Ø001/002 FX 07-027

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO: Chief Procurement (Officer
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2 FROM: Maui Memorial Medical Center

Department/Division/Agency

Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

Ritchie Okamura, a sole proprietor, is a CT Technologist employed at Kaiser Permanente who shall provide CT back-up Imaging Services at it's Wailuku Clinic on an emergency basis only during periods when MMMC's CT the current equipment is inoperable.

4. Name of Ver	ndor: Ritchie Okamura		5. Price: \$50,000
Address:	595 Luakalae Place, Wail	luku, Hawaii 96793	\$30,000
6. Term of Contract:	From: One-year term from contract execution, with one year option to renew.	To: Two years.	7. Prior Exemption Ref. No.

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

The vendor, Ritchie Okamura, is one of two possible individuals who can provide CT Technician services when the MMMC CT unit is unavailable or inoperable. The vendor must be a Kaiser employed CT Technologist, and have access to the Kaiser Permanente Wailuku Clinic facilities to qualify as an on-call vendor. Their possible wendor also has a Contract with two

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition a practicable:

The vendor must be employed and in good standing with Kaiser Permanente Wailuku Clinic. The term of the exemption will be for a two (2) year period. The hospital will re-evaluate services in the community and other possibilities to determine if any other vendor could provide such services, and based on available information and research the best procurement practice will be completed

i	e agency's internal controls and approv	al requirement	s for the ex	tempted
procurement:				
	all be from HRS, Section 103-302 all			
	ll be upheld. HHSC Polices and proceed	lures will be fo	ollowed and	periodic reviews
of contract action	will be completed.			
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	sonnel, by position, who will be invol	ved in the appr	ovai proces	ss and
administration of the	contract: Position		Tuncalican	nent in Process
Name		·		
Wesley Lo	Regional Chief Executive Off		Approval	Administration
Pat Saka	Regional Chief Financial Offi	cer	Approval	X Administration
Pat Kramer	Director of Imaging		Approval	X Administration
			Approval	Administration
		<u>_</u>	Approval	Administration
		<u> </u>	Approval	Administration
	Department: Contract Manager			
12. Direct inquiries to:	Contact Name: Andrew Alvarez			
12. Direct inquires to.	Phone Number: 808-242-5212			
	Fax Number: 808-442-5462			
A concuenali	encure adherence to applicable admin	ictrative and ct	atatoru rom	niram ante
Agency shall	ensure adherence to applicable admin	istrative and st	atutory requ	uirements
-	• •			
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13. I certify that the in	formation provided above is, to the be	st of my know		
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13. I certify that the in	formation provided above is, to the be	st of my know Glate Jse Only	ledge, true	and correct.
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