



**RFP 23-72675 – Enrollment Services
Attachment L.1: Use Case Scenarios Template – Scope A**

Respondent:

Maximus US Services, Inc.

Instructions:

Request for Proposal (RFP) is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Please review the requirements in the RFP attachments carefully. Responses must focus on how those in need of the Indiana's Enrollment Services Program will be served and assisted. For each Use Case Scenario, the Respondent must provide a detailed step-by-step narrative of how the Respondent would handle the Use Case Scenario, including any anticipated follow-up needed.

Respondents must organize their response in the exact order of questions provided in this document followed by their answers. While text boxes have been provided below, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. Attachments and exhibits may be provided in a separate file; however, the Respondents' response to the Use Case Scenarios must contain an adequate description of the contents. In other words, the Use Case Scenario response should stand on its own and must contain enough information to understand separate exhibits and attachments. **A response to each Use Case Scenario is a requirement for proposal submission. Failure to submit this form would impact your proposal's responsiveness.**

If submitted in PDF format, the files should not be locked.

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| Scenario # | Scenario |
|--------------------|---|
| <i>Scenario #1</i> | <p>On May 15, 2024 (weekday), an individual telephones the Enrollment Services Helpline. She is seeking help for her 70-year-old Spanish-speaking mother, whose health has recently declined. She thinks that her mother qualifies for Medicaid, and she was told that a LOC Assessment might enable her mother to access services and remain in her home. Her mother is enrolled in Traditional Medicare at the time of the call.</p> <p>Provide a detailed, step-by-step narrative of how the Enrollment Services Program would respond to this call, detailing at a minimum:</p> <ol style="list-style-type: none"> a. How the Helpline representative would verify and record that the caller is the applicant’s authorized representative; b. How the Helpline engages translation services and how language preferences and translation needs are captured and integrated into the delivery of all subsequent Enrollment Services; c. How the Helpline would initiate a LOC Assessment Request, including any specific information that is captured or any warm hand-offs to other Enrollment Services staff; d. The process for scheduling a follow-up LOC Assessment in a mode, setting, and time convenient to the individual and individual’s circle of support and reflective of the individual’s expressed preferences; e. How the individual, who is not currently enrolled in Medicaid, is screened for financial eligibility prior to the Enrollment Services Program offering the individual intake counseling and Medicaid Application Assistance; f. How and when the individual is informed of their option to receive intake counseling and Medicaid Application Assistance; g. How the LOC Assessor conducts the LOC Assessment in a culturally competent manner; h. How the Enrollment Services Program issues a LOC Determination following the LOC Assessment, including anyone who is notified of the determination; i. The process for scheduling follow-up intake counseling (if not provided at the time of LOC Assessment) in a mode, setting, and time convenient to the individual and individual’s circle of support and reflective of the individual’s expressed preferences; j. How the intake counselor adapts the intake counseling process to an individual’s unique needs, values, and circumstances, in alignment with person-centered practices; k. The process for supporting the individual in making informed choices and enrolling in their program of choice, including any referrals made to and any data transferred to other entities; |

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| Scenario # | Scenario |
|--------------------|--|
| | <p>l. Timeline for every action taken; m. Any resource referral supports offered, to include date of referral and manner of referral.</p> <p>For the purposes of this Use Case Scenario, assume that the mother (“applicant” or “individual”) is determined to meet NFLOC and to be financially eligible for Medicaid. The applicant opts to receive intake counseling, but does not request Medicaid Application Assistance. As part of intake counseling, the applicant expresses a desire to enroll in an MLTSS plan and its companion D-SNP after her Medicaid application has been approved.</p> |
| <i>Scenario #2</i> | <p>On October 12, 2024 (weekend), a hospital submits a PASRR Level I screen and a completed long-form LOC Assessment for a 61-year-old individual who was admitted for a hip fracture. The hospital has begun discharge planning and anticipates discharge within the next week.</p> <p>Provide a detailed, step-by-step narrative of how the Enrollment Services Program would respond to this scenario, detailing at a minimum:</p> <ol style="list-style-type: none"> a. How the Enrollment Services Program processes the submitted screens and assessments, including how staff validate assessment information; b. How the Enrollment Services Program schedules and conducts a follow-up PASRR Level II assessment for the individual, who is determined to have a mental illness (MI) during the PASRR Level I screen; c. How intake counseling is provided as part of the PASRR Level II Assessment process; d. How the Enrollment Services Program notifies and collaborates with DMHA during the PASRR process; e. How the Enrollment Services Program issues a LOC Determination based on the submitted long-form LOC Assessment, including anyone who is notified of the LOC Determination; f. The process for supporting the individual in receiving care in a setting of their choice and in enrolling in a program of choice, including any referrals made to and data transferred to other entities; g. Timeline for every action taken; h. Any resource referral supports offered, to include date of referral and manner of referral. |

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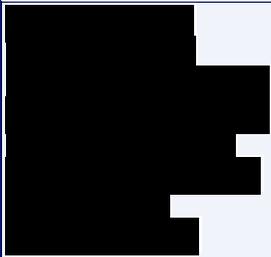
| Scenario # | Scenario |
|--------------------|--|
| <i>Scenario #3</i> | <p>On February 27, 2025 (weekday), an Aging and Disability Resource Center (ADRC) submits a LOC Assessment Request for a 53-year-old individual who is blind and enrolled in Traditional Medicaid. The individual needs assistance with several activities of daily living due to post-acute sequelae SARS-CoV-2 infection (PASC).</p> <p>Provide a detailed, step-by-step narrative of how the Enrollment Services Program would respond to this scenario, detailing at a minimum:</p> <ol style="list-style-type: none"> a. The process for scheduling a follow-up LOC Assessment in a mode, setting, and time convenient to the individual and individual’s circle of support and reflective of the individual’s expressed preferences; b. The process for offering the individual the option to receive materials, including determination letters, in an alternate format of their choice (audiotape, braille, etc.) and how the individual’s choice of alternate format is recorded and respected throughout the enrollment process; c. How the LOC Assessor conducts the LOC Assessment in a culturally competent manner; d. How the Enrollment Services Program will ensure the individual experiences a Warm Hand-off to the state-determined entit(ies) responsible for non-MLTSS waiver intake and enrollment for the individual as part of the LOC Assessment process following a positive LOC Determination; e. Timeline for every action taken; f. Any resource referral supports offered, to include date of referral and manner of referral. |

Use Case Scenario #1 – Response:

See below.

At Maximus, we understand great service comes from understanding the individual and taking a person-centered approach with every interaction. With this, we view providing intake counseling and Level of Care (LOC) assessment for individuals as something of high importance. Below, we provide our step-by-step process for meeting the needs of the individual in Scenario 1. This scenario focuses on an individual calling the Enrollment Services Helpline regarding her mother, a 70-year-old, Spanish-speaking woman whose health has recently declined. The individual was told that a LOC assessment may enable her mother to access services and remain in her home.

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| | How the Enrollment Services Program Would Respond |
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| | How the Enrollment Services Program Would Respond |
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| | <p>[Redacted]</p> |
| <p>[Redacted]</p> | <p>[Redacted]</p> |
| <p>[Redacted]</p> | <p>[Redacted]</p> |

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| <p>[Redacted]</p> | <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> |

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| | How the Enrollment Services Program Would Respond |
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| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |

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| | How the Enrollment Services Program Would Respond |
|--|---|
| | <ul style="list-style-type: none">■ [Redacted]■ [Redacted]■ [Redacted] |
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| | <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED]█ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
| <p>[REDACTED]</p> | <ul style="list-style-type: none">█ [REDACTED]█ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
| <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> |
| <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |

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| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |

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| | How the Enrollment Services Program Would Respond |
|------------|--|
| | <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] |
| [REDACTED] | [REDACTED] |

Use Case Scenario #3 – Response:

See below.

In this scenario, a weekday LOC assessment request is submitted by an Aging and Disability Resource Center (ADRC) for a 53-year-old individual who is blind and enrolled in Traditional Medicaid. The individual needs assistance with several activities of daily living due to post-acute sequelae SARS-CoV-2 infection (PASC).

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| [REDACTED] | [REDACTED] |

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| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |