

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

13 JUL 29 P3:02

STATE PROCUREMENT OFFICE
 STATE OF HAWAII

To: Chief Procurement Officer

From: DOH/ Child and Adolescent Mental Health Division (CAMHD)
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):	
	The development of a "Circle of Families" model to provide a mental health network of support for youth who are hard to accommodate in our current treatment array because of the severity of their RAD and PTSD symptoms. We requested this exemption to test out the model in a specific case where traditional treatment in several Transitional Family Homes (Therapeutic Foster Homes) has been unsuccessful.	
2.	Provider Name and Address:	Catholic Charities Hawaii 1822 Ke'eaumoku St. Honolulu, HI 96822
3.	Total Contract Funds:	\$50,000
	Contract Funds per Year (if applicable):	\$0
4.	Reference number of Previous Request for this Service (if applicable):	PEH 13-05
5.	Term of Contract:	Start: August 1, 2013 End: 1/31/14
6.	Describe how procurement by competitive means is either not practicable or not advantageous to the State: We currently have a youth in placement in the pilot program and a pre-mature discharge from the program would be a serious detriment to her care. Problems with attachment, pertain to the difficulties one has with relationships with caregivers. Moving this youth, even within the same level of care, would disrupt this relationship causing undue distress. We are requesting a six month extension to the original Exemption Approval PEH 13-05 to complete the Circle of Families study. This study has shown promise as an additional level of care within our services array and this extension will allow for the public procurement of providers to be procured within the next six months. The Circle of Families model requires a base transitional family home and two (2) alternate (respite) transitional family homes. 1. The base family will receive the regular \$190/day bed rate and an additional \$20/day for agreeing to not accept any other foster youth while taking part in this model with the referred (RAD/PTSD) youth. 2. The alternative homes will agree to keep a bed open at all times to accommodate the transfer of the youth and each alternate family will receive \$30/day, regardless if the youth is placed in their home or not. The \$190/day will follow the youth and be applied to the home in which the youth resides.	

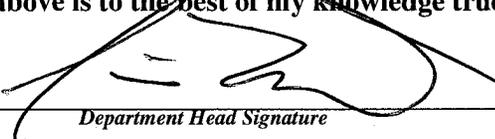
9117

STATE OF HAWAII

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

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: Catholic Charities is the only TFH Provider for the Circle of Families Model and has volunteered to participate in the test for an additional six months or until the selection of a Provider(s) for Circle of Family 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 services while at the residential treatment facilities. Furthermore, the CAMHD clinical team and the treatment team from Catholic Charities Hawaii would regularly meet to monitor client's progress and evaluate the effectiveness of this clinical test program.	
9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Janet Ledoux PHAO John MacDonald Contract Specialist Steven Osa Contract Specialist	
10. Direct questions to (name & position): Phone number: e-mail address:	John MacDonald Contract Specialist 733-9338 john.macdonald@doh.hawaii.gov

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


fo/ _____ Date 7/29/13
Department Head Signature
Loretta J. Fuddy
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.

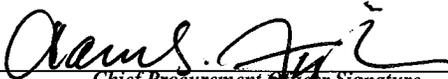
FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

This request is approved with the understanding that the services will be procured competitively subsequent to 01/31/14 and is for the procurement process only. Service provider(s) are required to be compliant with applicable laws, and verified on the Hawaii Compliance Express. This award is required to be posted on the Awards Reporting System. If there are any questions, please contact Corinne Higa at 587-4706, or corinne.y.higa@hawaii.gov.

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

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

8/6/2013
Date

Please ensure adherence to applicable administrative requirements.