

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

08 FEB -6 10:10

STATE PROCUREMENT OFFICE
 1035 KALANIANA'OLA BLVD
 HONOLULU, HI 96813

To: Chief Procurement Officer

From: Department of Health, Child and Adolescent Mental Health Division
Department/Division/Branch or Office

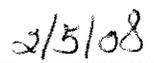
Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1.	Title and description of health and human service(s): Ancillary Support Services by the Queen's Medical Center and Kahi Mohala for CAMHD clients.	
	Ancillary support services are provided to clients who are not stabilized and need additional services beyond what is offered at the residential treatment programs. The ancillary services may include one on one services , partial hospitalization and/or other special services recommended to meet the client's special needs.	
2.	Provider Name and Address:	The Queen's Medical Center 13101 Punchbowl Street, Honolulu, HI 96813 Kahi Mohala 91-2301 Ft. Weaver Road Ewa Beach, HI 96706
3.	Total Contract Funds: Contract Funds per Year (if applicable):	Fee for Service
4.	Reference number of Previous Request for this Service (if applicable):	
5.	Term of Contract:	Start: as approved 2/6/08 <i>CW</i> End: 12/31/08
6.	Describe how procurement by competitive means is either not practicable or not advantageous to the State: The CAMHD has awarded the hospital based services to the QMC and Kahi Mohala following the HRS 103 F competitive procurement procedure. However, in exceptional cases, some clients would require ancillary services in addition to the residential program services which are not covered in the contract. These services are provided through the contracted hospitals. The ancillary services are being provided to "high-end" clients as a structured alternative to, or diversion from, Acute Psychiatric Hospitalization. Ancillary services are provided based on documented clinical justification from the client's clinical team. The client's clinical team would determine, on a case to case basis, when this level of care is no longer clinically necessary.	

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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: The request is for CAMHD to procure ancillary services from both the QMC and Kahi, the two hospitals who were awarded contracts for hospital based services in the State. Ancillary services are served to clients who are already receiving educational services, family therapy, and integrated service planning in residential programs but needed additional services beyond the skilled milieu of residential programs.						
8.	Describe the state agency's internal controls and approval requirements for the exempted procurement: The CAMHD administrator provides overall oversight of the CAMHD clinical services. The CAMHD Medical Director, in particular, will provide clinical oversight and will review the medical necessity and appropriateness of client's continued use of ancillary services while at the residential treatment program. Furthermore, the CAMHD clinical team and the treatment team from QMC would regularly meet to monitor client's progress and evaluate the effectiveness of this clinical intervention.						
9.	List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Michelle Nakata - The Office of Attorney General Chiyome Leinaala Fukino, M.D. - Director of Health Mary Brogan, M.Ed. - Assistant Administrator M. Stanton Michels, M.D. - Administrator						
10.	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Direct questions to (name & position):</td> <td>Myrna C. de Vega</td> </tr> <tr> <td>Phone number:</td> <td>733- 4208</td> </tr> <tr> <td>e-mail address:</td> <td>mcdevega@camhmis.health.state.hi.us</td> </tr> </table>	Direct questions to (name & position):	Myrna C. de Vega	Phone number:	733- 4208	e-mail address:	mcdevega@camhmis.health.state.hi.us
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I certify that the information provided above is to the best of my knowledge true and correct.

 _____ <i>Department Head Signature</i>	 _____ <i>Date</i>
	Chiyome Leinaala Fukino, M.D. _____ <i>Typed Name</i>

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:

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APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

2/13/08
Date

Please ensure adherence to applicable administrative requirements.