

**R/CCC RFP**  
**Attachment E - Cost Proposal**

**RFP 22-68345**

State of Indiana

State of Indiana, RFP 22-68345  
Attachment E - Cost Proposal  
Summary

**INSTRUCTIONS:** Please fill in only the cells shaded yellow, including the Respondent Name field above. The blue shaded cells will populate automatically, calculate the Respondent's name at the top of the page, there is no response necessary on this tab. Cost proposals will be scored based on the base term bid amount in cell **G12**.

Please note that the amount of the awarded contract will be the sum of the Contractor's bid total and estimated pass through costs for facilities (inclusive of both labor and materials).

Table 1: Summary

Respondent Name: 

Maximus US Services, Inc.

ted from your bid information entered on the tabs that follow. Other than entering your  
  
ase costs and operating expenses).

Total Base Term Costs	Extension Year 1 Cost	Extension Year 2 Cost	Total Extension Years Cost	Total Base + Extension Year Costs

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Central Change Center (CCC) Eligibility Determination Operations

Respondent Name: **Maximus US Services, Inc.**

**INSTRUCTIONS:** Please fill in only the cells shaded yellow, including the Respondent Name field above. The blue shaded cells will populate automatically.

In Table 1, please provide yearly fixed fees (inclusive of all anticipated staffing costs, administrative costs, maintenance and support costs, travel, insurance, supplies/consumables and applicable fees) to fulfill all Central Change Center responsibilities outlined in Attachment C - Scope of Work. In Table 2, please provide your yearly estimated headcount (of fully trained Eligibility Specialists) to fulfill all CCC responsibilities outlined in Attachment C - Scope of Work. Please note that the information in Table 2 will **not** be used for cost evaluation purposes.

Table 1: CCC Annual Fixed Fees

Base Term Proposed Fixed Fees				Extension Years	
Operational Year 1	Operational Year 2	Operational Year 3	Operational Year 4	Extension Year 1	Extension Year 2

Table 2 - CCC Trained ES Staff Headcount

Base Term Proposed # of CCC ESs				Extension Years	
Operational Year 1	Operational Year 2	Operational Year 3	Operational Year 4	Extension Year 1	Extension Year 2

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Regional Change Center (RCC) Eligibility Determination Operations

Respondent Name:

**INSTRUCTIONS:** Please fill in only the cells shaded yellow, including the Respondent Name field above. The blue shaded cells will populate automatically.

In Table 2, please list each contract year's proposed hourly rates for a trainee, a fully trained Eligibility Specialist (ES), and a fully trained ES working State-mandated overtime. Please note that the base fully trained Eligibility Specialist pay rate. Table 3 will auto populate based on the proposed **Fully Trained ES** rates entered in Table 2. The maximum costs per position will be

Please ensure that all costs (including all staffing costs, administrative costs, maintenance and support costs, travel, insurance, supplies/consumables and applicable fees) to fulfill the Re Scope of Work are represented in the proposed hourly rates.

**Table 1: RCC Eligibility Specialist Staffing Floor and Ceiling**

Staffing Floor (# of ESs)	Staffing Ceiling (# of ESs)
1000	1100

**Table 2: RCC Staffing Proposed Rates**

Base Term Proposed Rates				
Position	Operational Year 1	Operational Year 2	Operational Year 3	Operational Year 4
Trainee	\$			
Fully Trained ES	\$			
Fully Trained ES working State-mandated overtime*	\$			

\*State-mandated overtime shall be capped at 140% of the base fully trained Eligibility Specialist pay rate.

**Table 3: RCC Staffing Proposed Costs**

Base Term Proposed Costs								
Position	Operational Year 1		Operational Year 2		Operational Year 3		Operational Year 4	
	Min	Max	Min	Max	Min	Max	Min	Max
Fully Trained ES								

Maximus US Services, Inc.

le that the State-mandated overtime shall be no more than 140% used for cost evaluation purposes.

gional Change Center responsibilities outlined in Attachment C -

Extension Years Proposed Rates	
Extension Year 1	Extension Year 2
\$	
\$	
\$	

Total		Extension Years Proposed Costs					
Total		Extension Year 1		Extension Year 2		Total	
Min	Max	Min	Max	Min	Max	Min	Max



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Initial Transition Costs

Respondent Name: **Maximus US Services, Inc.**

**INSTRUCTIONS:** Please fill in only the cells shaded yellow, including the Respondent Name field above. The blue shaded cells will populate automatically.

In the yellow cells, please input your proposed costs to fulfill the initial transition responsibilities noted for each month in Section 5.0 of Attachment C - Scope of Work. Please ensure that each proposed monthly

Initial Transition Month	Proposed Fee
Month 1 Initial Transition Costs	\$
Month 2 Initial Transition Costs	\$
Month 3 Initial Transition Costs	\$
Month 4 Initial Transition Costs	\$
Month 5 Initial Transition Costs	\$
Month 6 Initial Transition Costs	\$
Month 7 Initial Transition Costs	\$
Month 8 Initial Transition Costs	\$
Month 9 Initial Transition Costs	\$
Total Initial Transition Costs	\$