

**NOTICE OF AND REQUEST FOR EXEMPTION  
FROM CHAPTER 103F, HRS**

ADMINISTRATION  
OF THE PROCUREMENT OFFICE  
STATE OF HAWAII

To: Chief Procurement Officer

From: Health/Adult Mental Health/Hawaii County CMHC *aj*  
*Department/Division/Branch or Office*

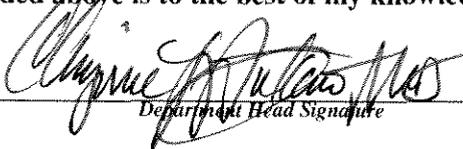
Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):  
Professional psychiatric services to provide after hours on-call and call-out services to the Kona Community Hospital. Provider will participate, on a rotational basis with other State-employed psychiatrists, in the on-call/call-out roster.
  
2. Provider Name and Address: D. Gwendolyn Ross, M.D.  
P.O. Box 4998  
Kailua-Kona, Hawaii 96745-4998
  
3. Total Contract Funds: \$36,000 (estimated)  
Contract Funds per Year (if applicable):
  
4. Reference number of Previous Request for this Service (if applicable):
  
5. Term of Contract: Start: Upon Approval  
End: 9/30/07
  
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:  
Due to the scarcity of doctors providing specialty medical services, like psychiatry, in the West Hawaii (Kona) community, our efforts to recruit staff psychiatrists, as well as private psychiatrists to participate in the on-call/call-out roster, have not produced any candidates.
  
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:  
There is no competition for this service in West Hawaii (Kona). As a result of inquiries by our West Hawaii Medical Director Rodger Kollmorgen, M.D., and our staff psychiatrist Michael McGrath, M.D., who developed the on-call/call out roster for Kona Community Hospital, only the present provider, D. Gwendolyn Ross, M.D., has expressed interest in providing this service. Services were initially procured on a temporary small purchase basis, however the services are needed for a longer term, therefore exemption is requested until we can contract for services through competitive means.

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8. Describe the state agency's internal controls and approval requirements for the exempted procurement: The Agency will continue to solicit and entertain any serious inquiries from candidates willing to provide the identified service. The provisions of Chapter 103F will be internally adhered to whenever possible to ensure fair competition. Program will comply with Department of Health and Adult Mental Health Division policies and procedures.	
9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Amy Yamaguchi, Public Health Administrative Officer, Adult Mental Health Division Ann Kinningham, Chief, Administrative Services Office, Dept. Of Health	
10. Direct questions to (name & position): Phone number: e-mail address:	Eric Fukuda, Public Health Administrative Officer 808-933-0409 ekfukuda@amhd.health.state.hi.us

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

  
\_\_\_\_\_  
Department Head Signature

APR 11 2007  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

4/23/07  
\_\_\_\_\_  
Date

Please ensure adherence to applicable administrative requirements.