

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

15 SEP 23 A11 :10

To: Chief Procurement Officer

ADMINISTRATION  
 STATE PROCUREMENT OFFICE  
 STATE OF HAWAII

From: Human Services/BESSD/FAP

*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):	Social Security Advocacy Project Services to assist and provide representation for BESSD clients with their application for Supplemental Security Income (SSI).	
2.	Provider Name and Address:	Legal Aid Society of Hawaii 924 Bethel Street, Honolulu, HI 96813	
3.	Total Contract Funds:	\$349,800	
	Contract Funds per Year (if applicable):	Estimated	
4.	Reference number of Previous Request for this Service (if applicable)	10/1/15 <i>cyh</i>	
5.	Term of Contract:	Start: <del>9/15/2015</del>	to
		End: 12/31/16	
6.	Describe how procurement by competitive means is either not practicable or not advantageous to the State: The services are for clients whose services were initiated when the provider was under contract and required until a disposition by the Social Security Administration (SSA) is made. Social Security Advocacy Services was competitively resolicited, RFP# HMS-903-15-01-S, and awarded to a new provider. Due to attorney client privilege these clients could not be transitioned to the new provider. SSA may take anywhere from 3 months to 3 years or more before making a final disposition. Herefore this request is for 1 year 3 months with LASH to continue services in anticipation that services to all outstanding clients will be concluded. No additional clients have been made since April 17, 2014. There is an estimate 212 outstanding clients with LASH awaiting disposition from SSA.		
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, LASH, was selected competitively, RFP# HMS 903-09-02-S, and procured under contract (DHS-10-FAP-178). LASH continues to serve the clients whose services were initiated during the valid contract period and continues to provide the client services (representation) in reconsiderations and appeals to SSA. Their services will continue until a final disposition is made by SSA.		

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8. Describe the state agency's internal controls and approval requirements for the exempted procurement: LASH continues to follow the terms of contract terms under, DHS-10-FAP-178. The contract is guided by SSA determinations.	
9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Patricia Quiacusan, Acting FAP Administrator	
10. Direct questions to (name & position): Phone number: e-mail address:	Patricia Quiacusan, Acting FAPA 586-5733 pquiacusan@dhs.hawaii.gov

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

  
\_\_\_\_\_  
*Department Head Signature*  
Rachael Wong  
\_\_\_\_\_  
*Typed Name*

9/22/15  
\_\_\_\_\_  
*Date*

**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.

Chief Procurement Officer's Comments:

This approval is for the period 10/1/2015 - 12/31/2016 and for the procurement process only. The 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.

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

  
\_\_\_\_\_  
*Chief Procurement Officer Signature*

10/13/15  
\_\_\_\_\_  
*Date*

Please ensure adherence to applicable administrative requirements.