

KŪPUNA COUNCILS

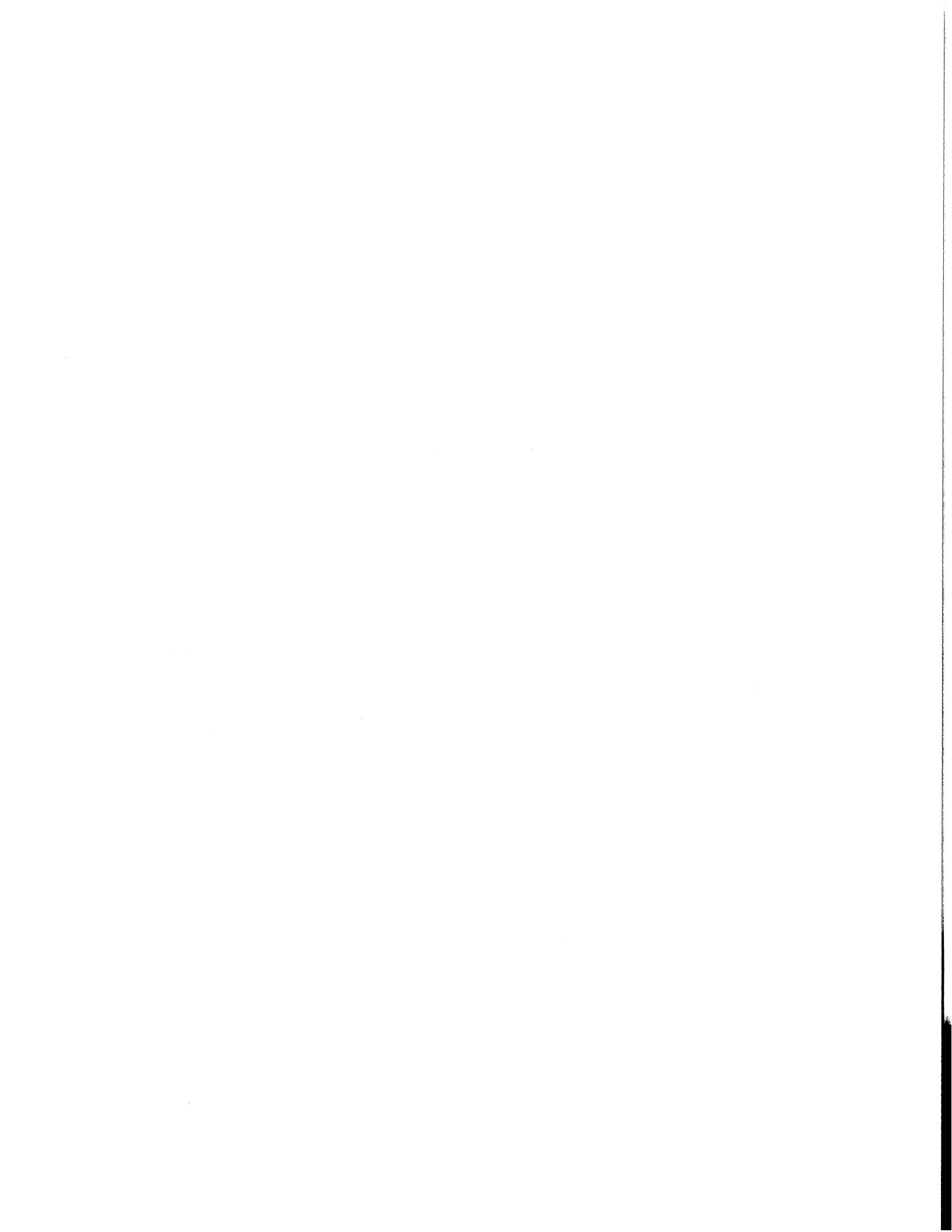


Papa Ola Lokahi
Nana I Ka Pono Na Ma

Revised July 16, 2019

Approved by Board of Directors August 28, 2019

1. Kūpuna Council: Eligibility Requirements
2. Kūpuna Council: Application Process Timeline
3. Kūpuna Council: Annual Reporting Updates
4. Application for Kūpuna Council Recognition, Attachment 1
5. Timeline of Application for Kūpuna Council Recognition, Attachment 2





Papa Ola Lokahi
Nana I Ka Pono Na Ma

Administrative Policies and Procedures

Policy: Kūpuna Council: Eligibility Requirements
No: 1
Date/Rev: 7/16/2019

OBJECTIVE:

To provide for a comprehensive process that provides the staff direction, purpose, and guidance in the oversight responsibilities of Papa Ola Lōkahi (POL) as authorized through State of Hawaii HRS 453-2(c).

SCOPE:

Organization-wide

RESPONSIBILITY:

All employees of Papa Ola Lōkahi are responsible for adhering to this policy. The Traditional Healing Coordinator will be the primary staff to oversee compliance of this policy. The Executive Director is responsible for maintaining this policy.

POLICY:

It is the policy of Papa Ola Lōkahi to have criteria related to oversight responsibility associated with the recognition of Kūpuna Councils. This policy provides eligibility criteria for those interested in being recognized.

Eligibility criteria for recognition by POL as a Kūpuna Council is as follows:

- Must be located in the State of Hawai'i;
- Must be part of or attached to a Federally Designated health entity –
 - Native Hawaiian Health Care System (or)
 - Federally Qualified Health Care Center (or)
 - Rural Health Center (or)
 - FQHC look-alike

Those that meet the eligibility criteria will request an application from Papa Ola Lōkahi to complete and submit for review (refer to POL P&P: Kūpuna Council application process timeline). Only those meet the eligibility criteria will be provided an application and follow up direction/instructions.

APPROVED:

Sheri Daniels
Executive Director

Mervina Cash-Kaeo
Chair, Board of Directors



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Administrative Policies and Procedures

Policy: Kūpuna Council:Application Process Timeline
No: 2
Date/Rev: 7/16/2019

OBJECTIVE:

To provide for a comprehensive process that provides the staff direction, purpose, and guidance in the oversight responsibilities of Papa Ola Lōkahi (POL) as authorized through State of Hawaii HRS 453-2(c).

SCOPE:

Organization-wide

RESPONSIBILITY:

All employees of Papa Ola Lōkahi are responsible for adhering to this policy. The Traditional Healing Coordinator will be the primary staff to oversee compliance of this policy. The Executive Director is responsible for maintaining this policy.

POLICY:

Process for Kūpuna Council recognition application is as follows:

1. If requestor meets eligibility criteria and an application is requested, POL will send to the requestor an application (see form attachment 1) within 7 business days along with a list of supporting documents that will be submitted with application;
2. Upon receipt of completed application from requestor, POL will send a letter acknowledging receipt of the application and if it has been accepted or if additional information/documentation needed. POL will also provide a POL timeline (see form attachment 2) to the requestor;
3. Upon completion of review of application by Traditional Healing sub-committee, further information may be requested or it will be forward to full POL BOD for review;
4. Upon full POL BOD review of application, further information could be requested and or approval provided;
5. All applications approved by POL BOD will be provided a "conditional" recognition allows for the requestor to begin the process of developing their KC. Within the next 6-month period, POL Traditional Healing Coordinator will follow up with organization and provide support if needed;
6. At 6 months, POL BOD will review progress and if satisfactory, full recognition status will be provided based on report by Traditional Healing Coordinator;
7. Approved organization will need to provide annual updates and any changes to POL.

Attached:

Application Form for Recognition (#1)
POL Timeline (#2)

APPROVED:

Sheri Daniels
Executive Director

Mervina Cash-Kaeo
Chair, Board of Directors



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Administrative Policies and Procedures

Policy: Kūpuna Council: Annual Reporting Updates
No: KC - 3
Date/Rev: 7/16/2019

OBJECTIVE:

To provide for a comprehensive process that provides the staff direction, purpose, and guidance in the oversight responsibilities of Papa Ola Lōkahi (POL) as authorized through State of Hawaii HRS 453-2(c).

SCOPE:

Organization-wide

RESPONSIBILITY:

All employees of Papa Ola Lōkahi are responsible for adhering to this policy. The Traditional Healing Coordinator will be the primary staff to oversee compliance of this policy. The Executive Director is responsible for maintaining this policy.

POLICY:

It is the policy to provide accountability for Kūpuna Council recognized through Papa Ola Lōkahi and that will be accomplished through the following mechanisms:

- Annual Reporting Updates (see attachment 1) provided by the Kūpuna Council to POL no later than 30 days its due date [December 31];
- Participation in Kūpuna Council gatherings;
- Follow up if additional information or documentation is being requested by POL.

Non-compliance may result in POL doing the following:

- POL will provide written inquiry of any non-compliance issues;
- If response provided by Kūpuna Council, it will be reviewed by 1) Traditional Healing Coordinator and 2) Traditional Healing sub-committee if further follow up needed;
- If no response in 30 days, POL will notify the Kūpuna Council that POL board will determine one of the following (based on issue), 1) placing Kūpuna Council on "conditional" status or 2) removing recognition status. The recognition status review and determination will be made based issue and/or any previous issues of similar nature.

Kūpuna Council can also request to be placed on in-active status for a short period (6 months maximum) by submitting a letter of request to the Traditional Healing Coordinator explaining their situation including plans to re-activate. If the Kūpuna Council is not able reactivate, POL may determine removal of recognition status.

Attached:

Annual Reporting Form (#1)

APPROVED:

Sheri Daniels
Executive Director

Mervina Cash-Kaeo
Chair, Board of Directors



Papa Ola Lōkahi

894 Queen Street
Honolulu, HI 96813

Telephone: (808) 597-6550
Facsimile: (808) 597-6551

Application for Kūpuna Council Recognition

Organization Name: _____

Location: _____

Mailing Address: _____

website: _____

Name of Contact Person: _____

Position: _____

Federal Designation Type: (check which applies)

Years as Federally Designated Organization: _____

- Native Hawaiian Health Care System
- Federally Qualified Health Center
- Rural Health Center
- Look-a-Like (list what type)

List of (3) Native Hawaiian traditional healing practitioners part of the requested Kūpuna Council:

Name and Contact Information	Practice(s) including their mo'okūauhau for each practice

Please answer the following questions:

1. Does your organization have established guidelines for requested Kūpuna Council?
If no, is your organization able to develop guidelines to meet recognition practice?
[note: submission of guidelines maybe requested for final recognition approval]
2. Does your organization understand the support required for the proposed Kūpuna Council?
3. Does your organization agree to providing Papa Ola Lōkahi annual updates as part of on-going recognition?
4. Does your organization agree to engaging other Kūpuna Council statewide for learning purposes?
5. Is there support from your organizational Board of Directors? Letter of commitment to be attached and signed by Board chairperson and highest organization employee.

List the type of Native Hawaiian traditional healing practices your Kūpuna Council will recognize?

Any additional comments that your organization feels is important to disclose as part of your application?

**Please submit your completed application to: Papa Ola Lōkahi, 894 Queen St. Honolulu, HI 96813. A letter confirming your application receipt will be provided along with timeline of review dates along with any additional details/information.



Papa Ola Lōkahi

894 Queen Street
Honolulu, HI 96813

Telephone: (808) 597-6550
Facsimile: (808) 597-6551

Timeline of Application for Kūpuna Council Recognition

Organization Name: _____

Location: _____

This timeline provides an overview for the process in which your submitted application for Kūpuna Council recognition will be reviewed.

Activity	Timeline
Submitted application	Letter from POL to be sent to requestor within 7 business days of receipt of completed application
Review by Traditional Healing sub-committee	Committee has up to 30 business days to review application and request additional information from requestor if needed
Review by Papa Ola Lōkahi board of directors	POL BOD will review application within 30 business days of sub-committee recommendation
Conditional Recognition (CR)	6-month period following review and approval of application by the POL BOD
Full Recognition (FR)	Granted upon final report from Traditional Healing Coordinator to POL BOD after 6-months period post CR

Note the following:

- Dates are might subject to change based on factors including but not limited to: date application received, if additional information requested, and if dates of meetings change;
- Papa Ola Lōkahi will provide written communication and therefore, any changes to address or contact, must be provided to POL.