shall include **volunteer recruitment and coordination** that includes but is not limited to the following:

- Recruit, screen, train, supervise, and support volunteers across all islands.
- Maintain systems for onboarding, background clearance, competency validation, scheduling, communication, and retention.
- Assign volunteers to provide allowable non-medical services (companionship, errands, safety checks, household support).

e. The design shall include **outreach and referral development** that includes, but is not limited to the following:

- Conduct public outreach to referral sources, including hospitals, clinics, AAAs, and community partners.

- Develop standardized referral materials and workflows.

***The EOA shall approve the design of the KupunAloha Pilot Program.

2. Provider shall acknowledge in its proposal that an individual SHALL NOT be considered eligible for the KupunAloha Pilot Program if:

   a. The individual is covered by Medicaid or any other government assistance program for in-home health care or support services;

   b. The individual does not meet the income requirements for the program established by the department; or

   c. The individual does not meet the need criteria for the program established by the department.

3. Provider shall list its proposed recommended criteria for income requirements and other criteria (e.g. the submission of the Med Quest denial letter if on exists, etc.) for the KupunAloha Pilot Program in its proposal.

   The Provider shall CLEARLY state its willingness to work WITH the EOA to develop criteria (e.g. age requirements, etc.) and income requirements for the pilot program in its proposal.

   ***The EOA shall approve the income requirements and criteria that shall be utilized for the KupunAloha Pilot Program.

   A copy of the Provider's design, workflow, and protocols of a KupunAloha Pilot Program shall be included in its proposal.

4. Provider shall implement its design of a KupunAloha Pilot Program.

   A timeline of the implementation schedule shall be included in its proposal. The implementation schedule shall include, but not be limited to the following:

   a. Distinct Project Phases: breaks down the project into standard stages such as discovery/assessment, planning, configuration, testing, training, deployment, post-implementation.

   b. Specific Start/End Dates for Tasks: comprehensive list of work items clearly highlight which tasks must be completed before subsequent steps task can begin

c. Critical Milestones: major progress checkpoints that signify the completion of a significant phase (e.g., criteria and income requirements to be utilized, etc.)

   *The milestones shall be used for the administrative costs.

d. Resource Allocation: identification of the personnel, budget, and materials required at each stage of the rollout

e. Risk Mitigation Plans: anticipated roadblocks and built-in time buffers or contingency plans to keep the project on track

f. Communication Cadences: scheduled review points, stakeholder updates, and feedback loops to ensure ongoing alignment

5. Provider shall have a **technology infrastructure** that supports care coordination, training, scheduling, communication, data collection, and reporting. Provider shall provide technical assistance, documentation, and continuous access for all users (paid caregivers, volunteers, navigators, agencies).

   Provider shall state if it already has an existing technology system that can support the KupunAloha Pilot Program in its proposal.

6. Provider shall clearly describe the in-home health care and support services it plans to provide in the KupunAloha Pilot Program.

7. Throughout the implementation of the KupunAloha Pilot Program, the Provider shall provide the EOA with recommendations to improve the efficiency of the KupunAloha Pilot Program. If possible and feasible, adjustments shall be made to the program as approved by the EOA.

8. Provider shall develop training programs, manuals, and guidance for volunteers, caregivers, and other partnering stakeholders.

   Provider shall provide a copy of any existing training programs, manuals, and guidance in its proposal.

9. Provider shall develop policies and procedures regarding the provision of the KupunAloha Pilot Program.

   The Provider shall provide a copy of its policies and procedures in its proposal.

10. Provider shall provide periodic or as requested reports to DOH or EOA. The Provider shall provide the reports to the DOH or EOA as requested and by its deadline.

11. Provider shall regularly openly communicate via telephone, email, in-person or online meetings with the EOA. The Provider shall provide timely communication responses back with the EOA.

B. **Management Requirements (Minimum and/or mandatory requirements)**

1. **Personnel**

a) Provider's proposed staffing shall ensure that the Scope of Services can be fulfilled in its entirety.

Provider shall provide a copy of its proposed staffing in its proposal.

b) Provider's staff should have minimum qualifications:

- Staff trained to conduct in-home assessments, care planning, and risk monitoring
- Staff trained in the referral process, eligibility determination, resource navigation, and warm handoffs
- Paid and unpaid caregivers who meet credentialing, background screening, and health screening requirements
- Technology staff qualified in HIPAA-compliant systems and platform management
- Volunteers trained in using DOH-aligned curricula and competency-based methods

Qualifications must meet licensed agency standards and comply with State and Federal regulations.

c) Provider shall maintain qualified staff in administrative, fiscal, technology, service delivery roles (including volunteer coordinators, program leadership), and subcontractors (if applicable).

The staff's qualifications should be included in the proposal.

d) Ensure volunteer caregivers, paid caregivers, subcontractors (if applicable), and all other staff involved in the KupunAloha Pilot

Program receive the required background checks, screenings, and competency-based training.

e) Ensure licensed agency caregivers and all applicable staff involved in the KupunaAloha Pilot Program shall meet all DOH licensure and training standards.

Personnel employed by any subcontractor are subject to the same qualifications and/or restrictions as specified for the Provider's employees.

The Provider shall have its applicable staff complete any mandated training by the DOH or EOA.

The Provider shall employ staff that can coordinate and effectively communicate with elderly individuals, caregivers, DOH or EOA staff, other government agencies, or community-based agencies. The Provider shall employ staff that can complete various reporting requirements.

The Provider shall have the ability to supervise, train and provide administrative direction to staff relative to the delivery of services related to this KupunAloha Pilot Program.

The Provider and/or Sub-Provider shall inform and educate their staff of all Hawaii Administrative Rules and Hawaii Revised Statutes that have reference to the delivery of KupunAloha Pilot Program

2. **Experience**

The Provider shall clearly demonstrate its ability to provide a KupunaAloha Pilot Program with the necessary skills and knowledge in the following:

- In-home and community-based support services for elderly individuals
- Care coordination and development of Plans of Care for elderly individuals
- Volunteer recruitment, training, and management who service elderly individuals
- Licensed in-home health care operations

- Technology-enabled service delivery and HIPAA-compliant Systems

- Fiscal management, reporting, and performance monitoring

The Provider shall clearly demonstrate its experience to provide a KupunAloha Program with its experience:

- Demonstrated experience delivering care to elderly individuals, volunteer programs, or technology-enabled caregiving models in Hawaii

- Experience coordinating multi-agency or multi-sector caregiving teams

- Examples of prior contracts or projects relevant to in-home support, LTSS, or community-based program for elderly individuals

- Ability to develop training curricula, manage data systems, and oversee licensed caregivers

- Experience must reflect the Provider's ability to implement task-based care models and manage complex service delivery.

Provider must have the professional capacity to fully execute program operations in compliance with State and Federal standards.

Provider shall demonstrate that all current KupunAloha Pilot Program staff meet any licensing and or credential requirements.

Provider shall demonstrate its ability to operate services in the State of Hawaii.

3. **Administrative**

The Provider shall operate the KupunAloha Pilot Project in accordance with applicable DOH or EOA Policies and Procedures, Federal (e.g., Health Insurance Portability and Accountability, Americans with Disabilities Act, etc.), State of Hawaii, and County Codes, Regulations, Rules, Laws, etc.

4. **Quality assurance and evaluation specifications**

The Provider shall implement quality-assurance procedures for all

service activities, including POC auditing, satisfaction monitoring, service timeliness, care-team coordination, and supervision. The provider's quality-assurance procedures should include its methodology for tracking outcomes, measurable metrics, internal controls, performance monitoring, and corrective action process.

The Provider shall monitor compliance across licensed agencies, volunteers, and family caregivers.

The Provider shall implement risk-mitigation procedures, including maintaining required insurance levels and following medical-legal guidelines prepared by the contracted consultant.

The Provider shall state its willingness to allow EOA to monitor the Provider's compliance with the mandates and evaluate the KupunAloha Pilot Program services performed. Based on the assessment/audit report, the Provider shall develop with EOA, an action plan to address deficiencies.

The Provider shall work with the EOA regarding quality assurance and evaluation specifications. EOA's Contract Monitor shall monitor the Provider's compliance with the services related to this KupunAloha Pilot Program. EOA's Contract Monitor, who may suspend or terminate the KupunAloha Pilot Program services under the provisions of this contract, shall evaluate unacceptable practices or deviation from the KupunAloha Pilot Program service specifications. Prior to the suspension of the agreement by EOA, the Provider shall be allowed to make every effort to correct any perceived unprofessional conduct by its staff and shall be given reasonable time to do so.

The Provider should provide a copy of the policies and procedures, workflows, surveys, or other tools it plans to utilize for the Quality Assurance and Evaluation for the Kupuna Aloha Pilot Project.

5. **Coordination of services**

The Provider shall coordinate and effectively communicate with elderly individuals, caregivers, DOH or EOA staff, other government agencies, or community-based agencies. The Provider shall openly communicate and discuss with EOA's staff (e.g., Contract Monitor) any concerns related to the KupunAloha Pilot Program.

The Provider shall maintain relationships and coordinate with volunteer organizations, licensed in-home health care agencies, health plans, physicians, technology vendors, hospitals, clinics, AAAs, VA, Med-QUEST, and other stakeholders.

The Provider shall facilitate communication, shared care plans, scheduling, documentation, and reporting across all partners.

The Provider shall demonstrate its ability to coordinate services as it relates to the KupunAloha Pilot Program.

6. **Reporting requirements for program and fiscal data**

The Provider shall perform fiscal management, that includes but is not limited to the following:

- Invoicing
- Financial Tracking
- Compliance Reporting

The Provider shall be required to email DOH's and EOA's staff (e.g., Contract Monitory, SHPDA's Administrator, etc.) a monthly report of the following **Output and performance/outcome measurements (but not limited to):**

The Provider shall provide a detailed description of its outcome evaluation and measures of effectiveness and should include, but not limited to:

- Number of elderly individuals served.
- Number and percentage of completed service tasks.
- Reduction in preventable emergencies and hospital utilization, when available.
- Annual metric values and outcome measures defined by the State.
- All data elements required in State templates without altering structure.

Reports shall be filed separately from billings. Monthly reports should detail their operational activities, progress, problems, financial problems, etc.

Monthly report shall be in a format to be approved by EOA, no later than the 10th of each month, unless otherwise specified by EOA.

C. **Facilities**

The PROVIDER shall maintain the following:

- Adequate administrative facilities, call-center capacity, technology infrastructure, and secure storage of data.

- Sufficient facilities or remote-work systems for KupunAloha Pilot Program staff, volunteers, and other staff to carry out the duties listed in the Scope of Services.

- Facilities must comply with ADA requirements where applicable.

2.5 COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used

The EOA shall pay for services rendered. The administrative and KupunAloha Pilot Program setup costs shall be paid based on the milestones proposed by the Provider in the Scope of Services. The price (unit rate) shall be per in-home health care or support services (unit of service) per day (unit of service).

Copies of handouts, materials and supplies, administrative costs, etc. shall be included in the milestone or unit rate and shall not be billed separately. The service fee includes all taxes and shall be the all-inclusive cost to the State.

Provider shall not receive separate compensation for time spent in consultation with EOA staff regarding contractual matters, staff meetings, case conferences, training, etc.

The unit price shall include all taxes, shall be the all-inclusive cost to the State, and no other charges shall be honored.

B. Method of compensation and payment

Payment to the Provider shall be made on a reimbursement basis for the KupunAloha Pilot Program services rendered.

Total payment under this Agreement shall NOT exceed $1,800,000.00 for the KupunAloha Pilot Program.

Any costs incurred over the sums set out in the budget shall NOT be paid. Provider invoice shall include the contract number, Invoice “To,” Invoice “From,” Last and First name of Client, Admission Date, Discharge Date, Billable Days, Unit Price, Unit Quantity, Milestone, and Total Payment Due. If a Sub-Providers performed the services indicate full business name of Sub-Provider. All invoices shall be accompanied by the following documentation:

A signed copy of the invoice as to the accuracy and authenticity by the Provider's authorized representative.

EOA shall approve the invoice format that the Provider utilizes.

Provider shall submit to EOA, the monthly invoice, original and three (3) copies, for payment of delivered services no later than 30 days after the milestone or services rendered for each month. The address is:

Executive Office on Aging
Attn: Joy Windham
250 South Hotel Street, Suite 406
Honolulu, Hawaii 96813

The monthly invoice shall include where the Provider's representative shall certify the request for payment and EOA's representative shall approve for payment:

I certify that all expenditures reported, or payments requested are to the best of my knowledge in full compliance with the terms and conditions of the contract:

_____ _____
Agency Representative Date

Certified Correct and Approved for Payment:

_____ _____
Department Date

Provider shall be compensated in full for each service provided in accordance with the terms and conditions of the resultant Agreement.

Final Payment Requirements. If the Contractor is currently registered in HCE, the Contractor is required to submit a valid "Certificate of Vendor Compliance" for final payment on the contract. Otherwise, valid hard copies of the tax clearance certificate (not more than two months old).