

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS

To: Chief Procurement Officer

From: Director of the Department of Health
(Developmental Disabilities Division/Hospital and Community Dental Services
Branch)

Department/Division/Branch or Office

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1. Title and description of health and human service(s):	Provision of general dental and oral surgery services concentrating on, but not limited to, disabled and medically compromised patients. Provides both general dentistry and oral surgery under general anesthesia for patients whose condition is seriously compromised by medical conditions or by inherent physical, mental, or developmental disabilities so as to prevent the delivery of services in a customary dental setting. The delivery of these services requires facilities, equipment, and staff common to both a surgical theatre and dental operatory.	
2. Provider Name and Address:	The Queen's Medical Center 1301 Punchbowl Street Honolulu, Hawaii 96813-2413	
3. Total Contract Funds:	\$400,000	
Contract Funds per Year (if applicable):	\$200,000	
4. RH No. of Previous Request for this Service (if applicable)	RH No. 10-03; RH No. 11-12; RH No. 13-05; RH No. 15-02	
5. Term of Contract:	Start: July 1, 2017	End: June 30, 2019
If the contract term is longer than 1 year, provide justification for the extended term: The funding for this contract modification is in the Fiscal Biennium 2017-2019. Since there are no other programs in the state that can provide these services, it is logical to have a contract in place for the entire two year funding cycle.		

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6. Describe the circumstances justifying a restrictive purchase:

The Queen's Medical Center General Dental Practice Residency Program maintains the only facilities, equipment, and staff that can provide the needed service in Hawaii for patients whose conditions are seriously compromised by medical conditions or by inherent physical, mental, or developmental disabilities so as to prevent the delivery of services in a customary dental setting.

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

There are no other General Dental Practice Residency Programs in Hawaii. In the absence of these services to serve patients whose conditions are seriously compromised by medical conditions or inherent physical, mental, or developmental disabilities, it would be necessary to transfer the patient, if medically feasible, to a mainland facility, which would be enormously expensive, or to deny the patient the services outright.

8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Wendy Bullard, General Professional IV, Developmental Disabilities Division, Contracts Section

9. Direct questions to (name & position): Wendy Bullard, General Professional IV

Phone number: 587-9312

e-mail address: wendy.bullard@doh.hawaii.gov

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

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Virginia Pressler 11/10/16
Department Head Signature *Date*

Virginia Pressler, M.D.
Typed Name

NOTICE

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at www.spo.hawaii.gov, click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

Procurement Officer for this Procurement
Vanessa Lau
Public Health Administrative Officer
Department of Health
Developmental Disabilities Division
1250 Punchbowl Street, Room 463
Honolulu, Hawaii 96813

Head of Purchasing Agency
Virginia Pressler, M.D.
Director of Health
Department of Health
1250 Punchbowl Street, Room 326
Honolulu, Hawaii 96813

Protest forms and instructions are on the web at: www.spo.hawaii.gov, click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published:

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Chief Procurement Officer's Comments:

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APPROVED DISAPPROVED NO ACTION

Chief Procurement Officer Signature

Date

Please ensure adherence to applicable administrative requirements.

