

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 *amj*
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): Personal assistance/habilitation services for a patient with mental illness and developmental disability to enable the patient to be discharged from Hawaii State Hospital (HSH) into the community on Molokai. This patient will require personal assistance 24 hours a day, 7 days a week to accomplish outcomes including increasing independence, developing natural supports, developing relationships, and contributing to the community through employment or volunteering.	
2. Provider Name and Address:	Molokai Occupational Center P.O. Box 1019 Kaunakakai, HI 96748
3. Total Contract Funds: Contract Funds per Year (if applicable):	\$325,000 (estimated) \$235,000/\$90,000
4. Reference number of Previous Request for this Service (if applicable):	
5. Term of Contract:	Start: 8/15/07 End: 10/31/08
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State: It is not advantageous to procure these services by competitive means because the patient's mother, who is also the patient's legal guardian, has selected this provider to provide the personal assistance/habilitation services. There is also insufficient time to procure this services competitively because it is expected that the court will approve this patient's release from HSH within the next few weeks.	
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 provider was selected because they are the only provider on Molokai who has a behavioral specialist on the island and the services of a behavioral specialist will be needed to provide technical assistance for the personal assistants. The provider was also selected for continuity of services because they will be providing vocational services for the patient under a contract with the Department of Human Services.	

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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 will be monitored through the Adult Mental Health Division's (AMHD) oversight and monitoring processes.	
9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Thomas W. Hester, M.D., AMHD Chief Kathy Yoshitomi, AMHD Treatment Services Coordinator Amy Yamaguchi, AMHD Public Health Administrative Officer (PHAO)	
10. Direct questions to (name & position):	Amy Yamaguchi, PHAO
Phone number:	808 586-4681
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 AUG 9 2007
Date
for Chiyome Leinaala Fukino, M.D.

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:

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature 8/21/07
Date

Please ensure adherence to applicable administrative requirements.