

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH Leticia Huttman / Cameron Bailey		
Department Contract Administrator or Grant Coordinator:		DHHS/DCM Nancy Tan / Patricia Wall		
(If applicable) Department Reference #:		MH2-21-922		
Amount: (Contract/Amendment/Grant)	\$ 8,000.00	Advantage CT / RQS #:	CT 10A 20210211*2236	
CONTRACT	Proposed Start Date:	8/21/2020	Proposed End Date:	6/30/2021
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Empowers Employment Options LLC BELFAST ME 04915		
Brief Description of Goods/Services/Grant:		Long-Term Supported Employment		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Office of Behavioral Health (OBH) is responsible for delivery of services to persons with serious and persistent mental illness in the State of Maine. Some individuals with serious and persistent mental illness are able and encouraged to return to work or first become employed with appropriate employment/vocational related supports.

The Bates Consent Decree E. Paragraph 101 requires the Department to fund, develop, recruit and support an array of vocational services. The Decree also states that these programs may include vocational counseling, employment preparation programs which focus upon the development of work-related skills, supported employment programs, transitional employment programs, competitive employment referral services, and other programs.

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PART III: SUPPLEMENTAL INFORMATION

This service represents a supported employment program and supports the Consent Decree Exit Strategy: Consent Decree Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This service is driven by individual client choice. The provider is willing and qualified to provide this service. This provider is also licensed by DHHS and certified by the Department of Labor Bureau of Vocational Rehabilitation as a Certified Rehabilitation Provider (CRP). The clients that are being served by this provider will choose to work with this Provider.

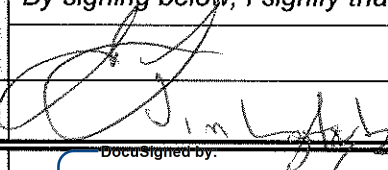
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Long Term Supported Employment rate is aligned with 10-144 Ch. 101 MBM Ch. 3 § 21, T2019 Employment Specialist Services, set at \$29.68 per hour.

4. Describe the plan for future competition for the goods or services.

OBH does not currently intend to RFP this service. LTSE is provided by Agencies who are willing and qualified and is paid at a rate that is comparable to MaineCare services. OBH will consider putting this service to RFP should this circumstance change.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	22-Apr-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>David Morris</i>		
Printed Name:	2A644AF5681F482... David Morris	Date:	4/30/2021