

**NOTICE OF AND REQUEST FOR  
RESTRICTIVE PURCHASE OF SERVICE**

PURSUANT TO §103F-403, HRS

STATE PROCUREMENT OFFICE  
STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Health, Dental Health Division

*Department/Division/Branch or Office*

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1. Title and description of health and human service(s):	
<p>Services needed are general dental services for disabled and medically compromised patients, including same-day oral surgery under general anesthesia when the patient's condition is seriously compromised by medical conditions or by inherent physical, mental, or developmental disabilities. The delivery of these services requires facilities, equipment and staff common to both a surgical theatre and a dental operatory.</p>	
2. Provider Name and Address:	<p>The Queen's Medical Center 1301 Punchbowl Street Honolulu, Hawaii 96813-2413</p>
3. Total Contract Funds:	\$400,000
Contract Funds per Year (if applicable):	\$200,000
4. RH No. of Previous Request for this Service (if applicable)	<p>RH No. 08-03 29 <i>eyh</i></p>
5. Term of Contract:	<p>Start: July 4, 2009      End: June 30, 2011</p> <p>If the contract term is longer than 1 year, provide justification for the extended term:</p> <p>The contract for the second year would be exactly the same as the first year. Redundant procedures should not be necessary for this contract.</p>
6. Describe the circumstances justifying a restrictive purchase:	
<p>The Queen's Medical Center General Practice Dental Residency Program maintains the only facilities, equipment and staff that provide the needed service in Hawaii.</p>	

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7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

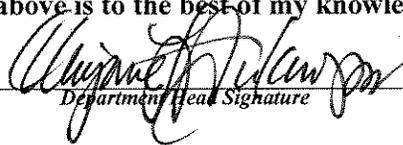
There exists no other General Dental Practice Residency Program in Hawai'i. In the absence of these services it would be necessary to transfer the patient, if medically feasible, to a mainland facility, which would be enormously expensive, or to deny the patient the services outright.

8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Dr. Mark H.K. Greer, Chief, Dental Health Division  
Dr. Chiyome Leinaala Fukino, Director of Health

9. Direct questions to (name & position):	Mark H.K. Greer, D.M.D., M.P.H. State of Hawai'i, Department of Health
Phone number:	(808) 832-5700
e-mail address:	mark.greer@doh.hawaii.gov

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

  
Department Head Signature

**JUL 27 2009**

Date

Chiyome Leinaala Fukino, M.D.

Typed Name

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**NOTICE**

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

***Procurement Officer for this Procurement***

Mark H.K. Greer, D.M.D., M.P.H.  
Dental Health Division  
1700 Lanakila Avenue, Room 203  
Honolulu, Hawai'i 96817

***Head of Purchasing Agency***

Chiyome Leinaala Fukino, M.D.  
Department of Health  
1250 Punchbowl Street, Room 326  
Honolulu, Hawai'i 96813

Protest forms and instructions are on the web at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published: JUL 29 2009

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

APPROVED     DISAPPROVED     NO ACTION

  
\_\_\_\_\_  
Chief Procurement Officer Signature

8/6/09  
\_\_\_\_\_  
Date

Please ensure adherence to applicable administrative requirements.

NOTICE OF REQUEST  
FOR RESTRICTIVE PURCHASE OF SERVICE  
PURSUANT TO HRS §103F-403

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the Department of Health, Dental Health Division, has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals. (To see the request, go back to the State and County Procurement Notices page and click on "More Info. ")

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at <http://hawaii.gov/spo>, click "Statutes and Rules," then "Chapter 103F, Procurement of Health and Human Services." Protests shall be hand delivered or postmarked by United States Postal Service within seven days after the date this notice is first published on the Internet. If hand delivered, it must be submitted by 4:30 p.m., Hawaii Standard Time, within seven days from the date this notice is first published. Protests must be submitted to the procurement officer and head of the purchasing agency as specified in the request. Protest forms and instructions are on the web at <http://hawaii.gov/spo>, click on "Health and Human Services, Chapter 103F..." then "Forms and Instructions for Private Providers/Applicants." Questions should be directed to the contact person noted in item 9 of the request.