

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

14 APR 24 A8:59

ADMINISTRATION
 STATE PROCUREMENT OFFICE
 STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Health/Adult Mental Health Division 9
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):	
	Semi-Independent Living. The Semi-Independent Living housing service offers group living with support staff on site eight (8) hours per day. Weekend staff coverage is based on the needs of the consumers residing in each home. The staff on site provides training and support to consumers including, but not limited to, safe cooking and sharing responsibilities for managing the household, shopping, and transportation. Consumers are responsible to share responsibility for the daily upkeep of the house or apartment.	
2.	Provider Name and Address:	Steadfast Housing Development Corporation 888 Iwilei Road, Suite 250 Honolulu, Hawaii 96813
3.	Total Contract Funds:	\$219,000
	Contract Funds per Year (if applicable):	\$0
4.	Reference number of Previous Request for this Service (if applicable):	PEH No.14-18
5.	Term of Contract:	Start: 5/01/14 End: 5/31/14
6.	Describe how procurement by competitive means is either not practicable or not advantageous to the State: The Adult Mental Health Division (AMHD) previously submitted a request to extend the Semi-Independent Living Program Services contract for the period of January 1, 2014 through April 30, 2014 on PEH No. 14-18. However, AMHD was unable to complete the execution of contracts and provide an adequate transition of services by April 30, 2014. A one (1) month extension of time will enable the AMHD to execute the semi-independent living program services, statewide, and provide enough time for a transition period to be implemented.	
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 identified provider is currently providing existing semi-independent living program services and was selected from a competitive procurement, RFP No. HTH 420-7-09. This request will ensure that there is no break in service or in the continuity of care.	

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8. Describe the state agency's internal controls and approval requirements for the exempted procurement: Service and administrative requirements under the contract shall be monitored through AMHD's regular oversight and monitoring procedures.	
9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Amy Yamaguchi, Public Health Administrative Officer Enid Kagesa, AMHD Contracts Coordinator	
10. Direct questions to (name & position):	Amy Yamaguchi, PHAO
Phone number:	586-4681
e-mail address:	amy.yamaguchi@doh.hawaii.gov

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



Department Head Signature

APR 23 2014

Date

Linda Rosen, M.D., M.P.H.

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 approval is for the period 5/1/14 to 6/30/14 and for the procurement process only. Service provider is required to be compliant with applicable laws, and verified on the Hawaii Compliance Express, if applicable. 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.	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> NO ACTION	
 _____ <i>Chief Procurement Officer Signature</i>	5/1/14 _____ <i>Date</i>

Please ensure adherence to applicable administrative requirements.