maximus

PROPOSAL TO PROVIDE

Long-Term Services and Supports (Scope A)

PREPARED FOR:
Indiana Department of Administration on behalf of Family and Social Services Administration

SUBMISSION PART TWO:
Redacted Cost Proposal

RFP No:
23-72675

DUE DATE:
September 30, 2022 4:30 pm ET

Cost Proposal Narrative

Maximus US Services, Inc. (Maximus) is pleased to submit our Cost Proposal in response to Request for Proposal (RFP 23-72675 for Long-Term Services and Supports (LTSS) Enrollment Services {Scope A}) to provide services for the Indiana Department of Administration, on behalf of the Family and Social Services Administration. We have developed a solution that is designed to meet Indiana's unique needs and program goals and have leveraged our incumbent team to enhance the customer experience, improve quality, and achieve best outcomes for the citizens of Indiana. Our costs reflect a reasonable, thoughtful, innovative, and efficient solution to successfully deliver LTSS Enrollment Services, nursing facility Level of Care (LOC) assessments and determinations, Preadmission Screening and Resident Review (PASRR), Intake Counseling, and Medicaid application assistance for long-term care.

We have thoroughly reviewed the requirements of the RFP and related answers to questions. Our overall solution and pricing methodology reflect industry standards and best practice ideas that come from years of experience in PASRR and LOC related government health services across the country, including our current work with the State of Indiana.

[redacted]

Maximus is confident that we offer the highest value and the lowest risk for your investment. We are committed to providing best-value pricing, and we look forward to the opportunity to discuss with the State how we can provide the best possible solution at the best possible price. We are confident in our abilities and look forward to the opportunity to assist with fulfilling the goals set forth in the Solicitation.

Proposed Costs

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

[redacted]

Cost Assumptions, Conditions, and Constraints

[redacted]

[redacted]

#	Assumptions
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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LTSS Enrollment Services and Member Support Services RFP Attachment D.1: Cost Proposal Template - Scope A

RFP 23-72675

(Responses Due on September 30, 2022, at 4:30pm ET)

State of Indiana
August 12, 2022

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72675

Attachment D.1: Cost Proposal Template - Scope A

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State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72675
Attachment D.1: Cost Proposal Template - Scope A
Instructions

INSTRUCTIONS
Please provide your cost proposal by populating the Cost Proposal template (Attachment E). Note that throughout the template, you are only to fill in cells shaded in yellow. Do not fill in cells shaded grey, blue, or white. Blue cells will populate automatically.

COST PROPOSAL SUMMARY TAB
Other than entering your firm's name at the top of the page, there is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

REQUIRED STAFF TAB
Please provide qualification and pricing information for the five key staff positions required in the Scope of Work: Project Manager, Operations Supervisor, Information Systems Coordinator, Training Coordinator, and LOC Determination Supervisor under the section labeled, "Key Staff HOURLY Pricing." In the yellow cells in columns E-G, please provide any other minimum work experience required, and any degree or special certification needed for the position beyond the qualifications required by the State in Attachment K.1 - Scope of Work A. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

OTHER STAFF TAB
Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES the Key Staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position in the yellow cells. For Non-Key Staff required in Section 12.2 of the Scope of Work, the State has provided position description and minimum requirements. Next, provide the HOURLY Wage Rate Per Position for each position, including the three Non-Key Staff (LOC Assessor, PASRR Level II Evaluator, and Intake Counselor) required in Section 12.2 of the Scope of Work. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

HELPLINE SERVICES TAB
Under the section labeled, "Helpline Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Helpline Services Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Helpline Services Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Helpline Services Monthly Cost Per Call," please provide the Proposed Year 1 Pricing per each call in each call volume band. Your pricing must go to the cent level. Under the section labeled "Helpline Services Monthly Cost Per Email," please provide the Proposed Year 1 Pricing per each email in each email volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Helpline Position FTE Volume For Calls" please provide the position and number of FTEs that will be needed at monthly call volumes of two thousand, four thousand, and seven thousand. Under the section labeled "Helpline Position FTE Volume For Emails" please provide the position and number of FTEs that will be needed at monthly email volumes of seven hundred fifty, one thousand five hundred, and three thousand.You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly Call Volume" and "Estimated Monthly Email Volume" are provided for scoring calculations ONLY; they are NOT a guaranteed call and email volume. Historical data is available in the Bidders' Library for reference.

PASRR LEVEL I ASSESSMENTS TAB
Under the section labeled, "PASRR Level I Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level I Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level I Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level I Assessessment," please provide the Proposed Year 1 Pricing per each PASRR Level I Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level I Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly PASRR Level 1 Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level 1 Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

LOC ASSESSMENTS TAB
This tab is intended to capture costs for LOC Assessments conducted by the Contractor following the receipt of LOC Assessment Requests. Under the section labeled, "LOC Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Assessment Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per LOC Assessment," please provide the Proposed Year 1 Pricing per each LOC Assessment completed by the Contractor. Your pricing must go to the cent leve Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Assessment Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly LOC Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

LOC DETERMINATIONS TAB
This worksheet is intended to capture costs for LOC Determinations made by the Contractor following the submission of completed long-form LOC Assessments through the Contractor's web-based assessment platform. LOC Assessments may be submitted by qualified Hospitals and MLTSS MCEs. The Contractor is responsible for reviewing and validating completed long-form LOC Assessments submitted by Hospitals and MCEs and issuing LOC Determinations. Under the section labeled, "LOC Determinations Based on Submitted LOC Assessments - Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Determinations Based on Submitted LOC Assessments - Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Determinations Based on Submitted LOC Assessments - Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Submitted LOC Assessessment," please provide the Proposed Year 1 Pricing for LOC Determinations per each submitted LOC Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Determination Position FTE Volume" please provide the position and number of FTEs that will be needed based on the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments" is provided for scoring calculations ONLY; it is NOT a guaranteed LOC Determination volume based on Submitted LOC Assessments. Historical assessment data is available in the Bidders' Library for reference.

PASRR LEVEL II (MI) TAB
Under the section labeled, "PASRR Level II Assessment (MI) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (MI) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (MI) Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessessment (MI)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Leve

PASRR LEVEL II (ID/RC) TAB
Under the section labeled, "PASRR Level II Assessment (ID/RC) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (ID/RC) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (ID/RC) Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessessment (ID/RC)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (ID/RC). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (ID/RC) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with ID/RC." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with ID/RC" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

INTAKE COUNSELING TAB
Under the section labeled, "Intake Counseling Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Intake Counseling Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Intake Counseling Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Intake Counseling Session," please provide the Proposed Year 1 Pricing per each Intake Counseling Recipient. Please note that the Contractor may only bill once per Intake Counseling Recipient when intake counseling occurs during the LOC Assessment or when it occurs during a stand-alone intake counseling session. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Intake Counseling Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly Intake Counseling Recipient Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note that "Estimated Monthly Intake Counseling Recipient Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of Intake Counseling Recipients.

IHCP APPLICATION ASSISTANCE TAB
Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "IHCP Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "IHCP Application Assistance Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per IHCP Application Assistance Request," please provide the Proposed Year 1 Pricing per each completed IHCP Application Assistance Request in each IHCP Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "IHCP Application Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at IHCP Application Assistance Request volumes of one hundred fifty, four hundred, and six hundred. You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estimated Monthly IHCP Application Assistance Request Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistance is included in Scope of Work A as optional, and as such the State may choose to exclude this from the final Scope of Work, depending on pricing and budget.

INFORMATION SYSTEMS TAB
Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual Systems Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please provide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for information systems. The Information Systems Coordinator position is already pre-populated, but if you choose to include positions other than Information Systems Coordinator, you may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. The total price x quantity for Year 1 will calculate automatically and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Monthly Operations Cost in Year 1.

OTHER TASKS TAB
Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performaning any other tasks related to executing the Scope of Work A and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Key Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Key Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. If additional staff members perform any of the tasks listed in cells B21-B24, please repeat the task title and provide the new staff role with its associated monthly hours in the yellow cells provided. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed.

KEY STAFF HOUR SUMMARY
There is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

State of Indiana, LTSS Enrollment Services and Member Support Services RI

Attachment D.1: Cost Proposal Template - Scope A

Cost Proposal Summary

Instructions:

Other than entering your firm's name at the top of the page, there is no response necessary on information entered on other worksheets.

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

FP 23-72675

Respondent Name: **Maximus**

Please Complete Yellow Shaded Regions

this worksheet. The blue cells will populate automatically based on

Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost (Optional Extension)
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

Year 6 Cost (Optional Extension)
$ 739,560.00
[redacted]

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72675

Attachment D.1: Cost Proposal Template - Scope A

Key Staff

Respondent Name: Maximus

Please Complete Yellow Shaded Regions

Instructions:

Please provide qualification and pricing information for the five key staff positions required in the Scope of Work: Project Manager, Operations Supervisor, Information Systems Coordinator, Training Coordinator, and LOC Determination Supervisor under the section labeled, "Key Staff HOURLY Pricing." In the yellow cells in columns E-G, please provide any other minimum work experience required, and any degree or special certification needed for the position beyond the qualifications required by the State in Attachment K.1 - Scope of Work A. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

Key Staff HOURLY Pricing

						Year 1 Cost		
Position	**SOW Reference**	**Position Description**	**Minimum Work Experience Required**	**Degree(s) Required**	**Certifications Required**	**HOURLY Wage Rate Per Position**	**Administrative Overhead (%)**	**Total HOURLY Cost Per Position**
Example - Project Manager	*12.1.1*	*Primary liason with the State (or its designees) to facilitate communications between FSSA, the State's contractors and the Contractor's executive leadership and staff; Responsible for ensuring all Contractor functions are in compliance with the terms of the*	*3 years experience in program management and overseeing staff*	*Bachelor's Degree*	*None*	*$ 30.00*	*25.00%*	*$ 37.50*

[redacted]

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-73675
Attachment D.1: Cost Proposal Template - Scope A
Other Staff

Respondent Name: Maximus

Please Complete Yellow Shaded Regions

Instructions:
Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES the Key Staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position in the yellow cells. For Non-Key Staff required in Section 12.2 of the Scope of Work, the State has provided position descriptions and minimum requirements. Please use the Position Description and Minimum Work Experience Required cells to describe how your proposed staff meet the minimum requirements (if applicable) required in Section 12.2 of the Scope of Work. This is NOT the bill rate for the position. It is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tabs where a Position classification is required.

Other Staff HOURLY Pricing

Position	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	Year 1 Cost		
					HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
Example - Tier 2 Helpline Representative	*Processes individual LDC Member inquiries and supports issue resolution and escalation for users of the Contractor's web based request tracking system.*	*Experience working successfully and cordially with individuals across varying backgrounds and languages; experience with data entry*	*2-Year Associate's Degree*	*None*	$ 20.00	29.00%	$ 25.80

[redacted]

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72675

Attachment D.1: Cost Proposal Template - Scope A

Helpline Services

Respondent Name:	**Maximus**
	Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Helpline Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Helpline Services Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Helpline Services Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Helpline Services Monthly Cost Per Call," please provide the Proposed Year 1 Pricing per each call in each call volume band. Your pricing must go to the cent level. Under the section labeled "Helpline Services Monthly Cost Per Email," please provide the Proposed Year 1 Pricing per each email in each email volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Helpline Position FTE Volume For Calls" please provide the position and number of FTEs that will be needed at monthly call volumes of two thousand, four thousand, and seven thousand. Under the section labeled "Helpline Position FTE Volume For Emails" please provide the position and number of FTEs that will be needed at monthly email volumes of seven hundred fifty, one thousand five hundred, and three thousand.You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly Call Volume" and "Estimated Monthly Email Volume" are provided for scoring calculations ONLY; they are NOT a guaranteed call and email volume. Historical data is available in the Bidders' Library for reference.

[redacted]

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

PASRR Level I

Instructions:

Under the section labeled, "PASRR Level I Assessment Assumptions" please provide your Fixed Annual
labeled "PASRR Level I Annual Contract Costs" there is no response necessary. The cells in this table wi
Pricing". Under the section labeled "Monthly Cost Per PASRR Level I Assessessment," please provide th
that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labe
to meet the "Estimated Monthly PASRR Level 1 Assessment Volume." You may select from a drop-down
PASRR Level 1 Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed a

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ar 5 Cost (Optional Extension)
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	[redacted]
[redacted]	

	[redacted]
Total	[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section
ll populate automatically based off of the "PASRR Level I Assessment Assumptions" and the "Proposed Year 1
e Proposed Year 1 Pricing per each PASRR Level I Assessment. Your pricing must go to the cent level. Note
led "PASRR Level I Position FTE Volume" please provide the position and number of FTEs that will be needed
menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly
assessment volume. Historical assessment data is available in the Bidders' Library for reference.

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

LOC Assessments with Determinations (Conducted by Contractor)

Instructions:

This tab is intended to capture costs for LOC Assessments conducted by the Contractor following the rec your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. in this table will populate automatically based off of the "LOC Assessment Assumptions" and the "Propos Proposed Year 1 Pricing per each LOC Assessment completed by the Contractor. Your pricing must go to the section labeled "LOC Assessment Position FTE Volume" please provide the position and number of F down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimate assessment volume. Historical assessment data is available in the Bidders' Library for reference.

LOC Assessment Assumptions

Fixed Annual Price Increase percentage	[redacted]
Expected Monthly LOC Assessment Volume	

LOC Assessment Annual Contract Costs

Total Proposed Year 1 Cost	[redacted]
Year 2 Cost	
Year 3 Cost	
Year 4 Cost	
Year 5 Cost (Optional Extension)	
Year 6 Cost (Optional Extension)	

Monthly Cost Per LOC Assessment

	Total Price Per LOC Assessment
[redacted]	

Total	

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

eipt of LOC Assessment Requests. Under the section labeled, "LOC Assessment Assumptions" please provide
Under the section labeled "LOC Assessment Annual Contract Costs" there is no response necessary. The cells
ed Year 1 Pricing". Under the section labeled "Monthly Cost Per LOC Assessment," please provide the
o the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under
TEs that will be needed to meet the "Estimated Monthly LOC Assessment Volume." You may select from a drop-
ed Monthly LOC Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

LOC Determinations Based on Submitted LOC Assessments

Instructions:

This worksheet is intended to capture costs for LOC Determinations made by the Contractor following the platform. LOC Assessments may be submitted by qualified Hospitals and MLTSS MCEs. The Contractor MCEs and issuing LOC Determinations. Under the section labeled, "'LOC Determinations Based on Subn drives pricing changes for subsequent contract years. Under the section labeled "LOC Determinations Ba table will populate automatically based off of the "LOC Determinations Based on Submitted LOC Assessr Submitted LOC Assessessment," please provide the Proposed Year 1 Pricing for LOC Determinations pe automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Determination Posi Monthly LOC Determination Volume Based on Submitted LOC Assessments." You may select from a dro Monthly LOC Determination Volume Based on Submitted LOC Assessments" is provided for scoring calc Historical assessment data is available in the Bidders' Library for reference.

[redacted]

[redacted]

Total	[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

e submission of completed long-form LOC Assessments through the Contractor's web-based assessment
is responsible for reviewing and validating completed long-form LOC Assessments submitted by Hospitals and
nitted LOC Assessments - Assumptions" please provide your Fixed Annual Price Increase percentage - this
ased on Submitted LOC Assessments - Annual Contract Costs" there is no response necessary. The cells in this
nents - Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per
er each submitted LOC Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate
tion FTE Volume" please provide the position and number of FTEs that will be needed based on the "Estimated
p-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated
ulations ONLY; it is NOT a guaranteed LOC Determination volume based on Submitted LOC Assessments.

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

PASRR Level II for Individuals with Mental Illness (MI)

Instructions:

Under the section labeled, "PASRR Level II Assessment (MI) Assumptions" please provide your Fixed Ar
labeled "PASRR Level II (MI) Annual Contract Costs" there is no response necessary. The cells in this tal
"Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessessment
go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricir
number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Ir
Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume fo
volume. Historical assessment data is available in the Bidders' Library for reference.

[redacted]

[redacted]

Total	[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

nual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section
ble will populate automatically based off of the "PASRR Level II Assessment (MI) Assumptions" and the
(MI)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must
ng. Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and
ndividuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key
r Individuals with Mental Illness" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

PASRR Level II for Individuals with Intellectual Disabilities (ID) and Related Conditions (RC)

Instructions:

Under the section labeled, "PASRR Level II Assessment (ID/RC) Assumptions" please provide your Fixed section labeled "PASRR Level II (ID/RC) Annual Contract Costs" there is no response necessary. The ce and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assesse Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Prop the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessm the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment V volume. Historical assessment data is available in the Bidders' Library for reference.

[redacted]

[redacted]

Total	[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

d Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the
ells in this table will populate automatically based off of the "PASRR Level II Assessment (ID/RC) Assumptions"
essment (ID/RC)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (ID/RC).
posed Year 1 Pricing. Under the section labeled "PASRR Level II (ID/RC) Position FTE Volume" please provide
ent Volume for Individuals with ID/RC." You may select from a drop-down menu pre-populated with staff from
/olume for Individuals with ID/RC" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

Intake Counseling

Instructions:

Under the section labeled, "Intake Counseling Assumptions" please provide your Fixed Annual Price Incre
Counseling Annual Contract Costs" there is no response necessary. The cells in this table will populate a
section labeled "Monthly Cost Per Intake Counseling Session," please provide the Proposed Year 1 Pricir
Counseling Recipient when intake counseling occurs during the LOC Assessment or when it occurs durin
populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Intake Counsel
Monthly Intake Counseling Recipient Volume." You may select from a drop-down menu pre-populated wit
Recipient Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of Intake Co

[redacted]

[redacted]

Total	[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

ease percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Intake
utomatically based off of the "Intake Counseling Assumptions" and the "Proposed Year 1 Pricing". Under the
ng per each Intake Counseling Recipient. Please note that the Contractor may only bill once per Intake
g a stand-alone intake counseling session. Your pricing must go to the cent level. Note that Years 2 - 6 will
ing Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated
th staff from the "Key Staff" and "Other Staff" tabs. Please note that "Estimated Monthly Intake Counseling
unseling Recipients.

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

Indiana Health Coverage Program (IHCP) Application Assistance

Instructions:

Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Incre
Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will
Pricing". Under the section labeled "Monthly Cost Per IHCP Application Assistance Request," please prov
Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - (
Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at
select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estim
NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistar
Scope of Work, depending on pricing and budget.

[redacted]

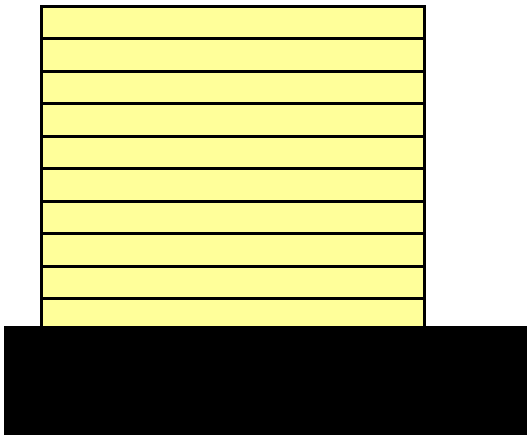
Total		

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

ase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "IHCP
populate automatically based off of the "IHCP Application Assistance Assumptions" and the "Proposed Year 1
vide the Proposed Year 1 Pricing per each completed IHCP Application Assistance Request in each IHCP
6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "IHCP Application
IHCP Application Assistance Request volumes of one hundred fifty, four hundred, and six hundred. You may
ated Monthly IHCP Application Assistance Request Volume" is provided for scoring calculations ONLY; it is
nce is included in Scope of Work A as optional, and as such the State may choose to exclude this from the final

[redacted]



State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72

Attachment D.1: Cost Proposal Template - Scope A

Information Systems

Instructions:

Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual System pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual C total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please prov information systems. The Information Systems Coordinator position is already pre-populated, but if you cl pre-populated with staff from the "Key Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Y Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Informa costs, including their corresponding details. The total price x quantity for Year 1 will calculate automaticall based on the Proposed Monthly Operations Cost in Year 1.

[redacted]

[redacted]

		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		Total

[redacted]

[redacted]

[redacted]

2675

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

s Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive
ontract Costs" there is no response necessary. The cells in this table will populate automatically based on the
vide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for
hoose to include positions other than Information Systems Coordinator, you may select from a drop-down menu
Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that
ation Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary
ly and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically

[redacted]

[redacted]

[redacted]

	$ -
	$ [redacted]
Total	$ [redacted]

State of Indiana, LTSS Enrollment Services and Member Suppor

Attachment D.1: Cost Proposal Template - Scope A

Other Tasks

Instructions:

Under the section labeled, "Other Tasks Assumptions" please provide your Fixe
Tasks Staffing Detail," please detail the positions involved in performaning any c
Task for each position. Three positions from the "Key Staff" tab are already pre-
"Key Staff" and "Other Staff" tabs. If you select additional positions from the dro
for Year 1 by position will calculate automatically and roll up into the Proposed S
staff members perform any of the tasks listed in cells B21-B24, please repeat th
more than one role performing them, please list each separate role on its own ro

[redacted]

t Services RFP 23-72675

Respondent Name:	Maximus
	Please Complete Yellow Sha

ed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section
other tasks related to executing the Scope of Work A and also provide Expected Number of Hours required MONTH
populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-pop
p-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate
Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Yea
e task title and provide the new staff role with its associated monthly hours in the yellow cells provided. For propose
ow with the task title repeated, as needed.

	Proposed Year 1 Cost	
Expected Number of Hours required MONTHLY to Complete Task(s)	HOURLY Rate (paid by the State)	Total Price
[redacted]		

aded Regions

labeled "Other
HLY to Complete
pulated from the
e and Total Price
ar 1. If additional
ed tasks that have

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72675

Attachment D.1: Cost Proposal Template - Scope A

Key Staff Hours Summary

Instructions:

There is no response necessary on this worksheet. The blue cells will populate automatically based on informa

Total Designated Hours Per Week by Position

[redacted]

Respondent Name:	**Maximus**
	Please Complete Yellow Shaded Regions

tion entered on other worksheets.