

STATE OF HAWAII
REQUEST FOR
CRISIS PURCHASE OF SERVICE
PURSUANT TO §103F-406, HRS

'11 DEC 22 P1:47

STATE PROCUREMENT OFFICE
 STATE OF HAWAII

To: Chief Procurement Officer

From: HEALTH/ Communicable Disease Division-TB Control Branch
Department/Division/Branch or Office

Pursuant to Section 103F-406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

1. Request made:	<i>wpw 12/22/11</i> <input type="checkbox"/> Before-the-Fact	<input checked="" type="checkbox"/> After-the-Fact
2. Title and description of health and human service(s):	Purchase of temporary shelter for active TB patient.	
3. Provider Name and Address:	Pagoda Hotel 1525 Rycroft Street Honolulu, Hawaii 96814	
4. Total Contract Funds:	\$10,000	
5. Term of Contract:	Start: 12/19/2011 End: 3/31/2012	Until completion of TB Txmt if MI Assessment is not conclusive.
<p>Crisis purchases of service are limited to current needs only. Enter justification for length of contract: Time period of contract includes 2 months that patient requires to complete on-going TB treatment. Contract period may end sooner if patient is determined Mentally ill and qualifies for department's AMHD program where alternative shelter is available for patient to be moved; however, in the event that patient is not deemed qualified the TB program would still be required to shelter & complete treatment.</p>		

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6. Describe the nature of the crisis condition (pursuant to section 3-147-201, HAR):
 TB patient who has been in Leahi Hospital receiving TB treatment has been denied long-term care status and is scheduled to be discharged from hospital effective Monday, 12/19/2011. This immediate discharge did not allow for adequate time for the TB program to secure alternative housing given patient is homeless. Patient's present TB status prevents placement into alternative homeless shelters until completion & clearance of TB disease (per HARS governing these facilities).

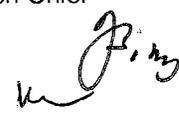
Current, treating physician has also contacted Adult Mental Health Division (AMHD) to conduct an assessment of individual, to determine mental health status. Should patient qualify under AMHD admissions criteria then AMHD social services staff would be able to assist patient to obtain basic living supports and TB treatment outpatient services would be able to complete remaining treatment regimen. In the event patient is deemed not qualified under AMHD, then TB program would still need to complete treatment in order that patient can seek out alternative shelter and Department of Human Services supports.

Risk is great that patient will be difficult to locate and the TB program does not have the resources to track individual and will require assistance from other government agencies to assure patient treatment compliancy. However, in so involving other public agency staff, there is a threat of further exposure to active TB and other health issues patient is also diagnosed. In the event patient is not found until disease has reactivated there is a very high level for the disease to have developed drug resistency and the exposure to others is similar. Treatment of drug resistant TB strains involve more costly drug therapies with greater potential for drug adversity and given other health issue patient there would be great concern to the public versus cost to temporarily house patient till initial TB treatment can be concluded.

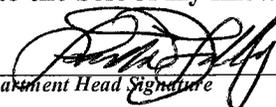
7. Describe the reason for selection of the provider (including description of practicable competition):
 Vendor is familiar with program as they have housed other TB patient from pacific islands as well as local patients needing temporary sheltering.

8. For approvals requested after-the-fact, explain why it was not practicable to request approval prior to the purchase:
 Program has indicated both before and after however, unsure whether approval will be obtained prior to discharge by hospital given lateness of notification to TB staff.

9. Direct questions to (name & position):	Dr. Richard J. Brostrom, TB Control Branch Chief
Phone number:	808-832-5737
e-mail address:	richard.brostrom@doh.hawaii.gov



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


 Department Head Signature

12/22/11
 Date

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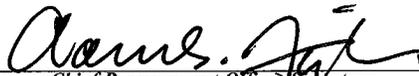
HEALTH: CDD-Tuberculosis Control Branch: Pagoda Hotel
Typed Name

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Chief Procurement Officer's Comments:

This request is disapproved. Procurement Delegation No. 2010-01, Amendment 1 states “. . . procurement requests submitted to the SPO from departmental personnel without written delegated procurement authority and the appropriate mandatory procurement training will be returned.” The SPO has not received from the department the appropriate form SPO-036 nor is there a record of attendance at the appropriate mandatory procurement training for the person identified as the individual to direct questions to in no. 9.

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

12/23/2011

Date

Please ensure adherence to applicable administrative requirements.