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

To: Chief Procurement Officer

From: Department of Health/Adult Mental Health Division/Hawaii State Hospital  
*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:

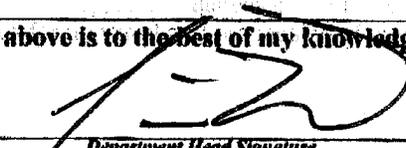
1. Title and description of health and human service(s):	Provide emergent medical services to Hawaii State Hospital (HSH) clients.
2. Provider Name and Address:	Castle Medical Center 640 Ulukahiki Street Kailua, Hawaii 96734
3. Total Contract Funds:	\$300,000
Contract Funds per Year (if applicable):	\$150,000
4. Reference number of Previous Request for this Service (if applicable):	PEH No. 14-09 PEH No. 12-21
5. Term of Contract:	Start: 9/8/2014 End: 9/6/16
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:	All 911 urgent medical situations require medical ambulance transport to the closest emergency room facility. HSH has no control over when emergent medical care will be required by a client so usage will vary over time. Also, HSH has no control as to which facility the Emergency Medical Technicians will take the client to. A request can be made to the Technicians to transport the client to Queen's Medical Center (currently contracted for medical services), but it is at the discretion of the technicians as to which facility they will take the client to.  Clients seen at Castle Medical Center may also require follow-up admission to the facility as well as subsequent follow up their treating physician(s).  The request for \$300,000 (\$150,000/year) is based on past two years expenditures for emergency medical services performed at Castle Medical Center. Also due to our aging clientele and high census, incidents requiring emergency medical services have been more frequent over the past two years. Reimbursement for services rendered is at the prevailing community rate (Medicare) plus twenty percent.  Since expiration of the prior PEH (PEH No. 14-09 on 6/30/2014) emergency medical services have not yet been provided to date by Castle Medical Center. Attached is a cost breakdown of of HSH expenses for FY 2013 and FY 2014.

10837

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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: <b>Castle Medical Center is the closest emergency room facility to HSH.</b>
8.	Describe the state agency's internal controls and approval requirements for the exempted procurement: <b>HSH will follow procurement guidelines for approval and processing of payments.</b>
9.	List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: <b>Anthony Fraiola, HSH Business Manager</b>
10.	Direct questions to (name & position): <b>Anthony Fraiola, Business Manager</b> Phone number: <b>236-8257</b> e-mail address: <b>anthony.fraiola@doh.hawaii.gov</b>

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

  
\_\_\_\_\_  
*Department Head Signature*

SEP - 5 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:                      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 9/8/14 to 9/6/16 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.

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<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> NO ACTION
 _____ Chief Recruitment Officer Signature		9/24/14 _____ Date

Please ensure adherence to applicable administrative requirements.

## Castle Medical Center Cost Breakdown for FY 2013 2015

### Emergency/Medical Services Rendered for FY 2013

<u>DOS</u>	<u>Amount Billed</u>	<u>Amount Paid</u>	<u>Description of Services Rendered</u>
7/11/2012	\$ 6,442.00	\$ 1,519.82	Emergency Services
7/16/2012 - 7/23/2012	\$ 2,116.00	\$ 874.06	Ambulatory Care
8/16/2012 - 8/20/2012	\$ 21,667.75	\$ 19,471.54	Emergency Services/Admitted for observation
9/12/2012	\$ 4,485.50	\$ 707.54	Emergency Services
9/17/2012 - 9/20/2012	\$ 25,075.50	\$ 19,471.54	Emergency Services/Admitted for observation
9/26/2012	\$ 35.31	\$ 35.31	Pathology Services
10/23/2012	\$ 61.00	\$ 4.40	Laboratory Services
10/30/2012 - 11/07/2012	\$ 91,011.25	\$ 55,760.62	Emergency Services/Surgery/After Care
10/31/2012	\$ 116.00	\$ 73.92	Medical Services
10/31/2012	\$ 15.00	\$ 9.65	Medical Services
12/25/2012 - 01/30/2013	\$ 222,620.50	\$ 19,471.54	Emergency Services/Surgery/After Care
1/23/2013	\$ 1,448.00	\$ 301.99	Emergency Services
2/4/2013 - 2/6/2013	\$ 23,033.50	\$ 11,813.60	Emergency Services/Admitted for observation
2/25/2013	\$ 1,996.00	\$ 401.81	Emergency Services
3/4/2013 - 3/6/2013	\$ 7,307.25	\$ 5,370.48	Emergency Services/Admitted for observation
3/20/2013	\$ 213.00	\$ 61.81	Radiological Services
5/1/2013 - 5/2/2013	\$ 15,667.00	\$ 454.17	Emergency Services/Admitted for observation
6/15/2013	\$ 786.00	\$ 239.31	Emergency Services
	\$ 424,096.56	\$ 136,043.11	

### Emergency/Medical Services Rendered for FY 2014

*(Note: not all services rendered have been submitted by Castle Medical Center for payment)*

<u>DOS</u>	<u>Amount Billed</u>	<u>Amount Paid</u>	<u>Description of Services Rendered</u>
7/2/2013	\$ 14,270.00	\$ 2,323.73	Emergency Services
7/3/2013 - 7/15/2013	\$ 44,113.00	\$ 18,339.04	Emergency Services/Surgery/After Care
8/23/2013	\$ 1,507.00	\$ 233.50	Radiological Services
8/23/2013 - 8/29/2013	\$ 47,857.00	\$ 26,752.34	Emergency Services/Surgery/After Care
9/1/2013 - 9/5/2013	\$ 18,316.00	\$ 9,830.81	Emergency Services/Admitted for observation
9/28/2013	\$ 3,283.00	\$ 772.71	Emergency Services
10/21/2013 - 10/24/2013	\$ 31,345.25	\$ 27,444.56	Emergency Services/Surgery/After Care
12/10/2013	\$ 7,234.00	\$ 1,424.54	Emergency Services
12/28/2013	\$ 2,106.00	\$ 725.86	Emergency Services
1/7/2014	\$ 6,894.00	\$ 1,297.31	Emergency Services
2/10/2014	\$ 1,020.00	\$ 229.28	Pathology Services
2/18/2014	\$ 6,901.00	\$ 1,128.86	Emergency Services
3/4/2014	\$ 9,825.00	\$ 6,376.37	Emergency Services/Surgery/After Care
3/8/2014	\$ 1,607.00	\$ 475.98	Emergency Services
3/21/2014 - 3/30/2014	\$ 56,440.25	\$ 16,987.86	Emergency Services/Admitted for observation
4/11/2014	\$ 1,048.00	\$ 251.91	Pathology Services
4/19/2014 - 4/20/2014	\$ 8,453.50	\$ 1,182.91	Emergency Services/Admitted for observation
4/30/2014	\$ 630.00	\$ 182.45	Radiological Services
5/17/2014 - 5/18/2014	\$ 4,407.00	\$ 740.56	Emergency Services
	\$ 267,257.00	\$ 116,700.58	