

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

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To: Chief Procurement Officer

STATE PROCUREMENT OFFICE
 STATE OF HAWAII

From: Dept. of Health/Family Health Services Division/Maternal and Child Health
Branch/Healthy Start Program
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:

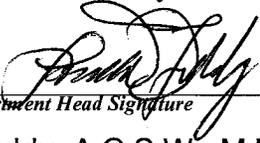
1.	Title and description of health and human service(s): Early Identification in civilian birthing hospitals for the Healthy Start program and other existing home visiting programs within the community. Systematically identify and intervene early with prenatal women and families with newborns, and/or children under three (3) years of age who are at-risk for child maltreatment, with the intent of reducing the occurrence or reoccurrence of maltreatment among the families receiving services. Contacting and offering home visiting services to mothers/families within home visiting programs' geographic service area and individual eligibility criteria. Of those who express an interest in home visiting service, screen and assess families utilizing an MCHB approved tool for eligibility for program services. Refer these eligible families to the appropriate home visiting service according to the geographic service area and referral criteria. Refer ineligible families to other community services as appropriate.	
2.	Provider Name and Address:	Child and Family Service 91-1841 Fort Weaver Road Ewa Beach, Hawaii 96706 Family Support Services of West Hawaii 75-127 Lunapele Road Suite 1 Kailua-Kona, Hawaii 96740-2199 Maui Family Support Services 1844 Wili Pa Loop Wailuku, Hawaii 96793-1272
3.	Total Contract Funds: Contract Funds per Year (if applicable):	\$522,000
4.	Reference number of Previous Request for this Service (if applicable):	PEH No. 12-06
5.	Term of Contract:	Start: 8/26/11 3/9/12 <i>cu 3/12</i> End: 6/30/13

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6.	<p>Describe how procurement by competitive means is either not practicable or not advantageous to the State:</p> <p>This request is to increase contracts by increasing the funding amount from MIECHV funds. Following approval for PEH12-06, contracts were issued to the above named providers with Tobacco Settlement Special Funds for amounts less than the original RFP. With the additional funds from the Maternal Infant Early Childhood Home Visiting grant (MIECHV), the department can now modify these contracts to increase funding to the original RFP allocation. (see attached table)</p> <p>MCHB will issue a new RFP for hospital based early identification services, however it would not be advantageous for the state to delay allocating the MIECHV funds until a new procurement can be completed because the MIECHV funds will lapse on 9/30/2012. The federal funder (HRSA) will not allow the funds to be carried over to the next fiscal year, but will expect the funds to be obligated by 9/30/12 and expended by 12/30/2012, therefore current contract modifications to increase funding is the most expeditious and advantageous method to expend these funds.</p>						
7.	<p>Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:</p> <p>PEH 12-06 approved contracting with above named agencies to provide Early Identification services. The contracts were approved for Tobacco Settlement Special funds for \$750,000.00. The amounts per contract would not exceed the original allocation amounts issued in RFP (HTH-560-CT-002) for EID services in September, 2008. The above named providers submitted proposals and were selected and notified on January 6, 2009. During the contract negotiation period, the program experienced incremental budget restrictions. The RFP was eventually cancelled following the budget restrictions (5/26/09) which closed the program except for 2 sites. Contracts were never executed because of the subsequent budget restrictions. The original term of the contract, had it been awarded, would have been to June 30, 2014 with the possibility to extend for 2 more years.</p>						
8.	<p>Describe the state agency's internal controls and approval requirements for the exempted procurement:</p> <p>Internal controls will occur in accordance with the RFP, federal guidelines, and regular DOH contract monitoring.</p> <p>MIECHV Authorization: Patient Protection and Affordable Care Act, P.L. 111-148, Social Security Act, Title V, Section 511 (b) (42. U.S.C. 701) as amended by the Patient Protection and Affordable Care Act of 2010.</p>						
9.	<p>List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:</p> <p>Gordon Takaki, PHAO V</p>						
10.	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Direct questions to (name & position):</td> <td>Cindy Hirai, Program Head</td> </tr> <tr> <td>Phone number:</td> <td>808-733-9042</td> </tr> <tr> <td>e-mail address:</td> <td>cindy.hirai@doh.hawaii.gov</td> </tr> </table>	Direct questions to (name & position):	Cindy Hirai, Program Head	Phone number:	808-733-9042	e-mail address:	cindy.hirai@doh.hawaii.gov
Direct questions to (name & position):	Cindy Hirai, Program Head						
Phone number:	808-733-9042						
e-mail address:	cindy.hirai@doh.hawaii.gov						

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

 <hr style="width: 100%;"/> Department Head Signature	 <hr style="width: 100%;"/> Date
<hr style="width: 100%;"/> Loretta J. Fuddy, A.C.S.W., M.P.H. Typed Name	

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NOTICE

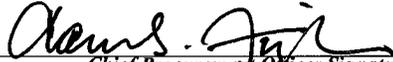
The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding 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:

The total funding shall not exceed what was stated in the RFP. This award is required to be posted on the Awards Reporting System.

APPROVED **DISAPPROVED** **NO ACTION**



Chief Procurement Officer Signature

3/30/2012

Date

Please ensure adherence to applicable administrative requirements.

be submitted more than 3 months after the month of occurrence. (e.g., time billed on January 15, 2007 may be billed no later than April 30, 2007).

5. The Provider shall comply with the FHSD Memo on policies on transfer of funds between Cost Elements and within existing Cost Elements, effective September 1, 2008 and attached hereto as Attachment F and incorporated herein by reference .

I. Pricing structure or pricing methodology to be used

1. Unit Cost Reimbursement: Services provided by FAWs shall be reimbursed on a unit cost reimbursement method based on the provision of approved billable activities. The unit of reimbursement shall be the standard 15 minute increments. DOH/HS will not consider contracting for services priced above the fixed unit cost rate of \$33.99 per hour, for an average of 6 billable hours per day.
2. Cost Reimbursement: Cost Reimbursement is a method of payment where the provider is reimbursed for actual costs incurred in providing contract services. All costs not reimbursed by unit cost reimbursement shall be reimbursed by cost reimbursement.

Costs, including salaries/fringe/benefits/payroll taxes for administrative and program staff including but not limited to, lease costs, equipment, mileage, supplies, shall be reimbursed through cost reimbursement on a month-to-month basis, with the approved budget serving as the basis for these expenditures. Actual monthly costs must be submitted; the Awardee shall not simply bill 1/12 of the total approved budget for cost reimbursable items. See Table B for the maximum amount allowed for each geographic area. The budget may be revised by mutual agreement throughout the term of the contract.

Table A – Geographic Areas

A	Oahu: Castle Medical Center, Kaiser Permanente Medical Center, Kapiolani Medical Center for Women and Children, Queen’s Medical Center
B	Kauai: Wilcox Hospital, Kauai Veterans Memorial Hospital
C & D	Maui: Maui Memorial Medical Center Molokai: Molokai General Hospital
E	East Hawaii: Hilo Hospital
F	West Hawaii: North Hawaii Community Hospital, Kona Hospital

Attachment

Table B – Maximum allowable amounts

Geographic Area	Total Maximum amount (cost reimbursement + unit cost)
A	\$ 1,064,575.36
B	\$ 78,597.57
C & D	\$ 222,664.26
E	\$ 125,965.44
F	\$ 116,459.05

3. Units of service and unit rate

The FAW unit rate is \$33.99 per hour based on increments of fifteen (15) minutes.

4. Method of compensation and payment

There will be no advance payment for start up costs. Provider shall receive monthly reimbursement upon submission of invoices. These invoices shall be accompanied by required data collection reports, budget, and expenditure reports.

Invoices will be paid upon receipt, based on funding availability and on the condition that all required monthly/quarterly/annual reports have been received by the purchasing agency in accordance with established due dates.

Final payment will be paid upon receipt of all final reports, invoice and expenditure reports.