

STATE OF HAWAII

NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS ADMINISTRATION STATE PROCUREMENT OFFICE STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Human Services/Office of Youth Services  
*Department/Division/Branch or Office*

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):	
All DENTAL SERVICES for Hawaii Youth Correctional Facility (HYCF) youth. Provider to be paid at the Medicaid rate for covered services and other dental services not covered under Medicaid. All dental work performed on HYCF youth must be performed at the HYCF dental clinic rather than in the community.	
2. Provider Name and Address:	Kalihi-Palama Health Center 915 North King Street Honolulu, HI 96817
3. Total Contract Funds:	\$40,000
Contract Funds per Year (if applicable):	
4. Reference number of Previous Request for this Service (if applicable):	
5. Term of Contract:	Start: SPO approval date End: <del>12/31/07</del> <i>9/30/07</i>

STATE OF HAWAII  
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EXEMPTION FROM CHAPTER 103F, HRS

6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:

The HYCF is the only youth correctional facility in Hawaii and is legally responsible for the care and custody of all incarcerated youth (wards) which includes the medical well being and safety of the youth. Upon entry to the facility, a ward must be assessed. Assessment includes having a dental exam within 7 days by a dental professional. Thereafter, the State is also obligated to provide timely routine dental care for the ward.

Currently, HYCF is unable to meet these requirements due to vacancy of the Dental Assistant position and no contract in place with an outside Dental provider to do services at HYCF. Although an attempt has been made to fill the .50 F.T.E. Dental Assistant position, the State has been unable to fill the position. Until the dental asistant position can be filled and a dentist is contracted to perform services at the facility, appropriate dental services are not being provided to the youth and this situation places at State at a liability. Presently, the youth must be transported out of the facility to an outside dental office by a Youth Correctional Officer (YCO) . Scheduling an appointment within 7 days is difficult because many dentists do not have openings readily availabe for an appointment and even if a dentist has an opening, he can choose not to see a Medicaid client or have a ward in his office. Should there not be an available YCO to transport and accompany the youth to the dentist, the appointment is cancelled because normal operations cannot be compromised resulting in denying the youth required dental care.

As we have a Dental provider willing to provide services at HYCF during the interim while we attempt to do procurement by competitive means, we request this 1 year procurement exemption. We plan to do a Request for Information (RFI) and post it in the Hawaii Dental Association newsletter and based on the RFI, put out a Request for Proposal (RFP).

7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:

A private Dental provider was awarded a contract for dental services under the RFP process based on an hourly rate, however, that provider terminated the contract early. Thereafter, we used the previous Health and Human Services Treatment List and worked with a provider from the list for a month before that provider decided to pull out. Currently there are no dentists on the treatment list. We called three dentists to inquire if they would come to work at HYCF for a few hours a week at the Medicaid rate. Only Kalihi-Palama Health Center was interested and available to pick up where to contracted provider pulled out.

8. Describe the state agency's internal controls and approval requirements for the exempted procurement:

HYCF has in place record keeping requirements to ensure appropriate dental services are provided to all youth at HYCF. Payments shall be processed by Medicaid and for other dental services not covered by Medicaid, those services will have to be authorized by HYCF before the dentist can do the work. For authorized services, payment will be made by HYCF and authorization for the non-Medicaid services will be match with billing before payment is made.

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EXEMPTION FROM CHAPTER 103F, HRS

9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Martha T. Torney, Acting Executive Director, Office of Youth Services Kaleve Tufono-Iosefa, Youth Facility Administrator, HYCF Winifred Doi, ATSO, Office of Youth Services	
10. Direct questions to (name & position):	Winifred Doi, Administrative & Technical Svcs. Officer
Phone number:	587-5714
e-mail address:	wdoi@dhs.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

  
\_\_\_\_\_  
*Department Head Signature* 12/5/06  
*Date*  
Lillian B. Koller  
\_\_\_\_\_  
*Typed Name*

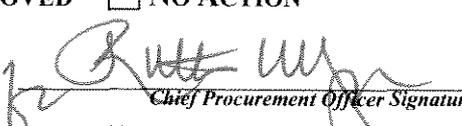
**NOTICE**

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

APPROVED     DISAPPROVED     NO ACTION

  
\_\_\_\_\_  
*Chief Procurement Officer Signature* 12/5/06  
*Date*

Please ensure adherence to applicable administrative requirements.