MAXIMUS

Proposal to Provide:

Central and Regional Change Center Eligibility Operations

Indiana Family and Social Service Administration
Division of Family Resources (DFR)

REDACTED VOLUME V: TECHNICAL PROPOSAL
RFP No. 22-68345
September 16, 2021

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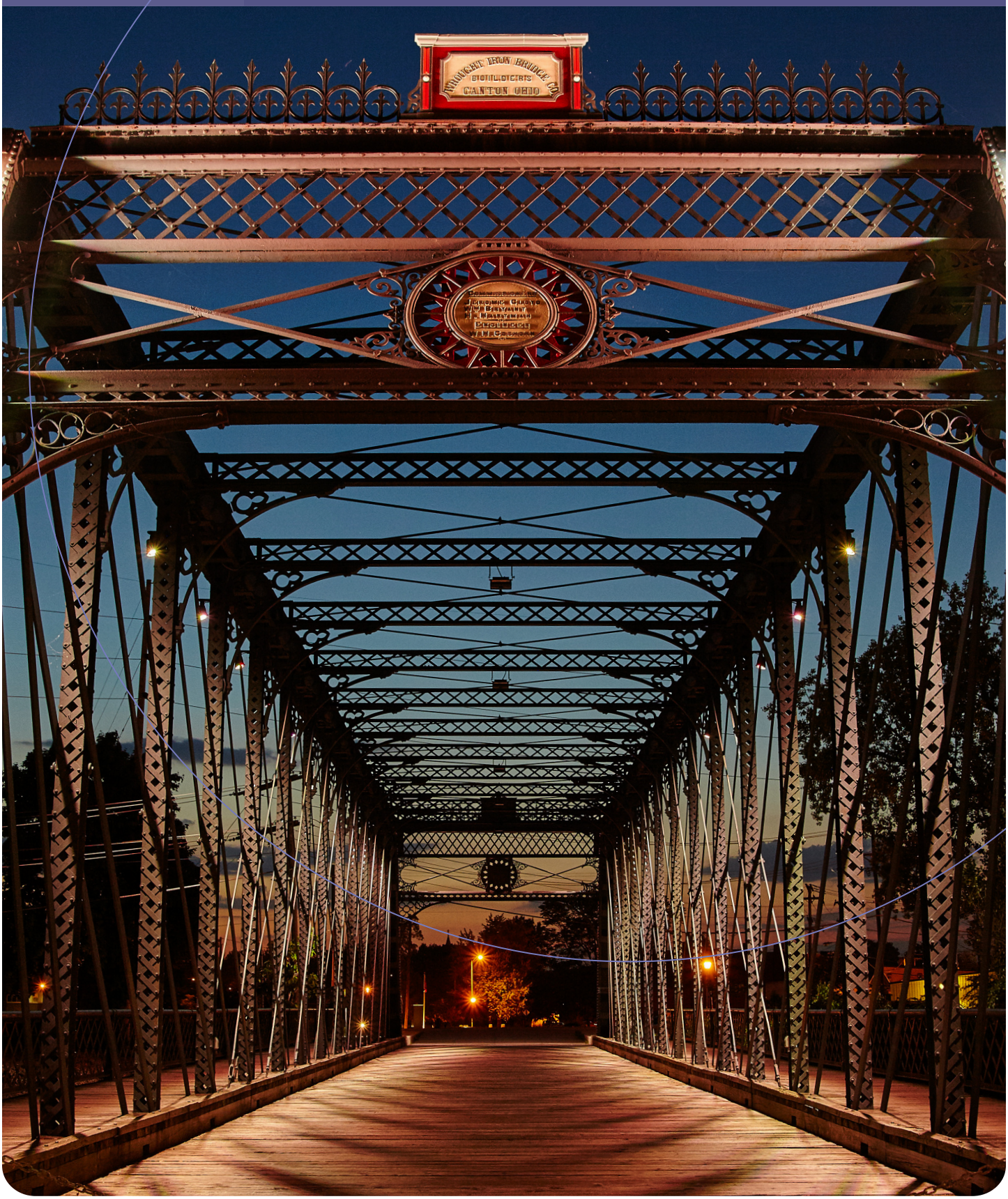
1-2 Introduction and Background



1. Introduction and Background

Att. G Section 1

1.1 Overview of Proposal

1.2 List of States Where We Have Provided Similar Services

Our proposed Indiana Eligibility Operations solution is based on 25 years of operating large, complex eligibility support contracts, and almost 14 years working with the State of Indiana. Our team brings expertise and solutions, proven successful in dozens of other states, that will improve the Hoosier experience, drive operational efficiencies, and promote service quality as a core value. Selecting Maximus helps you provide world-class service to the most vulnerable Hoosiers.

For decades, Maximus has worked to expand and continuously improve our state health and human operational and systems services for Medicaid, SNAP, TANF, CHIP, health insurance exchanges, eligibility and enrollment modernizations, long-term care (LTC) programs, Medicaid Management Information Systems (MMIS), and health information technology (IT) consultations.

Serving Hoosiers for 14 Years

In addition to our extensive eligibility experience, we bring Indiana-specific experience through the following projects:

- Enrollment Broker Services
- Indiana Manpower Placement and Comprehensive Training (IMPACT) Program
- COVID-19 Contact Tracing and Vaccine Scheduling
- Qualified Residential Treatment Program (QRTP) Assessments
- Preadmission Screening of Resident Review (PASRR)
- Indiana Child Care Intake Services
- Department of Insurance (DOI) Appeals and Reviews
- Department of Child Services (DCS) Federal Revenue Maximization Services

	Medicaid CHIP	SNAP	TANF	Eligibility Determination Support Services	Application and Document Support Services	Customer Service Center	Appeals and/or Recovery	Size of Consumer Population	Years in Operation
Health Services Projects									
AR Eligibility Support	●			●	●			140K	0.5
CA Health Care Options	●				●	●		11.5M	25
CA Medi-Cal for Families Program	●			●	●	●	●	1.2M	8
CO Medical Assistance Eligibility and Enrollment	●			●	●	●	●	1.2M	6
FL Healthy Kids and KidCare	●			●	●	●		237K	9
GA Integrated Eligibility System	●			●	●	●		1.7M	7
GA PeachCare for Kids	●			●	●	●		205K	19
IL Enhanced Eligibility Verification	●			●	●	●		2.5M	6
IA Medicaid Enterprise Member Services	●			●	●	●		669K	16
KS KanCare Clearinghouse	●			●	●	●	●	377K	22
MA MassHealth Customer Services	●			●	●	●	●	1.5M	16
MD Health Benefit Exchange	●			●	●	●		1.3M	8
MI Enrollment Broker Services	●			●	●	●		2.3M	23
NJ State Based Exchange	●			●	●	●	●	246K	1
NY State of Health	●			●	●	●	●	7.6M	11
OK SoonerCare Helpline	●				●	●		600K	8
PA Health and Human Services Call Center	●	●		●	●	●		2.4M	8
TN Eligibility Redetermination Processing	●			●	●	●		1.4M	4
TN CoverKids	●			●	●	●		122K	8
TX Eligibility Support Services	●	●	●	●	●	●		6.7M	14
WY Customer Service Center	●			●		●		54K	4
Workforce									
AZ Jobs Program – District 1			●			●		61K	21
CA LA GAIN			●			●		12K	20
CA Orange County CalWORKs						●		2.3K	26
ID Employment and Training Services		●	●			●		5.5K	4
IN IMPACT Program		●	●			●		10K	3
WI Food Stamps Employment and Training - Milwaukee		●				●		2K	1.5
OH Propel Cuyahoga		●	●					3K	5
WI Works (W-2) Program			●	●	●		●	2K	24

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Exhibit G.1.2-1: Maximus Projects Supporting Eligibility and Customer Services Operations. *Maximus is an industry-leading provider of eligibility support and customer service projects for health and human services public benefit programs.*

Currently, we provide health and human services programs supporting government agencies—including DFR—across 35 states plus the District of Columbia. Our services are scalable, efficient, and tailored to the specific needs of each agency and community we serve. Maximus is the leading Contractor in the nation for providing health services, serving more than three quarters of the nation's Medicaid managed care members.

As shown in *Exhibit G.1.2-1: Maximus Projects Supporting Eligibility and Customer Services Operations*, we offer considerable experience collaborating with state agencies across the health and human services spectrum. This list includes a sample of current and completed projects with similarities to Indiana Eligibility Operations. Our wide range of experience in supporting states' Medicaid, SNAP, and TANF programs and across so many health and human service areas uniquely distinguishes us from other Contractors. The projects we highlight provide a resounding demonstration of our capability and experience in a variety of ways:

- Similar scope
- Similar size and complexity
- Demonstration of our eligibility-specific expertise
- Reflections of our customer service center approaches
- Exemplification of the breadth of our health and human services programs knowledge

The RFP requirement for Attachment G, Section 1 is to "provide...a list of states to which you currently or in the past have provided similar services." In *Attachment F, Appendix 11: Experience Serving Similar Clients*, we provide a representative sample of the work we perform for state governments in support of health and human service programs and refer reviewers to that section for our detailed response to this similar requirement. We also include highlights of our Indiana-specific experience in *Attachment F, Appendix 10: Experience Serving State Government*.

Programs We Have Initiated in Other States That Can Be Replicable in Indiana To Help the State Meet Its Goals

3 General Project Requirements

3. General Project Requirements

Att. G Section 2; 3.0

Our approach is based on 25 years of operating large eligibility support contracts for Medicaid, CHIP, SNAP, and TANF, and more than a decade working with the State of Indiana. Our team brings solutions, proven successful in dozens of other states, which will support required staffing levels, elevate the Hoosier experience, drive operational efficiencies, and achieve high-quality outcomes. Through our commitment to open communications and transparent operations, we will be your trusted, flexible partner who brings best practices and collaboration to deliver exceptional service to Hoosiers.

As the current Contractor for many Indiana programs, including EB, IMPACT, and COVID-19 Contact Tracing and Vaccine Scheduling projects, we understand Hoosiers' needs and the critical importance of delivering outcome-focused performance, full transparency, and a flexible partnership. Our Indiana knowledge paired with decades of operating eligibility projects nationwide equips us to provide comprehensive eligibility determination support and services for Hoosiers applying for and receiving health and human services benefits.

As described in *Attachment G, Section 1: Introduction and Background,* we will meet and exceed general project requirements by drawing on our deep understanding of how the complex pieces of State's benefit programs come together to create one seamless operation of Indiana eligibility services. We offer a high level of collaboration, partnership, and transparency, as well as expert personnel.

With our company and team's qualifications, we are well-positioned to deliver customer service excellence while optimizing State-provided systems and solutions. Our project team embraces the criticality of accurate eligibility decisions to DFR and will use a robust QA team that is independent from RCC and CCC operations to validate the quality of our work. We will use our best practices and make recommendations to deliver operational efficiencies and improve performance.

Since 2007, Maximus has partnered with on the ESS project and has leveraged the state's eligibility system, telephony system, reporting platform, and desktop equipment to bring the greatest value to the state and its residents. Similarly, we can help DFR optimize your technology investments by analyzing trends and performance and making recommendations for greater efficiencies and improved performance.

In addition, our investments in all aspects of staffing—from recruiting, hiring, and mentoring to employee support, development, and beyond—deliver an engaged workforce committed to providing an elevated Hoosier experience.

In our proposal, we identify our approach and ability to meet the RFP SOW requirements, including:

- Performing application and eligibility support
- Staffing the CCC and RCCs with quality-focused staff
- Understanding and interfacing with State systems, including the Indiana Eligibility Determination Services System (IEDSS), CODY, Cognos, LMS, and DFR's telephony and IVR systems
- Leveraging and improving the State's investments in facilities, equipment, and system infrastructure
- Monitoring and improving quality and end-to-end case processing standards and attesting to the accuracy of all case information on which the eligibility determinations are based
- Responding to DFR information requests
- Performing One Call Resolution
- Invoicing DFR monthly
- Communicating with DFR on operational changes
- Creating, analyzing, and communicating insightful reports
- Utilizing current and planned DFR infrastructure and systems
- Responding to all mailbox requests, including Internet Quorums (IQs), within 3 business days

The benefits of our approach to executing and maintaining compliance with the general project requirements defined in the RFP is presented in *Exhibit G.3-1: Benefits of the Maximus Approach*. The remainder of this section provides more detail on these benefits and outlines the solutions we use to achieve them.

Next Level Partnership

Every day our state partners rely on us to act responsively to new legislation and requirements while improving the customer experience and meeting performance standards. As a result, we offer DFR a transparent and adaptable team that mobilizes quickly to make the adjustments necessary for delivering optimal service to Hoosiers. We will leverage our nationwide industry experience, Indiana-specific expertise, and local leadership to align our work processes with DFR goals. This includes delivering a leadership culture of transparency, communication, and collaboration. Through customizable reports, secure correspondence channels, and regular meetings with DFR, we will deliver the Next Level Partnership that best serves both DFR and Hoosiers across the State.

We will execute the functional requirements defined in the SOW by collaborating with DFR, following industry-standard project management approaches, and using our proven corporate best practices for driving high quality, achieving cost efficiencies, and delivering excellent customer service.

Application and Eligibility Support

We will execute, monitor, and streamline application processing and eligibility-related tasks. Our deep subject matter expertise, gained through our operation of more than 30 projects that support application processing and eligibility tasks, includes:

- Gathering data for applications
- Performing case processing and attesting to accuracy of all case information before the case is submitted to the State for final eligibility determination
- Providing application assistance to callers by phone
- Processing applications, case changes, redeterminations, enrollment forms, supporting documents, and benefit recovery claims
- Performing case maintenance actions received via mail, fax, phone, and self-service portal for current benefit program clients
- Collecting and processing all required verification documentation needed to determine eligibility
- Analyzing and reporting data to share insights with stakeholders
- Handling appeals requests and performing appeals-related tasks, including informal dispute resolutions

"Maximus has been critical in our migration to a new eligibility system. This has required a lot of time and dedication from the team and our reliance upon the expertise of Maximus—we simply would not have been successful without your partnership."

We will apply our proven methodology along with our extensive knowledge of Indiana programs to provide an elevated Hoosier experience and assist the State in achieving operational excellence for eligibility services.

Staffing of CCC and RCCs

Operations Management

Eligibility specialists are the voice of Indiana Eligibility Operations, and we take that responsibility seriously. Effective management and adequate staffing are essential to accurate performance and high-quality service. To monitor performance, our expert analysts will leverage program data from Cognos, IEDSS, Genesys, and our proprietary

We use sophisticated tools to support our team in elevating the Hoosier experience and delivering high-quality outcomes. They include:

We describe each of these tools in more detail in our proposal. We will design all aspects of our operations management strategy to comply with DFR, state, and federal requirements.

By maintaining high levels of One Call Resolution, we drive a positive customer experience and reduce complaints. We also reduce the number of repeat calls to the call center, making it easier for clients to reach us quickly and helping us meet service levels.

Quality Management

- **Quality Assurance** (QA): Conducted retroactively using statistically valid samples and coordinated closely with the Operational Verification and Validation (OV&V) Contractor, our QA reviews present an accurate and comprehensive view of operational performance.

Our quality management approach includes a continuous feedback loop with our Policy and Procedures team and training staff to monitor our performance to drive improvements for DFR's programs and end-to-end case processing standards, as defined by the State-approved performance metrics in Attachment D of the RFP. Performance will reflect State policies, procedures, and direction from DFR management. Details on our approach to meeting these performance metrics—and on QA team's feedback to and relationship with training—are presented in *Attachment G, Section 9: Quality Assurance Standards and Expectations*.

> *"Today I spoke with someone that was so good and patient. She was the best representative I have ever spoken to. She is a phenomenal agent and I want to make she sure she is recognized for her great work!"*
>
> —

Leverage DFR Facilities, Equipment, and System Infrastructure

We will leverage the existing facilities, equipment, and system infrastructure throughout Indiana to provide the most cost-effective and least disruptive option for staff, clients, and Indiana Eligibility Operations. We have extensive experience managing facilities where Maximus and State staff are co-located, including at our ESS and California Health Care Options projects. The best practices we have refined at these projects will inform our facilities management in Indiana.

DFR Information Requests

Upon contract award, Maximus will work with the State to finalize a secure process for initiating and tracking information requests from DFR. In we follow a State Action Request (SAR)/Vendor Action Request (VAR) communication process, and we are prepared to adapt this practice to identify key business owners for DFR information requests in Indiana.

We will establish secure email so that DFR officials can correspond directly to and from mailboxes designated for specific business owners within our respective organizations. For example, with DFR approval, we will designate a secure inbox specific to our Policies and Procedures team, with visibility for our Compliance department, to promptly address emailed directions received from DFR management. This process promotes accountability and timeliness of responses. We drive the timeliness of our responses and adherence to due dates by using transmittal documents, transmission receipts, and correspondence logs.

. We have worked with HHSC over the course of our contract to help develop, refine, and streamline a formal SAR/VAR process to provide for timely and accurate exchanges of information and to serve as an established mechanism for sharing critical documents. We follow this overall formal communication process for many types of requests, including requests for financial data, high-level estimates of costs, ad hoc reports, impact assessments, training materials, workflow diagrams, and other performance-related supporting documentation.

We understand DFR is looking for reliable delivery and an innovative partner committed to supporting Hoosiers—while simultaneously upholding the highest quality and accountability standards for performance. Our team of experts, nationwide experience serving this population, and innovative tools we bring gives us the unique ability to support your continued evolution as we explain in more detail in the sections that follow.

> *"Maximus has been a team player in providing great customer service to our Medicaid members and is always looking to improve service."*
>
> —

4 Central and Regional Change Center Eligibility Determination Operations

4. Central and Regional Change Center Eligibility Determination Operations

Att. G Section 4; 4.1

From our 14-year history of supporting the state of Indiana, we understand the unique environment and challenges DFR and Hoosiers face. This knowledge, combined with our nationwide experience providing health and human services operations support to government agencies, paves the way to meeting and exceeding DFR's expectations. The path we pave is built on our expertise marrying process improvement with the client experience to deliver solutions that will truly help transform the lives of Hoosiers. Our world-class leadership team, proven toolsets, and industry-leading solutions will leverage Indiana's systems and infrastructure and supplement existing processes to deliver operational excellence in the CCC and RCCs.

Maximus handles **67 million** client-focused application tasks per year

We will leverage our expertise working with over 23 million Medicaid clients and 40,000 SNAP and TANF participants nationwide to provide DFR with unparalleled eligibility support to Hoosiers while driving efficiencies in the CCC and RCCs. From our nationwide support of eligibility and customer service operations for hundreds of health and human services programs—including more public benefit program determinations than any other Contractor—Maximus has developed a solid foundation for our solutions. This foundation includes decades of experience, proven processes, expert personnel, and comprehensive knowledge of eligibility programs.

Across the more than 30 eligibility related support services contracts we currently operate, we provide services for new applicants and existing clients, including:

- Application and redetermination processing
- Assisting clients with making changes to their case information
- Providing customer service and inquiry handling
- Performing appeals-related tasks

We have implemented and operated centralized and standardized eligibility programs as part of our work in many states—

Attachment G, Section 1.2: List of States Where We Have Provided Similar Services provides a full list of projects where we have performed similar work.

Our eligibility experience equips us with best practices and operational processes we will bring to Indiana to enhance client engagement, support One Call Resolution, and optimize customer service to drive better outcomes. We source these best practices from several successful projects of similar scope.

-
-
-

We are well versed in scheduling appointments for in-person sessions, such as those relevant to SNAP and TANF applications. At our New York Conflict-Free Evaluation and Enrollment Center we have supported in-person appointment scheduling since 2014.

We will extend this experience—which includes best practices and optimized systems—to our operational processes for serving Indiana's existing clients.

NEXT LEVEL partnership

Transparency and Collaboration in Partnership with DFR

One of the pillars of our solution for executing Indiana Eligibility Operations is a partnership founded in transparency and collaboration. Maximus understands that a collaborative partnership with the State is critical to the delivery of benefits to Hoosiers. Maintaining active communication among the CCC, RCCs, and DFR's Local Offices throughout the State—including near real-time visibility into performance—is all-important to achieving the high standards of timely, accurate service that Indiana demands and Hoosiers deserve.

Exceeding Requirements

Leveraging Existing Indiana Eligibility Infrastructure

We admire the commitment DFR made for the future of Indiana's eligibility program by making a considerable investment in technologies and facilities specifically designed to meet the State's needs. We also understand the importance to DFR that current investments in facilities and assets be carefully maintained and managed to achieve the best value for Hoosiers. We will provide Indiana Eligibility Operations the current DFR-compliant facilities and leverage DFR's substantial investments. The people, process, and systems solutions we offer will build on DFR's infrastructure to enhance the State's current solution.

- **Facilities:** Drawing on our decades of experience managing hundreds of facilities nationwide—including multiple offices in Indiana—we know how to manage productive work environments
- **Equipment:**
- **Telephony:** With expertise using the Genesys platform across the country, including at the Indiana EB project and the Indiana COVID-19 Contact Tracing and Vaccine Scheduling project, we can help optimize this platform to drive efficiency and an elevated client experience
- **Systems:** We will integrate our supplemental technology tools with the State's systems—including Cognos, IEDSS, and Genesys—without disruption to services

In the subsections that follow, we describe how we will use current and planned infrastructure and systems to execute the CCC and RCC eligibility determination operations. Our solution satisfies all requirements specified in the Attachment G, Section 3 of the RFP and seamlessly maintains quality standards within CCC and RCC functions. We also describe how we plan to structure staff and processes to fulfill requirements as well as how we monitor performance and trends to identify and address opportunities.

Functional Requirements Serving New Clients

Att. G Section 4 4.1.A; 4.1.A

It is vital that our first impression on new clients is our best one as it reflects on DFR, the State of Indiana, and what they can expect with future interactions. We are sensitive to the needs of new clients and the nuanced questions they may have. Our approach emphasizes the importance of informing first-time applicants of the overall eligibility process and what they can expect and helping them navigate the application process. This focus on service—in combination with our proven processes and tools—helps us deliver consistent, accurate, and timely performance regardless of the method through which the client submits their application or inquiry.

Our solution leverages State resources, such as Cognos and Genesys' call recordings, coupled with our call and process monitoring features [redacted] hese solutions optimize operational procedures for application processing and client support so that subsequent actions, including final eligibility determination by the State, can occur within required timeframes and eligible applicants can receive benefits within the federally prescribed time requirements.

Through effective identification, screening, and hiring of qualified individuals, Maximus will maintain staffing levels in the CCC and RCCs to provide clients with ready, accurate, and high-quality access to eligibility operations, including:

- Assistance with completing applications, renewals, client-initiated changes, SNAP interim contacts, and more
- Basic screening for DFR programs
- Appointment scheduling
- Responding to general inquiries about DFR programs

Each aspect of our solution will contribute to timely and accurate task processing, reduction in errors, and improvement to applicant and client services. In this section, we describe how we achieve these results and the benefits this will bring Indiana.

[redacted]

Process Monitoring Design

[redacted]

Application Processing and Updating

We will process applications received by phone, mail, or fax, and through the DFR benefits portal via the Federally Facilitated Marketplace (FFM). After receiving applications from the Document Center, our CCC staff will review the application to determine if it is complete and signed. When needed, we make two outbound call attempts to schedule application appointments or to gather necessary information for a Medicaid applicant that has not checked they are applying for aged, blind, or disabled (ABD) health coverage. Our eligibility specialists will match the application to an existing case record or create a new case record for the applicant, as appropriate.

Non-ABD Medicaid applications will be routed to the appropriate RCC based on the applicant's area of residence for further processing. Our eligibility specialists at the RCC will review the application and enter the application data into the State eligibility system—including notes indicating whether additional information and/or verifications are required. If additional information is needed, they will send a 2032 Form to obtain needed verifications (including both financial and non-financial documents). On receipt of requested missing information or verification, RCC staff will enter verification data into the State eligibility system to complete the application and attest to the completion and accuracy of their work. Completed applications will then be referred to a State eligibility consultant (SEC) for State review and authorization.

When RCC staff receive out-of-state inquiries from state representatives outside of Indiana to determine whether an individual previously residing in Indiana is currently receiving Indiana benefits, an eligibility specialist routes the inquiry to a RCC Out-of-State Queue. This process includes validating the return address of the individual requesting the information, reviewing the case record to determine if the requested information is available, completing a Valid Authorization to Release Information Form, attaching it to the case record, and submitting it via correspondence. The eligibility specialist will also determine if there is a potential change to case information, record any changes, and add relevant case notes.

We understand that final eligibility is determined by a SEC, and the applicant is notified in writing of the eligibility decision—including instructions on how to file an appeal—if he or she does not agree with the determination decision. *Exhibit G.4.0.1-2: High-Level Application Process Flowchart* presents our understanding of the application

> *"I had a great experience today. The customer service representative was friendly, knowledgeable, patient, and willing to go the extra mile to explain things to my husband and me. She is a true superstar!"*

4.0.1 Functional Requirements Serving Existing Clients

Att. G Section 4 4.1.B; 4.1.B

We bring 20 years of experience operating eligibility projects, and currently operate eligibility support services in 11 states across the country.

> *Lauren provided excellent customer service and was such a comfort and handled my call with such grace. She explained everything with patience and dignity… I appreciated her time and wanted Lauren to be recognized.*

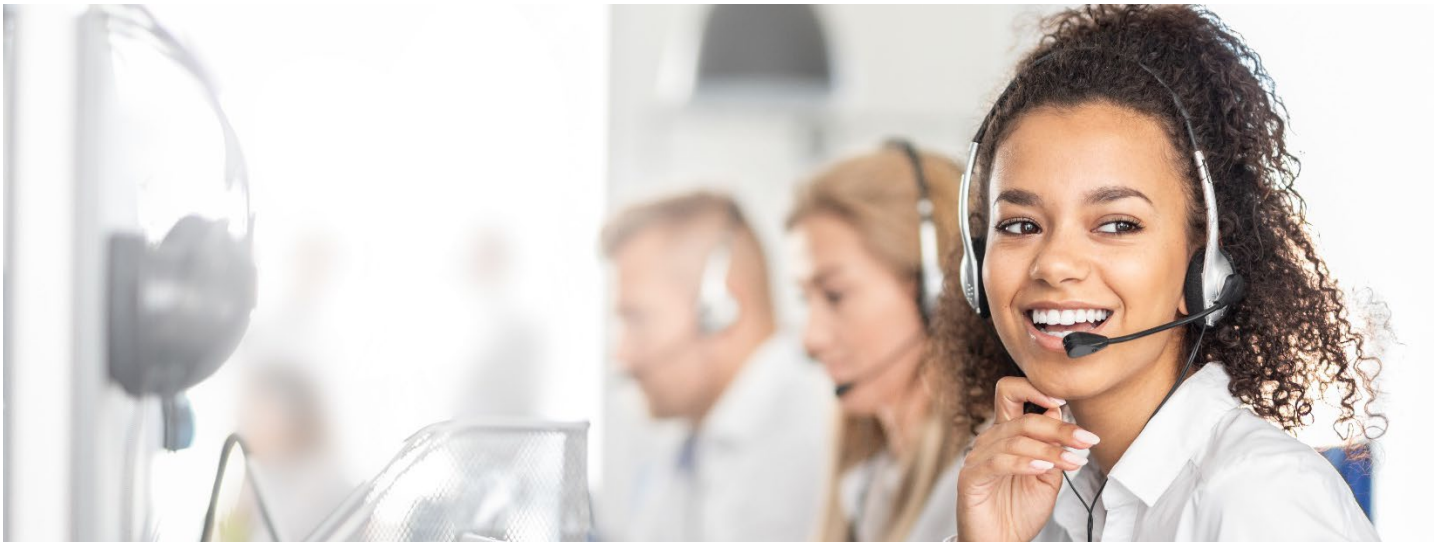
Our staff in the RCCs will serve as the primary point of contact for handling inbound calls from clients to assist with questions about applications and redeterminations, reporting changes, rescheduling appointments, complaints, and other general inquiries. RCC staff will also place outbound calls to obtain missing information or to verify documentation as needed for timely processing.

Our staff in the CCC will provide outbound call services to schedule SNAP and TANF interviews (including expedited SNAP appointments when required), capture missing information, notify clients of missing signatures, and verify ABD status. They will also place outbound calls to ABD Medicaid applicants to gather information and schedule interviews. Additionally, CCC staff will place hearing conferences. More information on our processes related to fraud is provided in *Attachment G, Section 4.1.5: Fraud Management/Appeals in the Central Change Center* and *Attachment G, Section 4.2.11: Fraud*

Process for Renewals and Changes in Status

Existing clients must undergo a redetermination of health coverage eligibility on an annual basis and every time eligibility factors are updated. Clients receive a review form in the mail that they must complete and submit. Eligibility Review Forms for health coverage are sent to the Document Center and subsequently referred to the appropriate RCC for processing. Applicants may also upload documents electronically through the client portal.

Recertifications for TANF and all associated programs are processed at Local Offices with participation from State staff. Our experience serving more than 40,000 SNAP recipients annually equips us with the expertise and processes to handle this work accurately, efficiently, and with high degrees of customer service. *Exhibit G.4.0.2-1: Change Processing Flowchart* outlines how we will process changes for existing clients.



Eligibility specialists in the RCCs will assist clients who have reached the end of their benefit period and must complete the redetermination process to renew their benefits. Eligibility specialists will review Medicaid Eligibility Review Forms, verify that the redetermination month is correct, and verify any eligibility factors that have changed since the client's initial determination. If there is incomplete data on the Eligibility Review Form, our eligibility specialist will attempt an outbound call if needed and, if information is still missing, flag the case record in the State eligibility system. We will then send a 2032 Form to the client with the necessary instructions to obtain missing information and/or verification documentation. Our ability to quickly obtain missing information hastens application processing, reduces churn, and achieves faster determination results for clients.

Assisting Clients with Information Updates

We facilitate redeterminations and information updates through multiple channels, including fax, mail, phone, and state portal. No matter the channel, our redetermination process includes steps to facilitate appropriate updating of all client data changes as necessary. Our eligibility specialists will use information provided on the Eligibility Review Form to review client information and assess whether any changes, such as income status, have been reported.

If additional information or verifications are needed, the eligibility specialist will send a 2032 Form to request the information. RCC eligibility specialists will also assist clients who call in to report changes by updating the client's case record in the State system and answering any questions the client may have in a single call regarding additional eligibility data required to complete the redetermination.

Since changes to a client's case may trigger the need for benefit recovery, our eligibility specialists will be trained to identify if a reported change requires review by a staff member in our benefit recovery unit. *Attachment G, Section 4.1.4: Benefit Recovery Services* includes a flowchart that outlines this process. Eligibility specialists on our benefit recovery team will review these referred cases to determine if an over- or under-issuance of benefits occurred and take State-defined steps to support benefit recovery.

> Changes to client case data may indicate the need for a benefit recovery review. We will implement a well-defined referral process so that eligibility specialists who identify a potential benefit recovery case can promptly escalate it to specialized staff on our benefit recovery team for further review and coordination with DFR.

We authenticate callers and/or their authorized representatives on every call before we provide confidential information. This protects sensitive PHI and PII. In many of our projects,

SNAP Interim Contact Forms

SNAP applicants receive an Interim Contact Form six calendar days prior to recur date in the fifth month of the certification period. They can complete this form and return it by mail or fax to the Document Center. RCC eligibility specialists will check that each SNAP Interim Contact form is complete and signed and that the client has included all required verification documentation, including pay stubs, income documentation, bank statements, and vehicle registration. RCC staff will enter applicant data from verified Interim Contact Forms into the State eligibility system, attest to the completion and accuracy of their work, and submit the case to the State for review and eligibility determination.

We provide a detailed description of the process RCC staff will follow for processing SNAP Interim Contact Forms in *Attachment G, Section 4.2.4: Process SNAP Interim Reports*, including steps for follow-up with applicants to obtain missing information for incomplete forms.

Routing Work Electronically to DFR Eligibility Determination Staff

RCC staff will conduct all work associated with redetermination and change processing within the State eligibility system. This includes updating client or applicant information, such as address and phone number changes, as well as information directly relevant to the applicant's eligibility decision, such as financial verification and associated documentation. After attesting to the accuracy of all information, RCC staff will route all work to State workers electronically through the tasks or work queues within IEDSS.

Maximus understands the importance of clear, concise, and complete case notes in the State system to promote accurate and complete accounting of all actions previously taken on the case and the disposition of those actions.

Data Collection and Other Data Entry Services

When we receive illegible or incomplete information, eligibility specialists will issue 2032 Forms, if necessary, to request any missing information needed from the applicant. Eligibility specialists will also conduct outbound calls as needed to reach out to applicants for missing information. Connecting with the applicant over the phone will help to move the application along more quickly, resulting in a faster eligibility decision and improved customer service. We will provide data entry services to enter all information

obtained via calls or 2032 Forms into the State system prior to routing to State staff.

4.0.2 Functional Requirements for Hearings and Appeals

Att. G Section 4 4.1.C; 4.1.C

DFR will benefit from Maximus' experience with resolving appeals before they require a formal hearing. Maximus participates in the appeals process for our eligibility support, Medicaid EB, health insurance exchange, and LTC contracts. Although our specific responsibilities may differ from contract to contract, our overall understanding and ability to support our state partners remains the same. In virtually all our customer service centers serving public health insurance programs, we receive, document, and respond to client grievances and disputes, and we facilitate and foster communication among affected parties throughout the process to reach the most expeditious and equitable resolution.

We will work with the State so that we not only comply with state and federal requirements, but also maintain sensitivity to State-specific legal threats, such as advocacy organizations with active eligibility concerns that could result in lawsuits if not handled appropriately. We establish mandatory escalation protocols for our eligibility specialists so that when matters requiring sensitive handling arise, our supervisory team assist or manage the call. Criteria that meet our sensitivity thresholds include cases with urgent medical need, legal threats, or contact with governmental authorities or the press.

Our process for handling hearings and appeals is thorough and will be conducted in full cooperation with DFR. We understand that all individuals are informed in writing at the time of application of their right to appeal an eligibility decision and how to request a fair hearing. This information is contained in the Rights and Responsibilities documentation provided with the application as well as with all eligibility notices sent to applicants or clients.

Our eligibility staff will promptly and accurately coordinate hearing and appeals actions and conduct all activities for which Maximus is responsible, including:

- Transferring requests for hearings and complete case file data to DFR for resolution
- Reviewing appeals requests and collecting information for case files
- Scheduling and conducting a pre-hearing conference to attempt to resolve the client's issue without the need to proceed to a formal hearing
- Preparing evidence packets and presenting evidence on behalf of the State as the State's representative at pre-hearing conferences and hearing presentations
- Reporting suspected fraud in accordance with DFR policy and procedures
- Complying with State and federal rules, including those related to continuation of benefits

Exhibit G.4.0.3-1: Process for Hearings and Appeals, Step 1 details the initial process we will follow for processing fair hearings and appeals.

If we are unable to resolve the appeal request by phone using the process outlined above, we will schedule a preliminary hearing and create an evidence packet. *Exhibit G.4.0.3-2: Process for Hearings and Appeals, Step 2* details the next phase of our fair hearings and appeals process.

If the issue remains unresolved and there is enough information to continue the appeal, we proceed to the conclusion of the fair hearings and appeals process shown in *Exhibit G.4.0.3-3: Process for Hearings and Appeals, Step 3*. Throughout this process, we will use the State's system to monitor the progress and completion of hearings and appeals.

Transferring Hearing Requests and Case File Information to DFR

Clients and applicants may submit an appeal requesting a hearing before a representative of the State Hearings and Appeals Office for the purpose of deciding whether the action taken on their case is correct. RCC staff will handle requests for appeals, with CCC staff conducting limited actions related to appeals monitoring and review. Excluding SNAP appeals, which may be requested verbally, must be received in writing. If a client or applicant makes a verbal request for appeal for any program other than SNAP, our CCC or RCC staff will inform them that they are required to submit a formal written request via mail, fax, or hand delivery to a Local Office.

Appeals must be received within 33 days from the date of the action or issue being appealed. We will immediately forward all appeals, regardless of channel of receipt, to the State. Staff in the CCC will use State systems to centrally monitor and support appeals functions performed in the RCCs. They will then forward appeals requests to the State Hearings and Appeals Office and the designated RCC, as appropriate. The Hearings and Appeals Office will notify the client that the appeal has been received and inform them of the hearing date, if applicable.

Our RCC staff in the region in which the client's case is assigned will:

- Review appeals cases for accuracy
- Compile and present evidence packets
- Conduct pre-hearings to attempt resolution of the client's appeal issue without having to proceed to a formal hearing
- Review appeals cases for continued benefits and perform reinstatement of benefits
- Schedule and facilitate hearings by phone

Reviewing Appeal Requests to Collect Case File Information

Our RCC eligibility specialists will use IEDSS to gather information related to the appeal, including the date the appeal was received, and the reason for the appeal—which may include denied application, benefit reduction, discontinuance of benefits, benefit amount, or other issue not related to grant or benefit. They will also review the case to determine if multiple appeals requests have been made by the client. Using checklists to promote accuracy and completion, RCC staff will forward complete case file information to DFR so that the State worker has all necessary information to make an appeal decision.

Preparing Evidence Packets and Representing the State for Pre-Hearings and Hearings

Our RCC hearings and appeals eligibility specialists will schedule pre-hearing meetings with clients who have filed an appeal to discuss the details of the individual's case and the merits of pursuing a formal hearing. Prior to the pre-hearing conference, RCC staff will conduct a comprehensive review of the client's case record and review all eligibility factors and issues that resulted in the appeal. Then they compile all information pertaining to the appeal into an Appeal Packet, which is sent to both the client and the State.

During the pre-hearing conference, our hearings and appeals eligibility specialist will discuss the issue with the appellant or his or her representative to obtain the appellant's full perspective on the issue. The eligibility specialist will explain the various factors that drove the client's eligibility

decision, such as household composition and income or budget calculations. If appropriate, the eligibility specialist will offer the client alternative means to resolve the issue, such as reapplying or applying for a different program. In many cases, we may be able to resolve the client's concerns by providing a clear explanation of the eligibility decision and clear up any misunderstanding. This reduces the time and resource expenditures associated with formal appeals.

As the federal appeals contractor for Medicare and the Federally Facilitated Marketplace (FFM), Maximus has performed millions of benefit and eligibility appeals.

For appeals cases that result in the need to continue to a formal hearing, our hearings and appeals eligibility specialists will represent DFR with the utmost professionalism throughout the hearing process. Our staff will have completed a full review of the appellant's case in preparation for the pre-hearing conference and will have this documentation in place to support the necessary research activities as we move toward a hearing date.

In preparation for the hearing, our hearings and appeals eligibility specialist will revisit the compiled notes and documentation that was gathered for the pre-hearing and re-examine all eligibility factors and issues that resulted in the appeal. On the appellant's request, or if otherwise indicated, a hearings and appeals eligibility specialist will discuss the issue with the appellant or their representative to obtain any additional information the appellant may wish to provide.

Our hearings and appeals eligibility specialists will prepare evidence packets for hearings, following State-provided guidelines regarding the content of the evidence packets. These packets will include notices, the client's eligibility determination history, a record of contact and request made by the client, and more. Our hearings and appeals eligibility specialists create this packet using approved checklists to promote consistency. Tasks included on this checklist are:

- Identifying and labeling all documents that will serve as exhibits during the hearing
- Making duplicate copies for the appellant and the State
- Creating an outline of all items for discussion during the hearing that clearly explain the issue under appeal and the parties involved, including:
  - RCC staff representing the State in the hearing
  - Information that substantiates the action proposed or taken by the State
  - Any federal or state laws or regulations that served as basis for the action

During the hearing, the assigned hearings and appeals eligibility specialist will present all relevant testimony and documentary evidence to establish the facts and circumstances, offer labeled exhibits into evidence and provide appropriate explanation, and question the appellant for further clarification of his or her position, as necessary. We conduct this conversation with linguistic and literacy sensitivity to promote appellant comprehension by explaining terms and using translation services if needed.

Reporting Suspected Fraud and Abuse

Maximus will comply with all DFR policies and procedures related to fraud management in accordance with DFR policy and procedure. Our eligibility specialists in the CCC, with direct involvement of an eligibility supervisor, will process fraud tips and make referrals to the FSSA Bureau of Investigations and/or Office of the General Counsel (OGC) Compliance Division.

When the CCC receives fraud tips indicating that an individual may be involved in fraudulent activity related to his or her eligibility in State programs, designated eligibility workers will complete the necessary initial research to validate the claim, including conducting interviews, verifying subpoenas, reviewing documentation, and updating running records in the State fraud tracking system.

An eligibility supervisor will be alerted to all fraud tips, will assist with investigation actions, as necessary, and will review the results of the

investigation prior to referring to the State. We provide additional details on fraud management in *Attachment G, Section 4.2.11: Fraud Management in the RCC.*

Complying with State and Federal Rules Including Continuation of Benefits Pending Appeal Decision

Maximus will manage all client appeals and requests for hearings in accordance with DFR policy, federal and state laws, and contractual performance standards. We will follow proven procedures that uphold the professional image of DFR and the programs we support.

We will comply with all federal and state rules regarding continuation of benefits pending an appeal decision. In performing their review of an appeal, our RCC hearings and appeals eligibility specialist will determine if the appeal was filed in accordance with timeliness requirements relevant to the applicable program category under appeal.

Assisted by the IEDSS workflow, RCC staff will review the reason for the appeal, the notice of action date, and the effective date of closure. The appellant will maintain his or her benefits until a fair hearing is conducted and a final decision has been made on the appeal.

As changes to DFR policies and procedures are implemented, all appeal functions will be updated to maintain compliance with DFR requirements.

4.0.3 Minimum and Maximum Staffing Requirements

Att. G Section 4 4.1.D; 4.1.D

We understand the criticality of maintaining a minimum of 1,000 FTEs and a maximum of 1,100 FTEs across the RCCs as well as a workforce between 198 and 246 FTEs for the CCC. Insufficient staffing is unacceptable because it leads to longer processing times, delayed benefits, customer dissatisfaction, and an increased burden on State staff. Our efforts to transition high-performing incumbent staff, recruit and hire qualified candidates, develop our employees, and retain talent will all contribute to maintaining a steady and productive workforce within contractual limits.

We believe staffing is much more than a requirement. When the operation is properly staffed, the benefits extend throughout the operation, including in our performance, employee retention, and service levels. Our initial staffing approach is characterized by the steps in *Exhibit G.4.0.4-1: Highlights of Maximus' Staffing Approach*.

We will staff the RCCs in accordance with the State designated minimum and maximum staffing requirements.

We understand that exact staffing levels per RCC may fluctuate within the minimum and maximum thresholds, and that trainees cannot be counted toward these requirements. We also understand that to meet the minimum staffing requirement, we may substitute up to 25 FTEs and that one FTE is equal to eight hours worked per business day.

4.0.3.1 Driving Retention with Proven Tools and Initiatives

When it comes to elevating the Hoosier experience, we believe in the power of knowledge and experience. There is no substitute for experience, which makes employee retention vital to the success of Indiana Eligibility Operations. Transitioning incumbent high-performing staff is the first step in retaining a quality workforce. We will implement innovative methods to further develop and retain incumbent and new staff throughout the contract. By retaining our employees, we lower costs associated with training and maintain program knowledge among staff.

Employee retention is vital to the success of the project. Not only does it improve customer service and satisfaction, but it also improves morale, increases productivity, and reduces the effect of turnover across the program. To achieve these benefits, we use a multifaceted approach that includes

The remainder of this subsection outlines all three types of strategies and their contents.

Project-Wide Retention Strategies: A Foundation of Right-Fitting Staff

We consider several key factors when evaluating and vetting candidates to verify they possess desired qualities and credentials. The qualities we look for include:

By identifying candidates with these essential skills, we deliver not just timely, accurate eligibility determinations, but also service-minded employees that connect with people as human beings.

Targeted Retention Strategies: Continuous Emphasis on Success

The following initiatives address attrition risks on and individual and group basis. With these initiatives we identify and respond promptly to help support staff productivity, engagement in their personal success, and an overall drive and fulfillment with the contribution they provide to the team and support they provide to Hoosiers.

- **QA-Training Feedback:** As outlined in *Attachment G, Section 4.0.6: Training Coordination and Expenses*, we will collaborate with the State's Training Contractor to advise on any knowledge gaps or concerning trends, helping to correct issues before they effect performance.
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

Our efforts to optimize employee retention extend to every aspect of our operation—[redacted] *Exhibit G.4.0.4-3: Retention Rewards* outlines many of the features we deploy to support employee retention.

4.0.4 Call Volumes

Att. G Section 4 4.1.E; 4.1.E

Maximus has reviewed the volume data provided by the State in RFP Attachment C, Scope of Work, Section 4.1.E. We understand that the State provided this data as a baseline representation of application processing and call volume data indicative of historical averages and trends.

While we understand that a contract amendment would be required to staff above or below the prescribed requirements, should the need for staffing surges arise, Maximus will share with DFR our expertise around staff surges to determine optimal staff numbers.

4.0.5 Training Coordination and Expenses

Att. G Section 4 4.1.F; 4.1.F

Maximus has developed and administered large-scale, state-of-the-art training programs for more than 24 years. Our projects throughout the country include comprehensive training in a wide range of modalities, and we have partnered with several state agencies to fulfill expanding training needs and changing policy requirements. Training modalities used include classroom instruction, virtual instruction, large workshops, online self-paced training, and webinars. In addition, we manage state training and informational websites and provide an LMS for many of these projects. Many of our projects accommodate more than 250 trainees.

Our approach for meeting the training requirements set forth in Attachment G of the RFP is to provide ongoing professional development and remediation that delivers high-quality performance, improves content familiarity, promotes employee retention, and drives continuous improvement. Our Training Manager, Alan Rose, will communicate to DFR and the State's Training Contractor the number of new hires, locations, anticipated start dates, and type and frequency of reporting to coordinate new hire training.

We bring a suite of sophisticated training and knowledge management tools and strategies, to further develop and help retain our project staff. These systems, not all of which are primarily training oriented, create an informed and effective workforce, reinforcing appropriate content, and making the training and knowledge retention process engaging.

dditionally, by linking quality monitoring to ongoing development, we facilitate a continuous feedback loop between training and operational performance, identifying new training opportunities and ultimately resulting in consistent, high-quality services to Indiana's public benefit program clients.

Our trainings combine a variety of platforms and formats to accommodate a range of learning styles, incorporating operations-focused lessons on tools and processes so that trainees can apply practical knowledge to the performance of their on-the-job duties.

Promoting Diversity, Equity, and Inclusion Through Training

Our trainings do more than merely instruct on the tasks and skills required to perform the work; we also introduce and reinforce our culture and values—*Helping Government Serve the People*—to help us recognize, respect, and better communicate with the diverse populations we serve. In Indiana, this means we not only accommodate an array of preferred languages, but also that we are sensitive to the State's unique cultural, racial, and religious demographics, including its Spanish-speaking and Burmese communities. This approach provides two benefits:

> *"Here, I have seen firsthand the extent to which people truly care about helping others. I have never before worked at a company where each and every person was so invested in the success of their peers and in their project's mission. This is a company where kindness and learning are embedded in the culture of the workplace, and employees are driven by a sincere, palpable desire to make a difference."*

- Improved service by helping our employees relate to beneficiaries
- We attract and retain talent by establishing an inclusive, productive, and respectful workplace culture

We leverage best practices and proven strategies from our other eligibility projects to design and deliver a training program that will positively impact key operational metrics such as performance, customer service, quality, and attrition. This includes effectively collaborating with the State and the State's Training Contractor to update materials for improved performance. We also understand that the DFR State training manager oversees and dictates the distribution of training modules that may be assigned to eligibility specialists, supervisors, and managers, and we will work with the State to facilitate these trainings effectively. The training we provide to managers, supervisors, HR, and QA focuses on:

4.0.5.1 New Hire and Program Change Training

The State's Training Contractor will provide new hire training and refresher training as well as training on changes to programs and policies that occur throughout the contract term. We know, however, that staff development does not end with these trainings. Maximus will provide comprehensive leadership training to our directors, managers, supervisors, HR staff, and QA staff, as well as remedial training in response to identified trends or issues.

All Maximus employees, regardless of position, are required to complete corporate compliance training on Maximus policies and procedures, which reinforces topics covered by the Training Contractor such as business ethics, information security, HIPAA, workplace safety, and sexual harassment prevention.

The trainings we provide will encompass internal policies and procedures, HR practices, employee-specific remedial training, and other training as requested by the State. To quantify the scope and delivery of these trainings, we will develop a monthly report showing new hire class sizes, locations, and anticipated start dates. We will also maintain adequate numbers of staff in training to meet defined staffing requirements.

Our leadership team will maintain open lines of communication with the State's Training Contractor's training manager to provide feedback on training efficacy and opportunities. Additionally, our QA team and training staff will work collaboratively with the State's Training Contractor's training manager to promote alignment of our remedial trainings with the overall program curriculum and training objectives.

As the eligibility operations Contractor, we are your partner in delivering operational excellence at all levels of Indiana Eligibility Operations. We recognize that a successful training program measures competency beyond the initial classroom training period and provides structured and continuous learning to develop staff expertise, empower staff with confidence, and drive employee retention.

4.0.5.2 Training for Leaders

Because of the variety of responsibilities expected of managers, supervisors, QA staff, and HR personnel, these individuals require strong leadership skills, sound judgement, and a high degree of adaptability to excel in their roles. Trained leaders perform better; by devoting training resources to the cultivation of effective leaders, we enhance overall efficiency and morale, resulting in greater quality, higher engagement, enhanced services, and improved employee retention.

We also provide our managers, supervisors, QA staff, and HR personnel training on our internal policies and procedures, HR matters, and any additional training requested by the State.

We describe the features and benefits of these programs below. Whether leaders are new to the role or highly experienced, these training programs and tools expand and refine their talents, resulting in an operational environment managed by skilled and effective leaders.

Leadership Initiatives

By equipping our leadership with advanced trainings, we will be able to discover, recommend, and properly implement process changes that will drive continuous improvement. The methods and technologies we use to develop, maintain, and refine the expertise of our leadership personnel are

performance and employee retention. We hold periodic group trainings for staff in these positions, each dedicated to a particular soft skill, such as communication, coaching, feedback, and emotional intelligence.

The ongoing nature of these trainings promotes broad capability and understanding among our leadership team and provides multiple venues for interdepartmental collaboration. This in turn creates leaders who are well-versed in subjects beyond the requirements of their roles, thereby spurring creativity in problem-solving, developing adaptable leaders, and aiding succession planning.

In addition to the above, *Exhibit G.4.0.6-7: Manager and Supervisor Training Courses* shows the core training courses available to our managers and supervisors through the CED. The format and duration of courses vary; some are instructor led and others are available as self-guided modules or webinars. In all cases, our training modules are well-designed courses incorporating evidence-based methodologies for adult learning.

4.0.5.3 Human Resources Training

Our HR training focuses on proven and standardized best practices for recruiting, hiring, managing, and developing project staff, and will aid HR personnel in completing the requirements specified for them in Attachment C of the RFP. We also This approach means DFR and other stakeholders will receive accurate, timely, and important information on HR matters, such as staffing figures and retention rates.

We recognize that HR staff are critical to the recruiting and retention efforts of the project. By dedicating one HR lead per RCC, we give each site the necessary HR representation it needs to effectively guide our eligibility specialists in each of those locations.

Once individuals are hired, HR personnel regularly interface with employees about their concerns, interests, and requests. Because the effectiveness of our HR team impacts employee engagement and morale, it impacts every aspect of our project. For that reason, our HR trainings

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Our high standards for HR personnel equip us with highly qualified HR staff from day one of their employment. Our HR trainings expand upon and refine the effectiveness of our HR team to promote the overall health and productivity of the project.

Our QA training covers the key topics presented in *Exhibit G.4.0.6-9: Key QA Training Topics*.

Our QA training focuses on fostering a positive culture where staff are encouraged to continuously improve performance. This approach links QA and training to drive continuous improvement. Both instructor-led training sessions and hands-on workshops will assist QA staff in gaining practical experience evaluating the full range of call and task types, such as application processing, case changes, redeterminations, appeals requests, and benefit recovery tasks.

4.0.5.5 Ongoing Development Training

Our workforce will be in a constant state of advancement due in part to our ongoing development trainings and robust knowledge management platforms. The new hire training program provided by the State's Training Contractor will provide eligibility staff the essential program orientation and procedural subject matter necessary to perform their duties. However, the complex nature of eligibility operations across multiple state programs demands iterative and ongoing training to promote knowledge retention and proper application of this knowledge.

Our ongoing development training is informed by the results of QA findings and performance issues identified during QI checks. When performance issues are identified, supervisors provide timely responses to address gaps in performance, and if issues persist or occur pervasively, we design and roll out formal remedial trainings. Where the State provides remedial training curriculum, we will adhere to this curriculum, and we will document the remedial training delivered by our team in our LMS and in the individual staff member's personnel file.

4.1 Central Change Center Operations and Support

4.1 Central Change Center Operations and Support

Att. G Section 4; 4.1.1

The CCC provides critical support for the citizens of Indiana by delivering timely, accurate, and efficient interactions and handoffs to the RCCs. The success of the CCC relies on a Contractor who excels at managing staffing levels to ensure success, providing Hoosiers with a customer-first experience. Maximus, as a trusted Contractor in Indiana, will continue to focus on our single-minded mission of *Helping Government Serve the People*. We bring DFR an Indiana-based leadership team and dedicated client-focused staff who will foster a quality-driven culture as well as a Next Level Partnership to you and the Hoosiers we will serve.

Based on the RFP requirements, we recognize that we will have full responsibility for managing the CCC and share the responsibility of overseeing the RCCs with DFR. To achieve the best results, we built our solution and organized our staffing approach with this understanding in mind. In the CCC, we will forecast staffing needs, ensuring we have the right number of staff onboarded and in place to always provide timely and accurate services. We will work hand in hand with DFR to provide accurate eligibility determinations and customer service focused on helping the client complete their transaction in one call. Our CCC team will use the State's systems, including IEDSS, the DFR phone system, and CODY, to

Our staff will deliver consistent, clear, and accurate information, keeping Hoosiers better-informed on the actions they need to take and when. We will perform all required CCC eligibility services to help expedite Hoosiers through the eligibility process and obtain the benefits they need. Maximus will coordinate with DFR to assume CCC operations in the Grant RCC in Marion and the Lake RCC in Crown Point and provide the CCC eligibility services shown in *Exhibit G.4.1-1: Indiana Regional CCC Operations.*

Delivering Operational Excellence

analytic tools used by our managers, supervisors, and team leads allow us to monitor quality and provide feedback, coaching, and remediation training as needed to continuously deliver quality services to DFR and the Hoosiers we will serve.

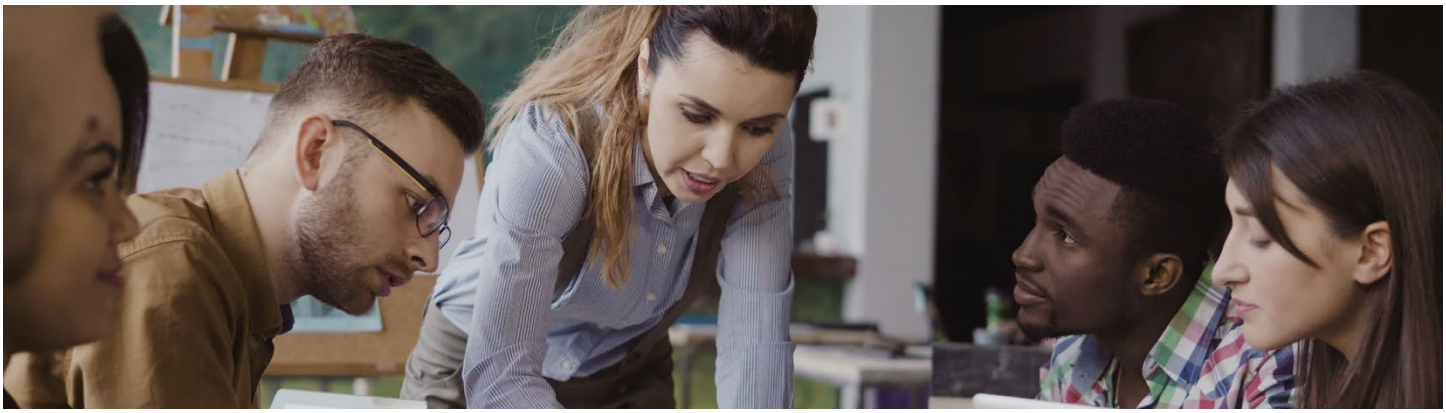

Exhibit G.4.1-2: CCC Operations Organization Chart provides our CCC organizational structure that aligns with the service needs of Hoosiers.

In the following sections we demonstrate our understanding of the CCC SOW and our solution to complete the workload of this critical function.

4.1.1 Providing Support via Telephone

Att. G Section 4 I.1; 4.1.1.A

Hoosiers will experience a welcoming and supporting voice when they call into, or are called by, the CCC from an eligibility specialist who will provide clients the services they need to facilitate the eligibility process. As shown in *Exhibit G.4.1.1-1: CCC Telephony Support*, CCC eligibility specialists will complete telephone tasks related to application processing, updating client information, processing benefit recovery documents, and providing issue clarification. They will also offer appeals support, report fraud, and schedule appointments.

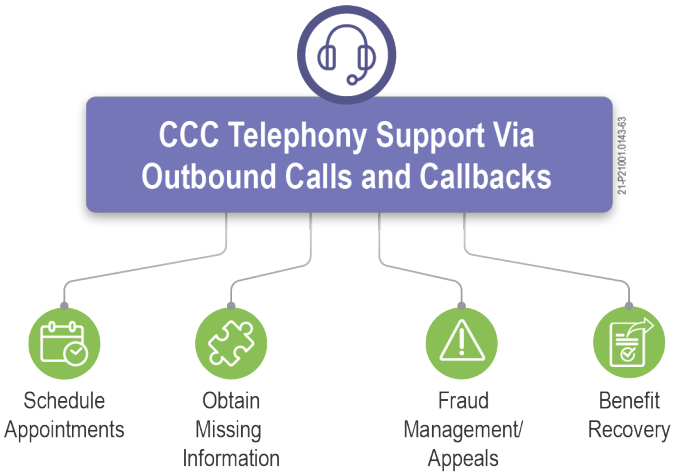

Exhibit G.4.1.1-1: CCC Telephony Support. *Our fully trained eligibility specialists will make outbound calls and receive inbound calls to complete CCC transactions, providing timely processing to Hoosiers.*

Eligibility specialists will make outbound calls to schedule an appointment with clients for all applications requiring an interview, such as SNAP, TANF, and Medicaid applicants applying for ABD Medicaid. While many inbound calls will go to the RCC, CCC eligibility specialists will receive callbacks from clients who have been contacted by the CCC. When requesting a return phone call, eligibility specialists will leave a message with their first name, phone number, hours of operation, and extension and identify they are from the "Family and Social Services Administration, Division of Family Resources."

Our CCC eligibility specialists will be trained on Indiana Eligibility Operations policies and procedures and have quick access to approved scripts, comprehensive work instructions, and project documents stored in our Using easy-to-access, searchable content, eligibility specialists will provide accurate and timely information and assistance to clients on every call. Our comprehensive work instructions and actions drive One Call Resolution for inbound and outbound calls. If eligibility specialists notice an outstanding task while on a call with a client, they will attempt to resolve it, whether it is related to a change, upcoming appeal, benefit recovery issue, or completing missing information.

By actively addressing a client's needs in a single call, we:

- Alleviate confusion and potential appeals
- Expedite the application, appeals, fair hearings, fraud, and benefit recovery process
- Minimize frustration
- Reduce the need for repeat calls or escalations

When a caller requests to speak to a supervisor or manager, the eligibility specialist will transfer the call to the appropriate available supervisor or manager for resolution, who will document the escalation reason and outcome in the IEDSS case record.

As described in *Attachment G, Section 4.0.1: Functional Requirements Serving New Clients* and *Attachment G, Section 4.0.1.2: Maintain a Call Center to Assist Clients*, we will monitor daily CCC telephone support activity [redacted] all calls are handled and reassign staff as needed to provide optimal customer service. We will also use our expertise to analyze Cognos data toward a better understanding of caller behavior and needs. This understanding allows us to offer recommendations to DFR, including potential improvements to scripting and training, which will better serve Hoosiers.

[redacted]

4.1.2 Processing Applications

Att. G Section 4 I.2; 4.1.1.B

Applications are delivered to the CCC via the Imaging Center, fax, Web Portal/FFM, and IEDSS. We provide a high-level summary of the activities the CCC eligibility specialists will perform in *Exhibit G.4.1.2-1: CCC Application Processing*.

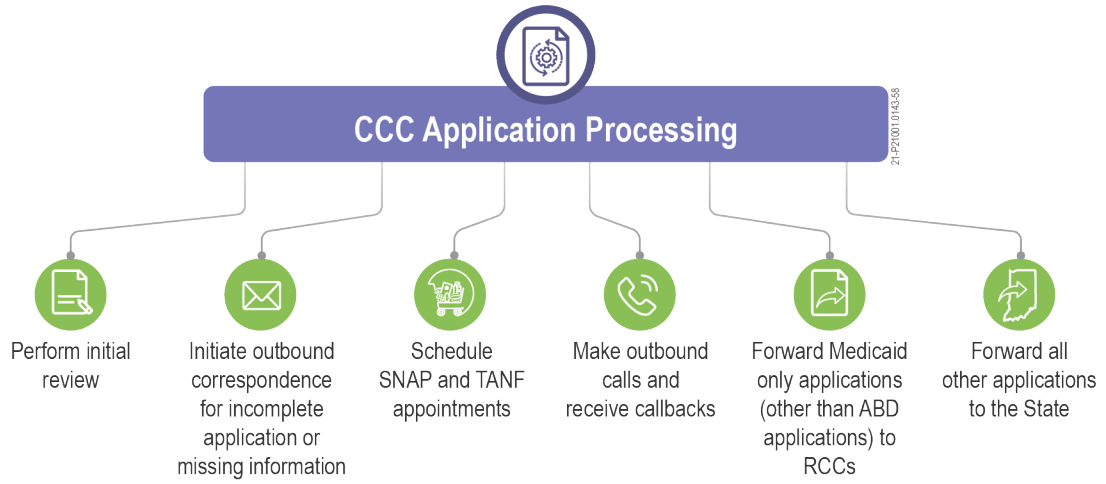

Exhibit G.4.1.2-1: CCC Application Processing. *Our eligibility specialists will handle all required application processing tasks in the CCC and will receive remedial training to help retain their knowledge and support One Call Resolution.*

An eligibility specialist in the CCC will perform an initial review of the application to verify that it is complete and signed by the applicant. Our eligibility specialist will register applications and match complete applications to an existing record in the State eligibility system or create a new case record for the individual. If the client did not sign the application it is considered incomplete, and we will follow DFR policy and procedures to complete the application and assist the client in getting the benefits they need. We will continuously work with DFR to adopt process improvements to create efficiencies on how we serve Hoosiers—accelerating the application process toward final determination.

Additional activities CCC staff perform include:

- Scheduling interviews for applicants, as appropriate
- Attempting two outbound calls to SNAP applicants to schedule an expedited SNAP interview

- Make an outbound call to applicants who have not indicated they are applying for ABD Medicaid to obtain the necessary information to process the application

On completion of the initial review and any associated scheduling or follow-up activities, CCC staff will forward Medicaid-only applications, other than ABD Medicaid, to the appropriate RCC based on the client's region of residence for further processing. All other applications will be forwarded to the appropriate state staff.

We provide a detailed description of application processing activities conducted at the RCCs including a graphical representation of the process flow in *Attachment G, Section 4.2.5: Process Applications in the RCC*. Our CCC staff will receive and identify SNAP, TANF, and ABD Medicaid applications and contact the applicant to schedule the appropriate interview. When the appointment is scheduled, SNAP, TANF, and ABD Medicaid applications will be automatically referred to a state worker in the appropriate Local Office.

Exhibit G.4.1.2-2: CCC Application Process Flow provides a high-level process flow depicting our understanding of how an application will move through the CCC.

4.1.3 General Duties Across all Programs and Action Types

Att. G Section 4 I.3; 4.1.1.C

We recognize we are responsible for establishing and maintaining an efficient organizational structure and sufficient staffing levels in the CCC. Our CCC staff will register applications, schedule interviews, assist with collecting missing information, and perform required benefit recovery and fraud tasks. To support our team's ability to provide these services, we will leverage State systems as well as some of our own tools to maintain operational excellence for the entire contract.

To maintain staffing levels, we will proactively adjust our staffing assignments based on our forecasting expertise and awareness of Indiana events so that we have sufficient levels of CCC staff available to handle all eligibility support services, including the tasks provided in *Exhibit G.4.1.3-1: General Duties in the CCC*. We look for anomalies and review trends occurring within our projects and the market to prepare for any spikes or dips.

We will use work queues in the IEDSS, Cognos reports, and our to manage the flow of all tasks and balance workloads in accordance with DFR standards for timeliness.

Anticipating Our State Partner's Staffing Needs

As the Indiana COVID-19 Contact Tracing and Vaccine Scheduling Contractor, we hired, onboarded, and trained 500 call center agents within three weeks during the early days of the pandemic. We eventually ramped up to over 1,200 staff and continue to scale operations as the pandemic and needs of the state continue to evolve.

General Duties	Maximus Approach
a. Explain forms and program guidelines for all appeal and benefit recovery-related issues	▪ Eligibility specialists in the CCC will: – Inform applicants that they will receive a letter alerting them to any discrepancy in their benefits and that they have 10 days to rebut the allegation. In addition, the eligibility specialist will attempt to reach the client via an outbound call to promptly resolve any discrepancies that may exist, leading to more engaged and better-informed Hoosiers – [redacted] – Explain eligibility decisions that caused the client to request an appeal to help mitigate the need for a formal appeal ▪ [redacted]
b. Process non-indexed documents	▪ Eligibility specialists in the CCC will use IEDSS to identify the correct case or individual that should be associated with non-indexed document received by the CCC. ▪ [redacted] ▪ If the document is unable to be linked to a case, we will follow DFR-established business rules to disposition the document. ▪ [redacted]
c. Prepare all system overrides and benefit issuances as a result of an under- or over-issuance along with other benefit recovery-related cases and refer to the State for authorization	▪ Benefit recovery eligibility specialists in the CCC will: – Research and document all potential under- or over-issuances to identify the cause, date, and length of occurrence, and other facts related to case that may impact under- or over-issuance – Verify that the individual was receiving benefits during the time of the presumed claim and perform a system override to adjust the current benefit, if appropriate – Notify the client via demand letter that a benefit discrepancy exists and that they must pay the amount identified in the demand letter or file an appeal – Initiate recoupment activities – Attest to the completeness and accuracy of work prior to referring to the State for authorization and approval ▪ Maximus brings significant experience with benefits recovery. [redacted]
d. Enter notes into the eligibility system regarding any review or action on the case performed by Maximus	▪ Eligibility specialists will enter notes in the eligibility system for any review or action taken on a case performed by Maximus. ▪ [redacted] ▪ [redacted]
e. Use our QA team to conduct ongoing reviews of eligibility specialists case processing as described in Section 9.0 of the RFP	▪ *Attachment G, Section 9: Quality Assurance Standards and Expectations* describes how we bring QA and QI together, analyzing CCC eligibility specialists' case processing performance on a daily, weekly, monthly, and quarterly basis. ▪ Maximus maintains an independent QA team to ensure an unbiased auditing and reporting of project compliance. ▪ [redacted]
f. Process returned mail, indexing it to the client case and routing it to the RCC	▪ CCC staff will cooperate with the Document Center to facilitate the returned mail process. For all returned mail cases, CCC staff will link the correspondence to the appropriate case in IEDSS for routing to the appropriate RCC. ▪ Our staff review the returned mail to identify if any follow-up actions are needed, such as processing a change to the client's case record or identifying a potential need for benefit recovery.

Exhibit G.4.1.3-1: General Duties in the CCC. *We will manage all general duties in the CCC in accordance with State policy and in alignment with timeliness and accuracy performance standards.*

4.1.4 Benefit Recovery Services in the CCC

Att. G Section 4 I.4; 4.1.1.D

Benefit recovery is a critical function of the Indiana Eligibility Operations Contractor because it provides DFR the opportunity to capture benefits that have been issued incorrectly and to distribute the appropriate benefits to Hoosiers who were under-issued benefits. We recognize that performing this function requires accuracy and attention to detail, therefore we will identify our top performing eligibility specialists to fill this role. We will select staff who receive high QA scores to attend the rigorous two-and-a-half-week State-provided benefit recovery training session. We acknowledge this training will cover the subjects listed in *Exhibit G.4.1.4-1: Specialized Benefit Recovery Training.*

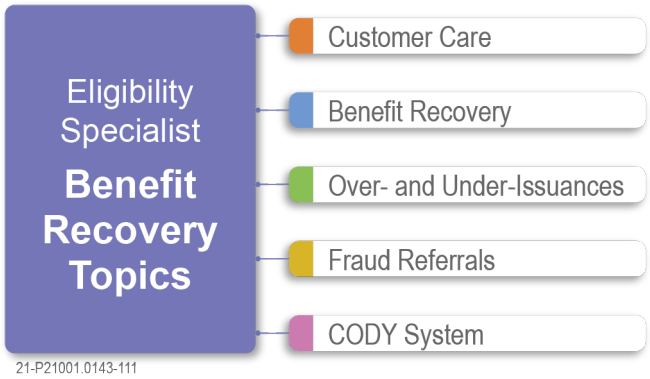

Exhibit G.4.1.4-1: Specialized Benefit Recovery Training. *New benefit recovery eligibility specialists will receive training from the State's Training Contractor on critical topics listed to move into their enhanced roles.*

[redacted]

Benefit recovery eligibility specialists in the CCC will provide all benefit recovery services as defined in RFP Attachment D Scope of Work, Section 4.1.1.D a-n, including:

- Processing benefit recovery documents
- Determining overpayments and underpayments in accordance with State-approved process
- Preparing benefit recovery claims and under issuances
- Completing SNAP and TANF claims within prescribed timeframes
- Ensuring that active cases meet threshold requirements for claim processing
- Referring clients to the State Financial Management Unit, as appropriate
- Referring cases to the OGC Compliance Division for investigation of potential fraud via the State's fraud tracking system (CODY), when indicated
- Using the State eligibility system to establish recovery amounts for non-fraud cases and notifying the client via demand letter
- Initiating the appropriate recoupment activities
- Processing TANF client requests for adjustments to benefit recoupment amount
- Processing changes to remove recoupments and refer to the State, as required
- Processing requests for State reviews in accordance with policies and time frames stipulated in the State policy manual
- Sending benefit recovery requests to the State for review and authorization via queues in the State eligibility system
- Documenting any review or action taken on a case in the State eligibility system

[redacted]

If the eligibility specialist identifies a potential over-issuance or under-issuance of SNAP, TANF, or Medicaid benefits, they will refer the case to our Benefit Recovery team for further review. For example, if a client calls an RCC to report a change in income that occurred three months prior to the call, our eligibility specialist will record the change in the case notes, including any documentation received from the client, and refer the case to a benefit recovery eligibility specialist.

Benefit recovery eligibility specialists will review the case to identify any information that contradicts with the client's information previously used to determine their eligibility as noted in the client's case file. They then determine the correct benefit amount if the client had reported the change on time.

Determining Over- and Under-Issuance and State Authorization

In situations where a client received benefits they were not eligible to receive or received an amount greater than their eligibility provided, the benefit recovery eligibility specialist will follow DFR-approved processes for establishing over-issuance claims and conducting recoupment and recovery activities. Likewise, for clients who may have received benefits in an amount less than for what he or she was eligible, our benefit recovery staff will process the under-issuance in accordance with proper protocol.

Benefit recovery eligibility specialists will compile all information related to the over- or under-issuance, including how the discrepancy was discovered, the apparent reason for the discrepancy, the estimated length of the over- or under-issuance, and any corrective action taken in relation to the benefit discrepancy and will document this information in IEDSS.

Our benefit recovery eligibility specialists will use Form 2232, Form 2244, or a subpoena to request the additional verification needed to establish an over-payment or under-payment. Once this data has been collected and recorded, a benefit recovery eligibility specialist will verify the benefits that the individual received during the time of the presumed claim, establish recovery amounts (for non-fraud over-issuance cases), and prepare the system override. If our benefit recovery eligibility specialist suspects potential fraud, they will refer the case to the State via CODY.

We will send all benefit recovery requests to the State for review and authorization via IEDSS; if a manual State Review of Eligibility Decision (SRED) task is created, our benefit recovery eligibility specialist will conduct a quality check to confirm that it is sent to the appropriate queue. Our staff will use standardized, DFR-approved language for all case note documentation so that all cases sent to the State for authorization contain clearly documented, complete case details to facilitate State review.

Notifying Clients of Benefit Discrepancies

For all authorized benefit recovery cases, we will notify the client via demand letter that the benefit discrepancy exists and inform them of the timeframe in which they must respond either with payment or by filing an appeal. The demand letter will indicate that SNAP clients must respond within 90 days and TANF or Medicaid clients must respond within 30 days. We will then initiate recoupment activities. This may include payments by personal check or money order, benefit reductions for SNAP or TANF, offset by and under-issuance, child support credit, interception of lottery winnings, electronic benefit repayment or expunged benefits, State tax refunds for SNAP/TANF, or Treasury Offset programs (for SNAP).

Client Requests for Appeals

If the client requests a State review to appeal an over-issuance claim, benefit recovery staff in the CCC will follow State-approved processes for hearing and appeals as described in the *Attachment G, Section 4.0.3: Functional Requirements for Hearings and Appeals*.

. The benefit recovery eligibility specialist will document the appeal in the IEDSS for referral to the State, as discussed in *Attachment G, Section 4.2.8: Hearings and Appeals Services*. RCC eligibility specialists will then review the appeal and work in coordination with State staff to prepare for and attend hearings.

We provide a high-level process flow depicting our understanding of benefit recovery services provided by the CCC in *Exhibit G.4.1.4-2: Benefit Recovery Services Process*.

4.1.5 Fraud Management/Appeals in the CCC

Att. G Section 4 I.5; 4.1.1.E

CCC benefit recovery eligibility specialists with the direct involvement of a benefit recovery supervisor will process external fraud referrals and forward them to the FSSA OGC Compliance Division. CCC staff will be responsible for the activities in *Exhibit G.4.1.5-1: CCC Fraud Management*.

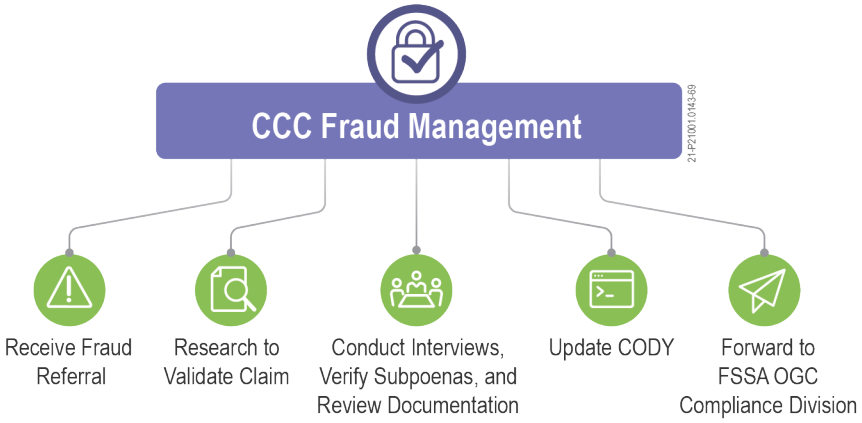

Exhibit G.4.1.5-1: CCC Fraud Management. *Top-performing eligibility specialists will receive advanced training to handle fraud management activities.*

When the CCC receives fraud tips indicating that an individual may be involved in fraudulent activity related to his or her eligibility in State programs, benefit recovery eligibility specialists will complete the necessary initial research to validate the claim, including conducting interviews, verifying subpoenas, reviewing documentation, and updating records in the State's fraud tracking system per State direction.

CCC staff will comply with all FSSA investigations requirements and policies related to fraud management. We understand that fraud is a matter of legal determination and that any case of potential fraud must be thoroughly investigated to establish the necessary evidence prior to referring to the FSSA Bureau of Investigations, who is responsible for opening a claim, if indicated. We recognize that our CCC staff play an important role in conducting the initial investigation prior to referring the case to DFR.

In conducting fraud investigations, we will take measures to:

- Preserve the legal rights of the client
- Protect client's privacy
- Protect the client's right to due process of law
- Use confidential information for the administration of assistance only

To validate the accurate handling for fraud claims, our benefit recovery supervisors will:

- Receive alerts of all fraud tips
- Assist with investigation action
- Review the results of the investigation validation

We recognize the importance of documenting evidence that may indicate the applicant or client's inability to understand questions related to his or her eligibility, as it may be difficult to substantiate fraud if the evidence shows a mental or physical condition that affects his or her capacity to do so.

As our staff conduct research into potential cases of fraud, they look for evidence that may include:

- The individual purchases of items which indicate that more income exists than is known
- The individual lives at a higher standard than known income would permit
- The individual has not completed the necessary redetermination documentation
- The individual shows reluctance to provide information about income and/or resources
- The individual refuses to have certain pertinent references or relatives contacted
- Complaints or remarks from other persons indicate the possibility of fraudulent activity

If evidence indicating that fraud may have occurred becomes available, the benefit recovery eligibility specialist will record information indicating the cause of the fraud, how the fraud was discovered, the date the agency became aware of the fraud, the date the client's income or change started/stopped, the estimated length of the fraud, any explanation given for failure to provide accurate or timely information related to the change, and any corrective action taken.

Additionally, prior to referring the case to the FSSA Bureau of Investigations, the eligibility specialist will obtain the necessary verifications to determine the time period and amount of fraud, adjust the current benefit, if appropriate, and verify that the individual actually received benefits during the time the fraud occurred. Eligibility staff will then use the State fraud tracking system to refer the case to the FSSA Bureau of Investigations.

We understand that our CCC eligibility specialists are responsible for gathering all related documentation applicable to investigations including those gathered from the office by phone, mail, or interview, including data matches and using Subpoena (Form FI0018 and State Form 48133) to obtain needed verification when a signed client "Release of Information" is not available or appropriate. If it appears that the investigation cannot be completed by CCC staff, we will refer the fraud claim to the FSSA Bureau of Investigations, who serves as the primary contact for all fraud cases. The FSSA Bureau of Investigations will review all referred claims and decide on further action.

Appeals

As previously described in the *Attachment G, Section 4.0.3: Functional Requirements for Hearings and Appeals*, the majority of hearings and appeals work will be performed in the RCCs. Appeals requests received in the Local Offices will be entered into IEDSS and referred to the appropriate RCC.

With the exception of SNAP appeals, which may be requested verbally, all requests for appeal must be received in writing. If a client makes a verbal request for appeal via telephone for programs other than SNAP, CCC or RCC staff will inform them that they must submit a formal written request via mail, fax, or hand delivery to a Local Office. Appeals must be received within 33 days from the date of the action or issue being appealed.

The CCC will forward all requests for appeal to the State Hearings and Appeals Office or the designated RCC assigned to handle the case, as appropriate. RCC staff will perform an initial review to determine if the case qualifies for maintenance of benefits.

In addition, we will use Cognos reporting for end-to-end process monitoring of appeals functions. We assume Cognos will enable us to track all appeals tasks in progress in alignment with performance

standards and analyze outcomes to identify potential process improvements that mitigate formal appeal requests and improve quality of service to Hoosiers.

We provide a detailed description of the appeals and hearings functions performed by RCC staff, including conducting pre-hearing conferences with clients to try to resolve the issues without the need for a formal appeal, preparing evidence for hearings, and facilitating and participating in hearings *in Attachment G, Section 4.2.8: Hearings and Appeals Services*.

4.1.6 Staff Development Services

Att. G Section 4 I.6

Our success begins with our people. Developing a strong team to accomplish the required program objectives begins at the point of hiring. We use proven staffing partners and tools to identify and recruit the most qualified staff and then provide an environment that incentivizes them to deliver high-quality services to Hoosiers. An environment with manageable workloads made possible with our sophisticated BPM methodology and industry-leading forecasting and workforce management tools, such as , that plan for and maintain optimal staffing levels at all times.

Maximus prides itself on providing a safe, secure, and comfortable work environment with experienced leadership who help our staff thrive in their careers. We have strong supervisory communication and performance coaching processes; staff involvement programs for continuous quality improvement, engagement, and work environment; and senior leadership objectives and accountability for staff recruitment and retention. We recognize how long-term retention helps to establish institutional knowledge and seasoned staff.

> "I love helping people and not only do our supervisors and leaders love helping our members, but us as well. We are all such good team workers and we work together. The environment we work ositive. They all always lend and and make us feel at
>
> —

We reward and incentivize s programs such as the following:

Exhibit G.4.1.6-1: Maximus Eligibility Specialist Experience provides an overview of some of the resources and tools available to all project staff.

Our managers, supervisors, and QA team will regularly monitor staff performance to identify any additional training or coaching opportunities to further enhance our eligibility specialists' knowledge and skill set. We also compare our training to staff performance to determine the effectiveness of our training and revise our remedial training as needed.

> "Some of the most positive support we receive as CSRs from our management team is the constant knowledge that management staff is there for each team member in a positive and helpful manner. Just knowing that someone is there to help at the drop of a hat, and help constructively, motivates each CSR to assist every Member to the fullest of their abilities.
>
> — *e*

We use these tools to engage staff to take an active part in their learning and to focus on their long-term goals with Maximus.

Engaged staff feel a sense of achievement and satisfaction in their work. Staff who feel valued and respected respond in kind to the Hoosiers they serve and stay engaged with the project longer. By retaining staff, we maintain a stable workforce whose knowledge and effectiveness drive excellent customer service and positive outcomes for the program.

We discuss our training approach in more detail in *Attachment G, Section 4.0.6: Training Coordination and Expenses*.

4.1.7 Administrative and Other Miscellaneous Services

Att. G Section 4 I.7; 4.1.1.F

Maximus has read, understands, and will comply with all requirements stated in *Attachment G, Section 4 I.7* and *Attachment C Scope of Work, Section 4.1.1.F.* We summarize our approach to meeting each requirement for the CCC in *Exhibit 4.3.1.7-1: Administrative and Other Miscellaneous Services*.

Administrative/Miscellaneous Services	Maximus Approach
a. Process external fraud referrals and forward them to the FSSA OGC Compliance Division	▪ In *Attachment G, Section 4.1.5: Fraud Management/Appeals* we describe how we will process external fraud referrals and forward them to the FSSA OGC Compliance Division. ▪ Our benefit recovery supervisor will serve as the main point of contact and will oversee the accurate and timely handling of fraud referrals. ▪
b. Attend all training and staff meetings on relevant topics as requested by the State	▪
c. Manage the CCC workload and assist the State in the monitoring of workload at each RCC in coordination with the State Central Office and/or Regional Management	▪ ▪ CCC and RCC supervisors will coordinate with our HR team to recruit staff as needed to deliver accurate and timely eligibility operations. ▪
d. Manage any equipment and supplies provided by the State or Contract and located at the CCC	▪ Our Facilities Manager, Joel will oversee our team of facilities specialists who will manage inventory and support services for all CCC equipment and supplies provided by the State or Maximus. ▪ In response to Addendum 1, we will use the State-provided spreadsheet materials to track State assets. ▪ . ▪ We will leverage our experience managing state-owned equipment for similar projects, including our ESS operations, to provide DFR with reliable tracking and complete visibility into equipment and supplies inventory to support accurate DFR asset management.
e. Staff appropriately to maintain the CCC facility and the RCC in which the CCC is located. Responsibilities include	▪ Our facilities manager will oversee the facilities specialists at each RCC who will coordinate daily maintenance at the CCC facility and the RCC in which the CCC is located.

Administrative/Miscellaneous Services	Maximus Approach
providing janitorial services, office coverage, reception/switchboard services, premises security, grounds keeping services, building and equipment contract management, and supplies management	▪ Facility specialists will coordinate janitorial services, office coverage, reception/switchboard services, premises security, grounds keeping services, building and equipment contract management, and supplies management. ▪ [redacted] ▪ [redacted]
f. In coordination with the State and Regional staff, respond to management evaluations, QC reports, federal requests for information, and Corrective Action Plans	▪ [redacted] ▪ DFR will have a transparent view into our Indiana Eligibility Operations through user-friendly dashboards and regular communication with leadership staff. ▪ We bring a true partnership approach and will communicate openly, respond to requests timely, and collaborate to deliver operational excellence.
g. Cooperate with State and Federal audits and comply with requests and inquiries from the FSSA OGC Compliance Division	▪ Maximus will cooperate with all state and federal audits and requests and inquiries from the FSSA OGC Compliance Division. ▪ Maximus will give timely responses to audits, requests, and inquiries. ▪ [redacted]
h. Maintain CCC office hours required by the State – 8:00 a.m. to 4:30 p.m. in the local time zone excluding State holidays	▪ We will operate the CCC operations collocated in the Marion and Lake RCCs from 8:00 a.m. to 4:30 p.m. in the local time zone, excluding State holidays. ▪ [redacted] ▪ [redacted].
i. Provide reports, including ad hoc reports, as requested by the State, in a timely manner, as defined by the State. If the Contractor is unable to provide a requested report or provide it in a timely manner as defined by the State, they must provide a letter of explanation to the State	▪ *Attachment G, Section 12: Reporting Requirements* describes how we will provide operational reports, including ad hoc reports upon request in the timeframes defined by DFR. ▪ [redacted] ▪ Our management team will meet regularly with DFR to review reports and develop upcoming plans and strategies. ▪ DFR and Maximus leadership will have the information necessary to be proactive in adjusting operations to maintain high levels of productivity, process improvements, and plan for future growth or changes. ▪ [redacted] ▪ If at any time Maximus is unable to provide a requested report or provide it in a timely manner as defined by the State, we will submit a letter of explanation to DFR, as required.
j. Participate jointly with the State in Business Continuity and Disaster Recovery Procedures, as applicable, including those that require the Contractor to mobilize staff to alternate sites in the event of a disaster or other event that impacts an area of the State and DFR operations that pertain to the scope of this Contract	▪ We understand that the State's Disaster Recovery Plan is in place to maintain continued access to State-owned systems, technology, and infrastructure. ▪ We will fully cooperate with DFR in implementing and enacting the State's disaster recovery procedures and provide DFR with a main point of contact for disaster recovery planning and execution. ▪ Maximus has a team of certified business continuity professionals. This team supports the development of our Disaster Recovery Plan and adheres to industry guidelines in the development of the plans, processes, and procedures we implement for business continuity. ▪ [redacted], [redacted]

Administrative/Miscellaneous Services	Maximus Approach
	▪ We provide a detailed description of our approach to business continuity and disaster recovery and include a sample plan in *Attachment F, Appendix 9: Disaster Recovery Plan*. ▪ [redacted]
k. Propose a Business Continuity Plan, subject to approval by the State, that supports DFR in the event of a disaster and/or other significant outage that impacts DFR operations.	▪ *Attachment F, Appendix 9: Disaster Recovery Plan* includes a draft of our Business Continuity Plan that demonstrates how we will support DFR in the event of a disaster or other significant outage that impacts DFR operations. ▪ We have a history of providing continuous operations, even in the most challenging circumstances. There are no better examples of our ability to continue operations than our real-life responses to natural disasters and the current pandemic. Our comprehensive and regularly tested business continuity and recovery plans enables us to continue to deliver services and serve clients no matter the situation. ▪ [redacted]
l. Respond to Public Records Requests after seeking appropriate authorization from the State to release any requested records and documents to the State	▪ We will respond to public record requests after seeking appropriate authorization from DFR to release any requested records and document to the State. ▪ We also understand that documents requested via a public records request may need to be redacted to protect client privacy. ▪ Maximus requires formal privacy, information security awareness, data confidentiality, and PHI/PII training upon hire and annually thereafter for all staff. ▪ Our eligibility specialists will embrace the sensitive nature of client data and the importance of protecting it and the importance of providing timely and accurate responses to public record requests.
m. Perform independent procurements as required to support Contractor responsibilities	▪ We will perform independent procurements for services needed to support project operations, such as janitorial services, office supplies, temporary staff, break room supplies, facilities management services, and other services as needed. ▪ We have a mature procurement model to verify that quality subcontractors are selected, monitored, and evaluated to adhere to contractual requirements. ▪ Maximus holds subcontractors to the same commitments as Maximus holds itself. ▪ [redacted]
n. Provide information to the State necessary for budget development and provide information to the State to perform financial/budget analysis upon State request	▪ Maximus will fully comply with all requests for financial data related to project operations to support the State in its budget development and analysis activities. ▪ We will foster open communication and carry out compliant accounting practices, both at the corporate and project level. ▪ We provide this type of support to many of our other projects. Our transparent reporting and billing and invoicing process, ongoing analysis, and our commitment to partnership facilitate the speed at which we can provide this information to the state.
o. Provide information to the State to develop PCAP (Performance Cost Allocation Plans) and all employees and subcontractors (whether in Central or Regional Office) must participate in	▪ We will cooperate with the State to provide information related to project operations and facilitate the development of PCAPs. ▪ All CCC and RCC staff and subcontractors will receive training to inform them of their responsibility to respond to RMS screen pops that they receive and provide the State with the required data for the PCAPs.

Administrative/Miscellaneous Services	Maximus Approach
the Random Moment Sample (RMS) activities as requested	
p. Provide information to the State to process State or Federal payment intercept (e.g., payroll, tax refund, and lottery)	▪ Maximus will provide information necessary to process State and/or federal payment intercept. ▪ In many of our child support projects we directly access payment sources including withholdings, liens, and attachments, and federal income tax refund intercept as a traditional enforcement remedy.
q. Provide information to the State to prepare Fiscal/Legislative Impact (Cost Impact Analysis of legislative changes, staffing changes, outsourcing initiatives, etc.) upon State request	▪ Upon request, we will provide information to the State to prepare Fiscal/Legislative Impact. ▪ [redacted] ▪ As a leading provider of health services support, Maximus prides ourselves on thought leadership and "seat at the table" involvement in policy evolution with key stakeholders and advisors across the nation. Our expertise and involvement in national policy conferences keep us at the forefront of changing policy, funding streams, and best practices relevant to public healthcare programs across the country and internationally. We stay informed of emerging topics within CMS and convey the policy innovations to our partners at the state and federal level. We have been influencing the conversation around ACA policy impacts since 2010 including topics related to 1332 waivers. We stay informed on emerging policy changes to help our state partners, like Indiana, understand fiscal impacts and take a proactive approach to plan for and manage change.
r. Interface with the State's eligibility system's Help Desk as directed by DFR Deputy Director of Operations or designee	▪ [redacted]
s. Staff shall be available to cooperate with the State's Help Desk regarding State eligibility system problem resolution as required	▪ [redacted]
t. Maintain space for and access to the Document Center, Training Facilities, and office space for State training staff and the State's designated Training Contractor. The Document Center is currently co-located with the Grant RCC, and the State intends to continue housing the Document Center at this location	▪ We will provide adequate office space for State training staff and the State's Training Contractor. ▪ Dedicated space enables DFR easy access to view CCC operations ▪ *Attachment G, Section 4.3: Service Locations; Facilities Management, Operations, and Maintenance*, describes how we will maintain existing facilities and the co-location arrangement with the CCC, Document Center, and Training Center, all residing in the Grant RCC in Marion, Indiana. ▪ Across many of our projects, we manage facilities that house document processing operations, training amenities, and office space for our state partners and other contractor staff.
u. Provide closed door office space for State managers and the Training Manager for the State's designated Training Contractor	▪ We will provide closed-door office space for State managers and training managers for the State's Training Contractor. ▪ [redacted] ▪ Our facilities real estate teams have decades of experience creating productive working spaces that meet the needs of our employees and state partners.

Administrative/Miscellaneous Services	Maximus Approach
v. Provide information to the State to perform bill analysis for the Legislature upon State request	▪ We will cooperate with all requests for information to assist the State with determining operational impacts of bills in legislature. ▪ We have experience working with our state partners to anticipate the changes new legislature will have on program operations. In Michigan, we met with our State partner to facilitate their response to the Family Planning Waiver, processing and filing applications. When the ACA passed, we created an ACA hotline for inquiries and phone applications.
w. Provide information to the State to perform State and Federal reporting	▪ [redacted]
x. Review and assist with resolving complaints upon State request	▪ We will tailor best practices we use in other health services projects to assist the State with timely resolution of complaints, on request. ▪ Compassionate CCC staff will provide timely resolution of client request. ▪ Maximus performs extensive complaints and appeals processing across many of our projects. ○ In Delaware, we function as the administrative law judge in Medicare related complaints and appeals. ○ [redacted] ○ As the federal appeals contractor for Medicare and the FFM, Maximus has performed millions of benefit and eligibility appeals.
y. Cooperate with and participate in Federally required management evaluations	▪ We will cooperate with and participate in activities related to management evaluations and provide timely responses.
z. Provide a subject matter expert (SME) to testify in court upon State request	▪ Upon State request, Maximus will provide an appropriate SME to testify in court.
aa. Utilize the State-identified language interpretation services when necessary	▪ [redacted]

Exhibit G.4.1.7-1: Administrative and Other Miscellaneous Services. *As your Contractor we will complete all administrative and miscellaneous CCC services in accordance with DFR's expectations.*

4.2 Regional Change Center Operations and Support

4.2 Regional Change Center Operations and Support

Att. G Section 4 II; 4.1.2

DFR requires an Indiana Eligibility Operations Contractor who can handle complex challenges with speed and accuracy and provide a solution that can flex to your needs. Maximus offers an approach that builds upon our existing hands-on experience supporting similar projects, institutional knowledge of Hoosiers, and established best practices and operational processes. With Maximus, DFR will gain properly staffed RCCs and a partner who will work in collaboration with DFR to deliver timely and accurate service.

Our Indiana-based project team benefits from extensive experience running similar large-scale, complex eligibility programs, including multi-facility [redacted]. Our leadership team will work hand-in-hand with DFR during transition and throughout the contract, responding quickly to the State's operational needs in each RCC.

The Maximus solution customizes our industry-leading practices gained from delivering statewide eligibility support services using state-provided systems to meet all the requirements defined in the RFP and SOW. Each element of our proposed solution is grounded in our 25 years of experience providing eligibility support services through telephone support and case processing at all phases of the eligibility life cycle for Health Coverage, SNAP, and TANF programs. Our approach to Indiana Eligibility Operations equips DFR and program staff with the people and processes to improve customer satisfaction and promote timely access to services.

Throughout this section of our proposal, we provide detailed descriptions of the key features of our solution, including our ability to keep each RCC adequately staffed with high-performing eligibility specialists who will support the core services defined in *Exhibit G.4.2-1: Core Functions of Indiana RCC Operations.*

[redacted]

4.2.1 Staffing and Management Model

Att. G Section 4 II.1; 4.1.2.1

The HR leads assigned to each RCC will have first-hand knowledge of their site's unique Staffing Plan.

day-to-day operations of all work referenced in this section and our leadership team will partner with DFR to establish and maintain open communications throughout the duration of the contract. As discussed in *Attachment G, Section 4.0.4: Minimum and Maximum Staffing Requirements*, we will meet DFR's minimum staffing requirement and maximum staffing requirement for the number of eligibility specialist FTEs dedicated to the RCCs and will staff RCCs in accordance with the thresholds to fill any minimum staffing shortfalls.

We acknowledge that proposed hourly rates are inclusive of vacation, sick days, holiday, and personal time for workers and that DFR will only be billed the hourly rate for actual time worked. We will invoice DFR for eligibility specialists at different rates, depending on whether they are trained, trainees, or working State-mandated overtime hours. We understand the RFP definitions for fully trained, trainees, and mandated overtime and agree to incorporate this into our invoicing in addition to all related invoicing requirements in RFP SOW 4.1.2.1 RCC Staffing and Management Model. We will stipulate in our subcontractor agreements that their staff will receive identical pay and equivalent benefits relative to Maximus' own employees, within 180 calendar days of their start date.

We address our approach to meeting and maintaining staffing thresholds in the following sections:

- *Attachment G, Section 4.0.4: Minimum and Maximum Staffing Requirements*
  -
  -
  -
  -
  -
- *Attachment G, Section 4.1.9: Training Coordination and Expenses* explains our training approach and how we will make sure staff are fully trained. We will validate, via DFR's LMS, that all eligibility specialists are fully trained to complete work related to this project and have passed the gateway examination prior to accessing any eligibility system, aside from production work during training.
- *Attachment G, Section 4.5.1.2: How Vacancies Will Be Addressed* provides our approach to filling vacancies and how we plan to reduce the number of vacancies by creating a positive and supportive working environment that promotes the growth and development of our staff. While our overall approach focuses on retaining staff and avoiding vacancies, we understand vacancies will occur. We will work with our staffing vendors to maintain a pool of eligible candidates available to fulfill eligibility specialist functions and vacancies in a timely matter.

In 2020, *Military Times* included Maximus in "Best for Vets: Employers" rankings nationwide. We were cited for having especially high scores due to our excellent retention support programs as well as recruitment and employment practices.

- *Attachment G, Section 4.5.1.3: Hiring Policy* presents our plan to have a combination of full-time contract-to-hire staff and employees.
- *Attachment G, Section 9: Quality Assurance Standards and Expectations* details how we will actively monitor, review, and analyze the performance of RCC staff using our rigorous QA program.

We will provide designated DFR managers and OV&V Contractor staff access to the names of staff members who work in each RCC and the number of hours each staff member has worked. We will provide designated DFR and OV&V contract staff with comprehensive reports and user-friendly dashboards that include data from our time-keeping system.

4.2.2 Support via Telephone

Att. G Section 4 II.1.A; 4.1.2.1.A

Our eligibility specialists in the RCCs will be ready on day one to assist Hoosiers over the phone and respond to their various needs, such as questions about their application or concerns about their eligibility. We understand the importance of having staff who have and maintain a comprehensive knowledge of the Health Coverage application as well as Medicaid, SNAP, and TANF programs so that they can provide comprehensive assistance and One Call Resolution to clients like Malcolm.

Over 5.7 million individuals contact our operations centers every month. Our call center services are the core of what we do as a company every day.

Call center services are at the core of Maximus' strengths and capabilities. We are a respected leader in call center management for projects of all sizes, program areas, and for a broad range of government agency clients. We bring deep call center knowledge, with more than two decades of experience standing up and quickly staffing and scaling call center services. We focus strictly on government work—we do not take a commercial approach to providing critical government services. Our history of performance and delivery both in Indiana and across the country means the State can be confident that we will help Hoosiers successfully navigate Indiana eligibility for Medicaid, SNAP, and TANF.

Today we operate more than 90 call centers on behalf of federal, state, and provincial agencies in 37 states and three provinces, including five nationwide government programs. In some of our larger call centers, our staff handle nearly 17,000 calls per day.

> "[Joy] was kind and compassionate to my situation. She helped facilitate my daughter's [ability] to get the medical coverage she needs for her ongoing care. Thank you Joy!"

Fourteen of our call centers, including Indiana EB, have achieved the prestigious "Certified Center of Excellence" designation through Purdue University's Center for Customer-Driven Quality.

Prompt and accurate client assistance is our top priority, not only because it enhances DFR's reputation for excellent service, but also because it supports the most vulnerable Hoosiers.

We demonstrate in *Exhibit G.4.2.2-1: RCC Telephony Support* the tasks RCC staff will support via telephone.

Exhibit G.4.2.2-1: RCC Telephony Support. *Using proven processes, tools, and maintaining knowledge through ongoing training, our eligibility specialists accurately handle and resolve a wide range of issues and topics on the first call.*

We will take calls during DFR's business hours and meet all call center-related SLAs outlined in the RFP. We currently help millions of callers each year with similar call types, including application assistance, change reporting, responding to inquiries about the redetermination process, complaint handling, and out-of-state inquiries.

> "[I] initially called in feeling very worried and overwhelmed with the possibility of not being able to receive benefits. Throughout the call, Tina was very professional, straightforward, comforting and provided the information in a clear detailed way that was easy to understand. After speaking with Tina, [I] felt relieved and more confident. Tina was a blessing!"

This experience, combined with our ongoing focus on process refinement, continuous quality improvement, and One Call Resolution, will enable us to address the caller's needs and meet all call center performance standards.

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Our approach to addressing additional tasks that may be outside of the purpose of the client's call assists us in providing excellent customer service and expediting the processing of their application. One Call Resolution coupled with accurate and timely application processing help us to reduce call volume and achieve our goal to provide exceptional customer service to Hoosiers.

We understand that applying for benefits can be complicated. We use our experience to develop scripts that make it easy for clients to understand the process and next steps.

Our wide-ranging experience answering client calls for Medicaid, TANF, and SNAP programs in other states illustrates that we understand how callers interact with benefit programs and how to support them and document the call in the State eligibility system. This experience, coupled with our rigorous adherence to DFR procedures and robust QA monitoring process, will support our delivery of One Call Resolution.

> *"I love my job because I enjoy talking with people over the phone and educating them regarding health care. Talking and empathizing with members is one of my strongest passions and I love listening and solving their issues."*

We recognize that telephone-based application assistance is a valuable channel of support for application processing, and RCC staff will be fully trained to take applications over the phone and assist applicants in completing them. However, nearly 70 percent of applications for Indiana public benefit programs are submitted online through the FSSA benefits portal or the FFM. While phone is still a viable channel for submitting applications, these calls can take more than 30 minutes, which is often not what the client prefers nor is the most efficient approach.

The RCC call centers are the primary interface with clients seeking assistance with their eligibility for Indiana's public benefit programs. To validate that each phone call best serves the client and reflects well upon DFR, we will maintain a comprehensive quality program, as described in detail in *Attachment G, Section 9: Quality Assurance Standards and Expectations* and *Attachment G, Section 11: Quality Assurance Reporting.* We will also provide our staff with easy-to-use, up-to-date procedural documentation and work instructions through our to support One Call Resolution. We will work closely with the State's Training Contractor to maintain a continuous feedback loop between our operations, our quality program, and training.

> *"Maximus provides professional customer service and quick responses to any requirements the Bureau of Managed Care may need. Their government contract team goes above and beyond constantly improving their system operations, outreach to Medicaid members and call center excellence."*

We summarize our approach to performing the telephone support duties defined in the SOW, Section 4.1.2.1A in *Exhibit G.4.2.2-2: Approach to Providing Telephone Support in the RCCs*.

Requirement	Maximus Approach, Benefits, and Expertise
a. Answer incoming phone calls from clients who want to report a change	▪ During authentication, RCC eligibility specialists confirm the client's telephone number and address. If these have changed, the eligibility specialist will enter those changes in the system. If the client reports a change that requires verification (such as income), the eligibility specialist will record the change, request verification verbally, and trigger a 2032 Form. Our Benefit Recovery team will handle cases where a reported change indicates that an over- or under-issuance of benefits may have occurred. ▪

Requirement	Maximus Approach, Benefits, and Expertise
b. Manage and respond to client concerns and complaints	▪ Eligibility specialists will follow proven processes for complaint handling that we have successfully used in multiple call centers. We will track and report on all complaints to identify trends that may indicate an opportunity for improvement. We will perform root cause analysis on all complaints and include the analysis in our quality reporting. ▪ Improved customer experience and a reduced number of complaints can be achieved from process improvements informed by our root cause analysis and QA process.
c. Answer incoming phone calls from clients with questions about reported changes	▪ We will help callers understand the impacts of reported changes on their benefit status or amount. ▪ Eligibility specialists will research the case status and related documentation and use that content to explain the reason for the change in status or amount. If needed, the eligibility specialist will review the budget calculation and/or household composition with the client. ▪ Clients who are fully informed of the impact of reported changes understand the rationale for changes and next steps and less likely to file an appeal.
d. Answer phone calls from clients with questions about applications and redeterminations specific to the area of operation	▪ Eligibility specialists will answer questions about applications and redeterminations. For case-specific questions, our staff will work with the client to clarify the question and supplement that conversation with inquiry into the eligibility system and recently sent and received forms. ▪ We provide eligibility specialists with supplemental training that focuses on critical thinking, problem solving, and interpersonal skills. ▪ [redacted] [redacted] understood, and know that their questions are being resolved. ▪ [redacted] Exceeding Requirements
e. Answer incoming calls for appointment rescheduling	▪ Eligibility specialists will use appropriate calendar tools to help clients reschedule appointments with case workers and verify that the client and caseworkers have been notified. ▪ [redacted] ▪ We will provide Hoosiers with timely and accurate scheduling of appointments that accommodate their schedules.
f. Answer and process general calls in situations that client opts out of using IVR	▪ Eligibility specialists will respond to general calls when the client opts out of the IVR. ▪ Work instructions, call scripts, and other job aids in our [redacted] will help guide eligibility specialists to resolve client requests in one call. ▪ Our robust [redacted] supports eligibility specialists in delivering One Call Resolution. ▪ [redacted] Exceeding Requirements
g. Answer incoming out-of-state inquiries by routing them to the RCC Out-of-State queues	▪ RCC eligibility specialists assigned to out-of-state queues will handle inquiries from state representatives outside Indiana to confirm whether an individual previously residing in Indiana is currently receiving Indiana benefits. ▪ This process includes validating the return address of the individual requesting the information, reviewing the case record to determine if the requested information is available, completing a Valid Authorization to Release Information Form, and attaching it to the case record, and submitting it via correspondence. ▪ [redacted] ▪ Including a review of impact to the client's case could identify benefit recovery opportunities while providing the client the benefits they need regardless of their state residency.

Requirement	Maximus Approach, Benefits, and Expertise
h. Cooperate with the State's recording of all inbound and outbound calls	▪ We will use the State's call recordings to support our quality program. ▪ [redacted] ▪ Our QA team will use this tool to audit and analyze QA data for trends and produce reports at the individual staff level and at the operational function level across the entire Indiana Eligibility Operations project. ▪ Our QA process elevates the Hoosier experience through process standardization and improvements.
i. Make outbound calls and take callbacks in the RCCs as may be required for the accurate and timely completion of the below described services (j-m)	▪ Eligibility specialists will make outbound calls and take callbacks to obtain missing information and schedule interviews as directed by the State. ▪ Proactively make outbound calls to expedite the application and eligibility determination process for Hoosiers.
j. Make outbound data gathering calls at the request of the State	▪ Eligibility specialists will make outbound data gathering calls as requested by the State. ▪ We will leverage our experience providing outbound calls in similar eligibility projects. For example, for our [redacted] staff make outbound calls to educate clients when the state is offering a new option for Health Coverage, to follow up on a missed appointment, obtain missing information, and to educate clients when the education is a required component of continued eligibility.
k. When requesting a return phone call, leave staff first name and that they are from FSSA/DFR, phone number, and extension	▪ RCC staff will follow DFR procedures when conducting outbound calls and responding to callbacks. ▪ If the client does not answer, our eligibility specialist will leave a voicemail message identifying themselves as calling from FSSA DFR and will provide the work ID, phone number, extension, and our hours of operations so the client has all the necessary information to return the call and be connected to a staff member who can provide the appropriate level of assistance.
l. If a client requests to speak to a supervisor or manager, transfer the call to the appropriate available supervisor or manager. The supervisor will document in the case notes the reason for the escalated call and the outcome of the phone call	▪ Eligibility specialists will follow escalation procedures for transferring clients who request to speak to a supervisor or manager to the proper escalation contact. ▪ If the call is escalated, the supervisor or manager who handles the call will document the call in the State system, indicating the reason for the escalation, actions taken to resolve the client's issue, and the outcome and status of the issue. ▪ Our escalation procedures provide eligibility staff with steps to help reduce the need for escalation, thereby improving the customer experience
m. Attempt to schedule an appointment with clients by telephone for all applications requiring an interview	▪ RCC staff will place outbound calls to schedule appointments with clients for applications that require an interview, including SNAP and TANF.
Each Call Ends with Documentation: Case comments are an essential part of the case record. We will work with DFR to develop guidance for eligibility specialists to use documentation that is standardized, efficient, professional, and accurately depicts all details of the call, including call reason and actions taken to assist the caller.	

Exhibit G.4.2.2-2: Approach to Providing Telephone Support in the RCCs. *Eligibility specialists will provide accurate and efficient support for inbound and outbound calls handled by the RCCs.*

As described in *Attachment G, Section 4.0.1: Minimum and Maximum Staffing Requirements*, we understand the need to have 1,000–1,100 staff dispersed across the 10 RCCs. We will carefully recruit and onboard [redacted]

Call center operations in the RCC facilities will use the State-provided telecommunications infrastructure and phone system capability, including the State's Genesys telephony platform and IVR system with integrated call recording.

4.2.3 Process Changes

Att. G Section 4 II.1.B; 4.1.2.1.B

. A timely and accurate change process provides DFR with correct accounting of program beneficiaries, including current household composition, income information, and how to contact the client. Maximus processes millions of changes each year; we understand that an effective change process supports ongoing eligibility determination.

Our RCC eligibility specialists will perform all required change tasks shown in *Exhibit G.4.2.3-1: RCC Change Processing*.

RCC staff will support the intake of changes by phone, mail, and electronically. We will leverage the existing policies and procedures and work with DFR to identify dependencies and hierarchies in the change process. For example, if we receive a call in which the client

would like to change his or her phone number, our RCC staff will verify that the household address has not also changed. Establishing processes for each change type supports getting the complete change the first time, increasing the speed that the change can be processed, and minimizing the impact to the client by capturing all changes in one call. After documenting the reported change, our RCC staff will work in the eligibility system to determine if the change impacts program eligibility or benefit amount.

Whether change reports come in by phone, mail, or in person, our eligibility specialists will enter the new data into the State eligibility system on the date that it was received. To accurately record changes, our case records will include the manner in which the report occurred, the circumstance and date of the change, the nature of the change, whether additional verifications are needed, and any other relevant data. IEDSS will use the data entered by the eligibility specialists to identify any case changes that may potentially result in the need for benefit recovery—for example, delayed reporting by the client of an income change or a client who moved out of state—and refer these cases to our CCC Benefit Recovery team.

In addition to correctly entering the change information, our staff will follow established procedures to create a case note to provide additional context for State case workers. Because precise data serves as the foundation of eligibility and benefit determinations, we will manually review the information and, when necessary, seek additional circumstance verifications.

When clients need to supply additional verifications, eligibility specialists will mail a 2032 Form along with an explanation on the required facts and instructions on how to complete the form. When the client is reporting a change by telephone, our eligibility specialists will follow established processes to document complete change information and minimize the need for a 2032 Form. Mass changes are an important processing component to establish that the case file has the most current information. Whether information is received through trading partner interfaces or as part of event-triggered automation, the RCC eligibility specialist will accurately process the mass change tasks. At the State's direction Maximus can work with the IEDSS vendor to validate a test file for large runs verifying the file is error free prior to running in production.

DFR clients may be participating in more than one program, each with its own verification requirements. Once a client has submitted verification for a specific program, the eligibility specialist will update the verification status of the requested information, verify and attest that it is complete, and that the case is queued for a State eligibility consultant (SEC) to move forward with State Review and Authorization of benefit categories. In so doing, the eligibility specialist will demonstrate understanding that referral must occur regardless of other benefit categories pending verification, and that transmission must occur in compliance with State-sanctioned quality standards and within the mandated 19-day timeframe. Accurate and timely referrals assist in making sure Hoosiers maintain uninterrupted benefit services.

4.2.4 Process SNAP Interim Reports

Att. G Section 4 II.1.C; 4.1.2.1.C

DFR requires biannual examination of SNAP recipients classified as non-elderly/disabled and elderly/disabled with earned income. We understand and fully support this recertification to direct SNAP benefits to the individuals who need it most. .

We will apply our experience performing annual reviews to DFR-defined process, shown in *Exhibit G.4.2.4-1: Processing SNAP Interim Reports*, to perform these biannual reviews.

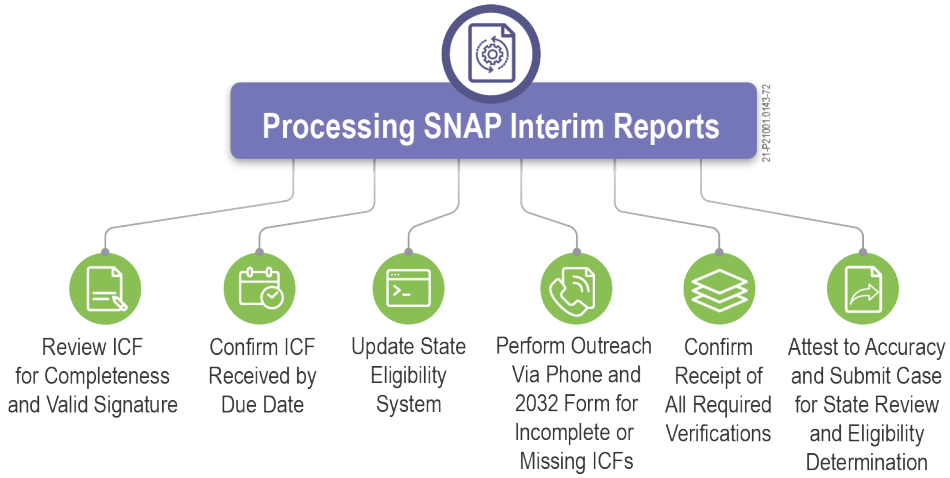


Exhibit G.4.2.4-1: Processing SNAP Interim Reports. *Our staff will process SNAP Interim Change Reports in accordance with DFR's guidelines.*

We understand that the eligibility system will trigger an Interim Contact Form (ICF) and cover letter by the sixth day of the fifth month of a client's certification period. A notice will be generated for both the case and the authorized representative if one exists.

After the client returns the form, eligibility specialists will view completed ICFs in the image repository and enter the data into the State eligibility system, recording whether the client returned the completed forms by the first business day of the sixth month of the certification period. Eligibility specialists will confirm the applicant's or their legally authorized representative's signature and validate the client has answered all questions and provided acceptable verifications. The eligibility specialist will post this data into the State eligibility system.

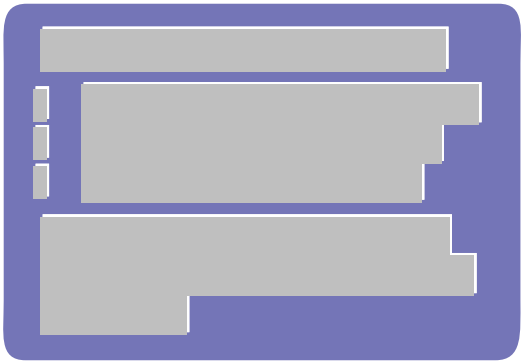
Clients who fail to complete their ICFs will receive a client sends back a form that answers the questions but does not provide proper verification, staff will send a second 2032 Form requesting the verifications. The eligibility specialist will post the returned data to the State eligibility system and, within 19 days, send the completed case to an SEC for review and authorization.

4.2.5 Process Applications

Att. G Section 4 II.1.D; 4.1.2.1.D

RCC eligibility specialists will perform end-to-end processing of health coverage applications. All other applications, including ABD Medicaid, SNAP, and TANF, will be forwarded to Local Offices for processing. As illustrated in *Exhibit G.4.2.5-1: RCC Application Processing*, our RCC staff will review Medicaid applications, enter application data into the State eligibility system, including notes indicating whether additional information or verifications are required, and send 2032 Forms to obtain needed verifications, including financial and non-financial documents.

Upon receipt of any requested missing information or verification, RCC staff will enter verification data into the State system to complete the application. Completed applications are then referred to a SEC for State review and authorization.



We will work with DFR to incorporate existing Indiana policies and procedures with the best practices, procedures, and checklists we use in our eligibility projects. We will follow DFR guidelines as well as state and federal regulations to create specific work instructions for identifying missing information.

In all circumstances, we will create a case note regarding missing verification, flag the case, and then generate Form 2032. Eligibility specialists will process incoming 2032 Forms, first confirming that the form was received within 13 days of the request. If a client sends back a form that answers the questions but does not provide proper verification, our staff will send a second 2032 Form requesting the verifications if we did not reach the client by phone. The eligibility specialist will post the returned data to the State eligibility system and, within 19 days, send the completed case to an SEC for review and authorization, regardless of whether other benefit categories are pending verification. Our staff will enter all verification data into the State system in accordance with instructions provided in the State's Policy and Procedure Manual and/or as instructed by the State's Operational Management.

Designated eligibility specialists assigned to the Out-of-State Queues will handle inquiries from state representatives outside Indiana to confirm whether an individual previously residing in Indiana is currently receiving Indiana benefits. This process includes validating the return address of the individual requesting the information, reviewing the case record to determine if the requested information is available, completing a Valid Authorization to Release Information Form, attaching it to the case record, and submitting it via correspondence.

In *Exhibit G.4.2.5-2: Application Processing in the RCCs,* we demonstrate the high-level steps our eligibility specialists will take to process applications. We provide a comprehensive workflow in *Attachment G, Section 4.0.1: Functional Requirements Serving New Clients* that shows the entire application process from CCC intake to when the RCC refers it to a State worker for review and authorization.

In Atta*chment G, Section 9: Quality Assurance Standards* we describe how our QA team will monitor application processing activities and work in tandem with our Program Optimization Task Force and Lean Six Sigma trained leadership to meet and continuously improve accuracy and timeliness standards.

4.2.6 Process Redeterminations

Att. G Section 4 II.1.E; 4.1.2.1.E

Maximus understands IEDSS will trigger redetermination workflows based upon anniversary dates and we will be responsible for processing all Medicaid redeterminations for Medicaid-only cases in the RCCs. Our eligibility

specialists will perform the redetermination procedures shown in *Exhibit G.4.2.6-1: RCC Redetermination Processing*, to properly calculate benefits for Medicaid programs.

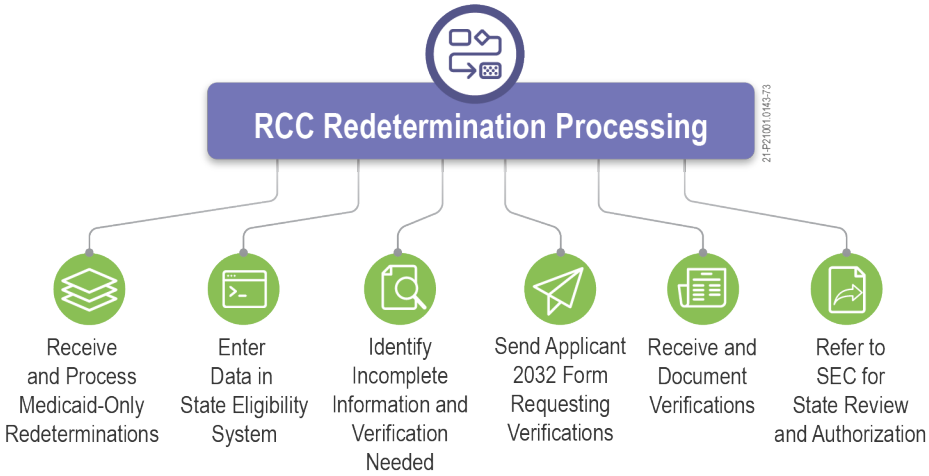


Exhibit G.4.2.6-1: RCC Redetermination Processing. *Our QA team will monitor eligibility specialist's performance, to verify that we are delivering accurate and timely redetermination services.*

RCC staff will review Medicaid-only Eligibility Redetermination Forms, verify that the redetermination month is correct, and review financial and case composition information on the client's circumstances to determine if there has been a change to eligibility factors. If the redetermination form is not complete, or is not readable, the eligibility specialist will place a call to the client to complete the application. If we are unable to complete the application over the phone, the eligibility specialist will flag the case record and send a 2032 Form and cover letter to request the missing information or verification elements. Once all information is returned, RCC staff will update the case record in IEDSS and submit the case to an SEC for final review.

process incoming 2032 Forms, first confirming that the form was received within 13 days of the request. If a client sends back a form that answers the questions but does not provide proper verification, staff will make an outbound call to inform the client about the information needed and send a second 2032 Form requesting the verifications. Eligibility specialists will post the returned data to the State eligibility system, attest to its accuracy, and send the completed case to an SEC for review and authorization, regardless of whether other benefit categories are pending verification. In Malcolm's case he responded to the RCC's request for verification by the date listed in the 2032 Form, resulting in timely processing of his redetermination and uninterrupted access to benefits.

Exhibit G.4.2.6-2: Processing Redeterminations in the RCCs illustrates how we will manage the workflow for processing redeterminations.

4.2.7 General Duties Across all Programs and Action Types

Att. G Section 4 II.1.F; 4.1.2.1.F

Maximus has read, understands, and will comply with all requirements stated in RFP Attachment G, Section 4 II.1.F and Attachment C SOW, Section 4.1.2.1.F. We summarize our approach to meeting each requirement for the RCC in *Exhibit G.4.2.7-1: General Duties in the RCCs*. We will use work queues in IEDSS to manage the flow of all tasks and balance workloads in accordance with DFR standards for timeliness. We will also monitor all tasks in Cognos to proactively address any tasks that are at risk of missing the expected timeframe of completion.

General Duties	Maximus Approach
a. Send a voter registration application when an applicant or client calls RCC and asks about registering to vote or a client submits a Change form, or a Health Coverage Eligibility Review form and indicates that they would like to register to vote	▪ RCC eligibility specialists will use guided instructions in our to complete all steps or tasks related to inquiries about registering to vote. ▪ In addition, we will send a voter registration form if a client submits a Change form or a Hoosier Healthwise or Medicaid Eligibility Review form that indicates they want to register to vote. ▪ Our processes will help Hoosiers increase their civic participation.

General Duties	Maximus Approach
b. Achieve One Call Resolution, defined as completing all tasks and resolving all issues resulting from a given telephone call. Staff may not assign tasks resulting from a given telephone call to another staff member for completion.	▪ We acknowledge DFR's definition of One Call Resolution ▪ Eligibility specialists will use our which provides scripts, guided call instructions and directions to answer questions quickly and accurately. ▪ We also use our knowledge retention tool to reinforce and refresh learning. When we identify a specialist underperforming in a specific area, we initiate electronic flashcard lessons tailored to each employee to reinforce concepts and promote mastery. ▪
c. Explain forms and program guidelines during the course of related client reactions	▪ RCC eligibility specialists will guide clients through forms and correspondence to help them understand their current case status, program guidelines, and next steps. This guidance leads to engaged and better-informed Hoosiers who will know what actions to take and when. ▪ Our will include scripting and examples of the forms and correspondence clients may receive. During these interactions, our eligibility specialists can walk through the document line-by-line, if needed, as they assist the client. ▪ We have experience developing call scripts that make it simple for clients to understand what information is needed and what actions they need to take.
d. Respond to inquiries within guidelines set by the State from entities including but not limited to the Nursing Homes, Assisted Living facilities, County Trustees, DCS, HUD, DOC/County Jails, 211, Navigators, and the State. Refer inquiries from attorneys to the State Central Office for approval, unless they are acting as an authorized representative or possess power of attorney	▪ We will work with DFR to develop acceptable verification requirements for third-party institutions including nursing homes, assisted living facilities, county trustees, Department of Child Services (DCS), enrollment agencies, Housing and Urban Development (HUD), Department of Corrections (DOC) or county jails, 211, and navigators. If the verification requirements are met, our RCC staff will provide the requested information to the third-party institution. ▪ RCC staff will refer any inquiry from an attorney to the State Central Office for approval unless they are acting as an authorized representative or possess power of attorney. ▪ Exceeding Requirements
e. Prepare required system overrides and additional benefits for clients due to under-issuance related to the RCC services, and refer to the State for authorization	▪ Eligibility specialists in the RCC will follow work instructions and job aids, in our to accurately prepare system overrides and additional benefits for clients due to under-issuances related to the RCC services and refer to the State for authorization. ▪ Accurate under-issuance calculations and system overrides reduce the need for error correction and lead to increased customer satisfaction.
f. Set up expected change tasks to check on case files at a future date if necessary	▪ When clients disclose an expected change in circumstances, such as the birth of a child, pending layoff, or in process of a divorce, RCC staff will set a manual alert in the State eligibility system. That alert will trigger on the prescribed date and queue a task for the next available RCC eligibility specialist to perform an outreach task to confirm the change with the client. ▪ Timely reporting and documentation of changes provide clients with the appropriate level of benefits
g. Enter case notes into the State eligibility system regarding any review or action on the case	▪ Case notes are an essential part of the case record. We will work with DFR to develop guidance for eligibility specialists in entering notes that are standardized, efficient, professional, and accurately describe all actions taken and case disposition. ▪ Accurate case notes provide transparent insight into all RCC staff actions taken on a client's case and consistent client support through all case actions.

General Duties	Maximus Approach
h. Process returned mail including the implementation of any necessary address changes or status changes and re-mail client correspondences, as needed	▪ We will work with DFR to develop a process to use either a returned mail report from the fulfillment vendor or returned mail tasks to initiate case updates. In most states, we are directed to attempt to contact the client via phone or outbound message before updating the address. ▪ On every call, our RCC eligibility specialist will verify the client's address, note any associated status changes, and close any outstanding tasks that they are able to resolve. ▪ Our proactive efforts to confirm Hoosiers' address on every call will help to increase customer satisfaction and reduce the amount of returned mail.
i. Report to DFR any client complaints about the program or program services that result in disciplinary action or remedial training. Supervisors will document in the case notes the basis of the complaint and what was done to address the issue. The supervisor will immediately, and no later than one business day, notify DFR of the complaint, and will email a full report to the DFR Executive Office email address at DFRExecOffice.DFR@fssa.in.gov within two business days	▪ We will follow proven processes for complaint handling that we successfully use in multiple call centers. We will document complaints in IEDSS and use the system to track and report on trends that may indicate an area of improvement ▪ An RCC supervisor will handle client complaints and will document the issue in IEDSS, including any actions taken to resolve the issue. We will notify the DFR of the complaint and email a full report to the DFR Executive Office email address no later than one business day of the client complaint. ▪ In addition, DFR will have access to complaint reporting data that we receive from Cognos to show all client complaints that resulted in disciplinary action or remedial training of RCC staff. ▪ [redacted]

Exhibit G.4.2.7-1: General Duties in the RCCs. *We will manage all general duties in the RCCs in accordance with State policy and in alignment with timeliness and accuracy performance standards.*

4.2.8 Hearings and Appeals Services

Att. G Section 4 II.1.G; 4.1.2.1.G

[redacted]

The hearings and appeals process makes sure clients receive the benefits to which they are entitled. As described in *Attachment G, Section 4.0.3: Functional Requirements for Hearings and Appeals*, Maximus participates in the appeals processes for most of our eligibility support services, Medicaid EB, health benefit exchange, and LTC access contracts. As a result, in addition to the support outlined in the SOW and provided in *Exhibit G.4.2.8-1: RCC Hearings and Appeals Support*, we will leverage our best practices and previous lessons learned to enhance program integrity, reduce the State workload associated with appeals, address client's concerns, and help them secure their benefits.

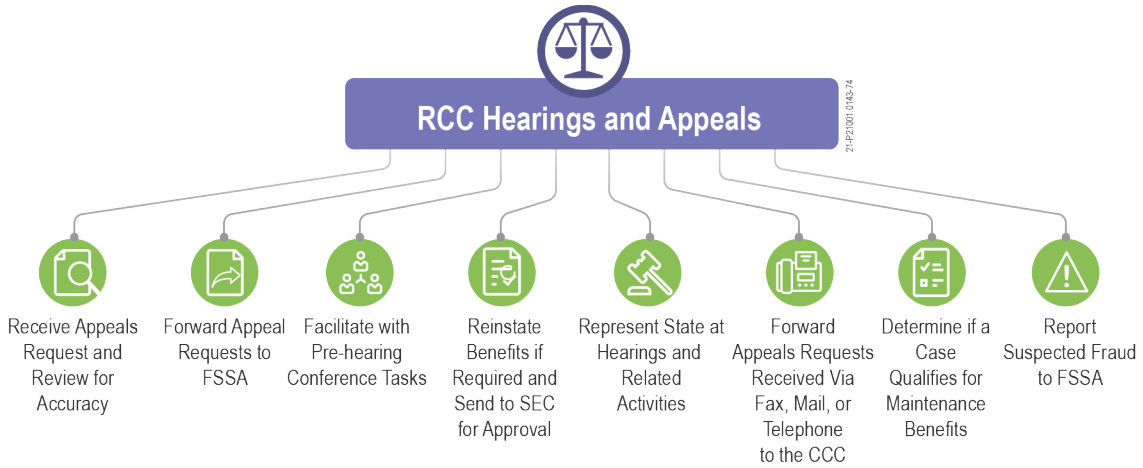


Exhibit G.4.2.8-1: RCC Hearings and Appeals Support. *Maximus will help DFR accurately adjudicate appeals from clients and applicants contesting eligibility and benefit-status decisions by the State.*

We understand that each outgoing eligibility determination mailing informs a client of his or her right to appeal the eligibility decision or the benefit amount. Through our experience in New York and other states, we have learned that most clients calling in response to this mailing do not want to appeal. Rather, they simply want to resolve their issue or understand the policies behind the decision.

Whenever we receive an appeal request, an eligibility specialist in the RCC will first perform a case review to verify if the eligibility determination was correct and compile the necessary information and documentation to support the determination. The eligibility specialist will then contact the appellant to arrange for a pre-hearing conference during which we will discuss the client's issues and explain the various factors that drove the eligibility decision, such as household composition and budget calculations.

If

If the client would still like to move forward with an appeal, our eligibility specialist will outline the appeals and hearings process, including processing timeframes and what is required from the client. The eligibility specialist will explain that all appeal requests must be submitted in writing via mail, fax, or hand delivery to a Local Office, and that the request must be received within 33 days from the date of the action or issue being appealed.

Eligibility specialists will administer all hearings and appeals processes in accordance with the following requirements:

- Receive and examine all appeal requests and update the system within two business days of receipt of request. An eligibility specialist will thoroughly examine each case to verify that appeals requests are received less than 33 days after an eligibility decision. If the appeal arrives less than 33 days after an eligibility

decision, staff will reinstate benefits, per client request, by the effective date of the adverse action, pending approval of continued benefits by a SEC

- Verify the accuracy of all information, correct any errors and deficiencies, forward the appeal to the State Hearings and Appeals Office, and send notice to the client acknowledging receipt of the appeal and, if necessary, a statement indicating the hearing date
- [redacted]
- [redacted]
- Present the State's case at any hearing. Once a decision is issued, we will update the case file and enforce any actions within five business days
- [redacted]
- RCC hearings and appeals eligibility specialists will schedule, facilitate, and participate in all hearings by telephone

In *Attachment G, Section 4.0.3: Functional Requirements for Hearings and Appeals,* we describe our approach in additional detail and provide a workflow demonstrating the processes our staff will complete *in Exhibit G.4.0.3-1: Process for Hearings and Appeals*.

4.2.9 Administrative and Other Miscellaneous Services

Att. G Section 4 II.1.H; 4.1.2.1.J

We understand that every requirement in the RFP is a critical step to providing Hoosiers with the support they need. Maximus has read, understands, and will comply with all requirements stated in Attachment G, Section 4 II.1.H and SOW, Section 4.1.2.1.J. We summarize our approach to meeting each requirement for the RCC in *Exhibit G.4.2.9-1: RCC Administrative and Other Miscellaneous Services.*

Administrative and Miscellaneous Services	Maximus Approach
a. Attend all training and staff meetings on relevant topics as requested by the State	▪ [redacted] ▪ [redacted] ▪ Maximus decision makers will be available to DFR to respond quickly to DFR requests.
b. Maintain continued communication with the State Central Office, and discuss and implement agreed upon action plans as required	▪ [redacted] will be the primary point of contact for communications with DFR representatives to [redacted] ▪ [redacted] ▪ [redacted]

Administrative and Miscellaneous Services	Maximus Approach
c. The State shall manage the RCC workload and day-to-day operations in coordination with the State Regional Manager (i.e., mandatory overtime, special projects, special queue tasks, and specialized trainings	▪ [redacted] ▪ [redacted] ▪ [redacted] ▪ We will use the State's Cognos reporting data to create near-real time monitoring of performance data across operational functions and locations to facilitate workload assessment, coordination, and reallocation of resources, when indicated. ▪ Maximus business analysts will monitor, track, and analyze trends to support optimized staffing and assignment of tasks. ▪ Our approach will provide: – An elevated Hoosier experience and timely processing of applications from sufficiently staffed RCCs – The ability for DFR staff to focus on state tasks instead of Contractor tasks
d. Report suspected abuse and/or neglect of or by a client to the appropriate State agency	▪ We will re-enforce eligibility specialists training provided by the State's Training Contractor to remain aware on how to identify abuse and/or neglect of or by a client and how to report it to the appropriate State agency. ▪ Prompt action by our eligibility staff will help to prevent further abuse and/or neglect.
e. Manage any equipment and supplies provided by the State or Maximus located at the RCCs	▪ [redacted]
f. Utilize State-identified language interpretation services when necessary	▪ [redacted] ▪ We develop best practices from our experience supporting diverse populations on other projects and bring this knowledge to Indiana. Examples of this experience include: – Maximus handled calls in 35 languages for our Indiana COVID-19 Contact Tracing and Vaccine Scheduling project in October 2020. – Our Medi-Cal for Families program includes staff speaking 13 languages. This includes call center staff, workforce management personnel, as well as supervisory and management staff.
g. Utilize the Help Desk to resolve potential system issues or to seek program, system, or policy guidance as needed	▪ [redacted]
[redacted]	▪ [redacted] dedicated HR leads will work with our staffing partners to maintain a robust pipeline of candidates to meet the forecasted staffing needs at each RCC site.

Administrative and Miscellaneous Services	Maximus Approach
the number of FTEs in the RCCs	▪ RCC leadership and our workforce planning staff will use our WFM tool, Cognos data, and proven BPM methods to accurately staff each RCC. ▪ Maintaining required staffing levels will help elevate the Hoosier experience and process applications timely. Efficient operations also allow DFR staff to focus on state tasks instead of spending time on Contractor activities.
i. Maintain office hours required by the State—8:00 a.m. to 4:30 p.m. in the local time zone excluding State holidays	▪ We will operate all RCCs with the office hours of Monday through Friday, 8:00 a.m. to 4:30 p.m. in the local time zone, excluding State holidays. ▪ Using the RCC supervisors and leads will monitor when staff log into and out of work to maintain appropriate staffing levels during hours of operation. ▪ We will have knowledgeable RCC staff available and ready to process application and assist Hoosiers with issues during regular business hours, facilitating timely eligibility determinations
j. Provide agreed upon reports, including ad-hoc reports, as requested by the State. Provide a letter of explanations to the State when a requested report is not provided in a timely manner	▪ As further described in *Attachment G, Section 12: Reporting Requirements*, we will provide all operational performance reports, including ad hoc reports, upon request in accordance with timeliness requirements for submission. ▪ We will use Cognos reports and WFM data to facilitate the timely delivery of key operational reports and performance data in easy-to-read dashboard formats that promote transparency across all operational functions. ▪ Our management team will meet regularly with DFR to review reports and develop upcoming plans and strategies. ▪ If at any time Maximus is unable to provide a requested report or provide it in a timely manner as defined by the State, we will submit a letter of explanation to DFR, as required. ▪ DFR will have access to user-friendly dashboards, providing full transparency into near-real time Indiana Eligibility Operations data. ▪ DFR and Maximus leadership will have the information necessary to be proactive in adjusting operations to maintain high levels of productivity and planning for future growth or changes.
k. Participate jointly with the State in Business Continuity and Disaster Recovery Procedures, as applicable, including those that require the mobilization of staff to alternate sites in the event of a disaster or other event that impacts an area of the State and DFR operations that pertain to the scope of this Contract	▪ *Attachment F, Appendix 9: Disaster Recovery Plan* includes a draft of our Business Continuity Plan that demonstrates how we will support DFR in the event of a disaster or other significant outage that impacts DFR operations. ▪ We will further tailor our plan to align with the State's in-place Disaster Recovery Plan to maintain continued access to State-owned systems, technology, and infrastructure. ▪ We will fully cooperate with DFR in implementing and enacting the State's disaster recovery procedures and provide DFR with a main point of contact for disaster recovery planning and execution. ▪
l. Maintain space for and access to the Document Center, Training Facilities, and office space for state staff as well as the State's designated training contractor as requested by the State. The Document Center is currently co-located with the Grant RCC, and the State intends to continue housing the Document Center at this location	▪ As described in *Attachment G, Section 3.3: Service Locations, Facilities Management, Operations, and Maintenance,* we intend to maintain the existing facilities as well as the co-location arrangement with the CCC, Document Center, and Training Center all residing within the Grant RCC in Marion, Indiana. ▪ We will provide adequate space and state access to all operational facilities, including office space for State training staff and the State's Training Contractor staff. ▪ We will provide ready access to all designated office spaces for State and Training Contractor staff. ▪

Exhibit G.4.2.9-1: RCC Administrative and Other Miscellaneous Services. *As your partner we will complete all administrative and miscellaneous RCC services in accordance with DFR's expectations.*

4.2.10 Benefit Recovery

4.1.2.1.H

When an RCC eligibility specialist receives a referral or identifies information that contradicts verification previously provided by a client to determine eligibility or benefit amount, the RCC eligibility specialist will create a benefit recovery referral task in the State eligibility system for the CCC, as shown in *Exhibit G.4.2.10-1: RCC Benefit Recovery*. Staff in our Benefit Recovery team in the CCC will receive and process these referrals. Staff on this team will perform intensive case reviews to compile all materials relevant to an over- or under-issuance of benefits and will identify any cases of suspected fraud for referral to the State. Our CCC Benefit Recovery team will determine recovery amounts, obtain State authorization, and generate demand letters to be sent to clients with a benefit discrepancy in accordance with DFR-approved processes. We provide a detailed description of our approach to timely and accurate processing of benefit recovery tasks in *Attachment G, Section 4.1.4: Benefit Recovery Services in the Central Change Center*.

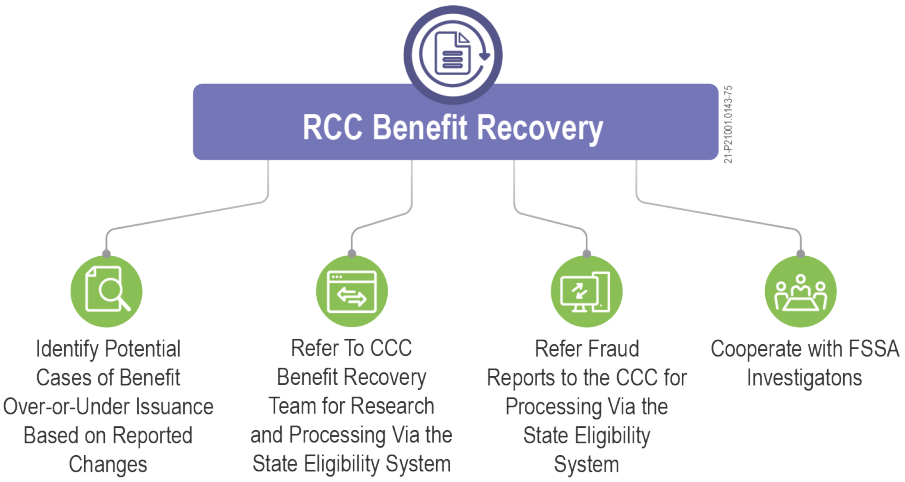


Exhibit G.4.2.10-1: RCC Benefit Recovery. *Eligibility specialists will use call scripts, work instructions, and job aids in our [redacted] to respond to perform benefit recovery and fraud related tasks.*

4.2.11 Fraud Management

4.1.2.1.I

If RCC staff receive fraud tips indicating that an individual may be involved in fraudulent activity related to their eligibility in State programs, the RCC eligibility specialist will document the tip in CODY. The eligibility specialist will also create a task for referral to the CCC for further investigation, processing, and referral to the FSSA Bureau of Investigations, which is responsible for opening a claim, if indicated. The CCC Benefit Recovery team will comply with all FSSA investigations requirements and policies related to fraud management. We discuss the CCC's fraud management role in *Attachment G, Section 4.0.3: Functional Requirements for Hearings and Appeals* and *Attachment G, Section 4.1.5: Fraud Management/Appeals in the Central Change Center*.

4.3 Service Locations; Facilities Management, Operations and Maintenance

4.3 Service Locations; Facilities Management, Operations, and Maintenance

Att. G Section 4; 4.1.3

DFR requires an Indiana Eligibility Operations partner who has the experience to transition the management of its CCC and RCC locations quickly and efficiently and provide service excellence in maintaining them throughout the life of the contract. Maximus offers an approach that builds upon our existing experience, dedicated to managing hundreds of facilities and millions of square feet nationwide. Our highly skilled management team will deliver DFR a seamless facilities transition with no disruption of service, bringing enhancements to security, request fulfillment systems, and lease and acquisition management.

Indiana Eligibility Operations provides critical services to Hoosiers and delivery of those services depends on having facilities where staff can be productive. At Maximus, we will take a service-driven approach to make certain the facilities we manage on behalf of DFR are safe, compliant, and conducive to a productive and efficient work environment.

In managing facilities for DFR, we bring our proven methodology for successfully evaluating, acquiring, and managing facilities that meet the specific needs of the projects we operate.

Exhibit G.4.3-1: Maximus Facilities Management

We manage these facilities under a variety of leasing arrangements, including full service, modified gross, and triple net, demonstrating the breadth of experience we will bring to DFR for lease management requirements.

Effective management of programs with multiple facilities is not new to us. We successfully manage multiple contracts in large production facilities across the country today.

[redacted]

We are also co-located with our clients in multiple locations. This requires close coordination between our facilities staff, state staff, and our facility management contractors. We will bring this best practice to DFR, as we know how to operate in coordination with state partners and other program stakeholders who share facilities and infrastructure, telephony, security systems, and equipment. We will work cooperatively with all co-located staff, including DFR staff and the State's Training Contractor. We will manage and maintain all project facilities in a way that fosters cooperation, respect, and open communication, and aligns the entire eligibility operation around our collective objectives and outcomes. This approach underscores the flexibility and partnership we will provide to DFR in the operation of Indiana Eligibility Operations.

The expertise and services we provide our include all aspects of facilities startup, facility acquisition, and ongoing management, including:

- Site location identification
- Space planning
- Developing and obtaining vendor request for proposals
- Purchasing furniture and equipment
- Managing site buildouts and expansions
- Coordinating and installing electrical, cabling, and physical security systems
- Site setup
- Ongoing maintenance

[redacted]

A key feature of our approach to facilities management, operations, and maintenance includes an organizational structure directed by a highly qualified team of facility experts as detailed below.

The Facility Management Organization for DFR

[redacted]

Our proposed facilities management organization reflects a clear business structure with defined roles and responsibilities and direct lines of authority so that decisions, approvals, and escalations can be made expeditiously. We designed this business structure to provide the following benefits to DFR:

Our Facility Management Team for DFR

- Manage facility security, including access control, badges, security monitoring, and physical security of the property
- Procure necessary vendors and services related to the site
- Coordinate and conduct regular preventative maintenance activities to keep structures and equipment in satisfactory operating condition; this includes providing systematic inspection, detection, and correction of any deterioration or potential failures before they occur or develop into major defects
- Coordinate activities related to disaster recovery processes and procedures
- Manage the facilities provisioning staff at each local site for the delivery of required services

4.3.1 Regional Change Centers

4.1.3.A

Maximus will be responsible for the operation, maintenance, repair (including capital improvements), and management of existing DFR RCCs. Our approach to managing these facilities is designed to make certain that our project staff, and any co-located State and vendor support staff, can work in safe, secure, and comfortable facilities to effectively execute their job responsibilities.

We plan to leverage the existing DFR facilities, as shown in *Exhibit G.4.3.1-1: Regional Change Centers,* to provide the most-cost effective, least disruptive transition for Indiana Eligibility Operations. This approach will help to minimize risk for and save time by avoiding the need to relocate staff, equipment, furniture, and other assets. In facilities where leveraged assets are in place, we will manage those assets and recommend upgrades or enhancements should they expire or need repair or extended maintenance.

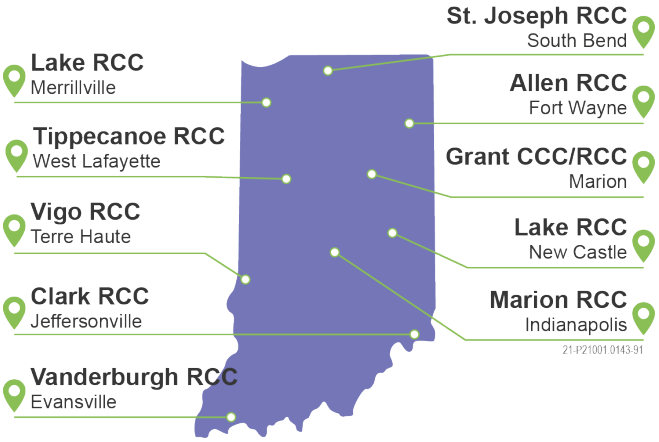


Exhibit G.4.3.1-1: Regional Change Centers. *We bring a team of qualified professionals and the depth of experience to successfully manage the operations of the 10 DFR RCCs.*

We confirm our agreement that should any lease rates change from the rates set forth in *RFP Attachment K Bidders Library, Exhibit 3 Facilities Information,* we will meet with DFR and any required parties to discuss the lease rate and/or square footage changes.

4.3.2 Property Tax

4.1.3.B

Maximus understands and agrees to the property tax requirements in this RFP.

4.3.3 Facilities Management, Operations, and Maintenance

Att. G Section 4; 4.1.3.C

As detailed in *Attachment G, Section 4.3: Service Locations; Facilities Management, Operations, and Maintenance*, the DFR facilities will be managed by a highly experienced and locally based team to meet the State's requirements. [redacted]

Facilities Management if the State Decides to Expand or Relocate

Maximus plans to continue to operate within the existing the DFR facilities, whether for the entire contract or with the option to move in the future as leases expire. Should the State determine that growth, capacity, or other issues warrant review of current facility arrangements, we will work collaboratively with DFR to explore optimal locations and specifications for alternative facilities. To prepare for this possibility, our team will proactively review labor market analysis, attrition rates, and the available labor pool to identify possible cost-effective and viable locations.

[redacted] As part of our management of operations, we will actively manage and facilitate these negotiations and transitions, as required. [redacted] Facilities Management team has in-depth experience in working with brokers, leasing agents, and landlords to adjust rates based on market analysis and optimize space utilization based on square footage allotments.

With the expertise of our Corporate Real Estate Group, we can facilitate a seamless move and cost-efficient facility acquisition at an opportune time. We have been able to acquire and stand up a facility, just as quickly as we can transition one from an incumbent, with no interruption to service. We are prepared to do both for DFR.

Maximus has a proven record of identifying and securing appropriate spaces, completing buildouts, and meeting project timelines with full connectivity and functioning systems. We have a successful history in facility acquisition, renovation, and remodeling throughout the country and internationally. In the past 10 years, we have worked with industry leaders in commercial real estate, engineering, demolition, construction, and building renovations to complete major facility acquisitions and renovations on behalf of our government partners. For example:

- [redacted]
- [redacted]

4.3.4 Facility and Business Structure Transition Plan

Att. G Section 4

The plan will define the specific elements associated with each facility that we are responsible for and how we will assume responsibility and control from the current Contractor. The plan will include comprehensive details associated with the following elements:

- Facilities information, with descriptions of each location
- Consolidation of planning tasks with landlords and contractors
- Facility leases
- Office furniture and common area furniture inventory
- Asset inventory
- Building management
- Building maintenance
- Subcontracted facility services
- Expendable supplies

Our facilities manager will work in conjunction with our transition project manager to oversee all activities associated with transitioning DFR facilities to our management. This team will achieve operational readiness within contractual timelines.

CCC and RCCs' operational, staffing, and facilities responsibilities from the previous Contractor to Maximus. This plan will be our primary tool for planning, tracking, and monitoring progress on facility transition tasks.

Key activities within the Transition Phase Work Plan specific to DFR facility transition will include:

- Planning for and conducting site reviews of all existing DFR facilities to document site features, technology, and equipment
- Reviewing and negotiating lease documents for each DFR facility and executing new leases, as required
- Identifying site maintenance requirements and finalizing agreements with facility management contractors
- Finalizing site inventories for each facility
- Obtaining DFR approval for any identified changes to equipment and furniture
- Acquiring necessary inventory items
- Installing physical security systems
- Programming security badges with appropriate access rights and distributing them to staff, including Maximus staff as well as co-located State and vendor staff, as required
- Participating with DFR in a readiness review for each facility in advance of go live to demonstrate our capacity and readiness to transition operations for that site

The Transition Phase Work Plan is designed to minimize transition risk and includes details on the sequencing, interdependencies, and resource allocations required to complete all tasks and deliverables associated with facility transition.

We will measure our progress against the final and approved Work Plan on a daily basis to identify and mitigate any barriers to on-time task completion before they can impact the successful transition of operations. We will conduct weekly meetings with DFR to review the status of facility transition tasks during which we will provide sufficient detail on our progress in meeting critical milestones. These meetings will continue until all facilities have been fully transitioned under our management to the satisfaction of DFR in accordance with transition phase timelines.

Security Management Implementation for Facilities

In providing and managing security systems for Indiana Eligibility Operations facilities, our most critical objective is to maintain a safe physical environment and manage access to reduce the risk of personal injury and property loss within the DFR buildings we manage and the surrounding areas. This includes implementing physical measures that safeguard people, property, and information, as well as the prevention of unauthorized access to DFR equipment, facilities, material, and documents.

During transition, the Maximus corporate security group will validate the project's security needs and implement a robust physical security system in each location with secure access for all entry points to the project and limited access to areas with sensitive information. Physical security in each facility will include the following features outlined in *Exhibit G.4.3.4-1: Security Features*

Security Feature	Description
Video Surveillance Cameras	▪ Installed to deter, detect, and document suspicious activity within the facility and surrounding environment ▪ Allow for ongoing surveillance and monitoring by facilities specialists and facilities manager
Access Control/Badging System	▪ Secure identification and badging system, integrated and automated with the Maximus active directory employee management system to allow role-based functions into buildings and secured areas (e.g., eligibility specialists will get entry into the facility and to their floor) ▪ Badges are coded to provide or prevent appropriate access through the facility ▪ As access attempts are logged, any attempt of unauthorized access is immediately investigated ▪ Secure badging and escort system for visitors, including contractors, vendors, customers and other non-Company personnel who require access to facility.
Intrusion Detection Systems	▪ System connected to call center for 24/7 monitoring and response ▪ Panic buttons at the reception areas of each facility ▪ Environmental controls to monitor and control temperature and humidity in server rooms

Exhibit G.4.3.4-1: Security Features. *As part of our Security Management Plan for DFR facilities, we will install and manage a variety of security features to protect staff, materials, and property.*

Our detailed facilities transition planning and execution will enable us to assume leases and move our operations into each site on the DFR-approved date without disrupting services for Hoosiers and with minimal impact to current staff. Once we have transitioned the sites, our facilities manager and specialists will handle any issues related to the DFR facilities. Neither DFR nor our operational staff will have to spend valuable time or resources on facility issues, allowing them to focus on successfully serving Hoosiers.

Facility Management, Operations and Maintenance

We provide a summary of duties and responsibilities of the facilities manager and facilities specialists for each major facility management area in *Exhibit G.4.3.4-2: Facilities Management Responsibilities*.

To maintain and test security systems and processes, our facilities specialists will complete daily, weekly, quarterly, and annual tasks, such as those presented in *Exhibit G.4.3.4-3: Security Maintenance Tasks.*

Additional Rent

Maximus acknowledges that we will pay any additional rent, as the case may be, and as defined in the respective leases, which requires the State to reimburse the landlord for its proportionate share of operating expenses in excess of the defined Base Year Amount. We understand that this amount may be subject to a cumulative cap over the Base Year Amount.

Maintaining Training Facilities

Space for State Staff and DFR Contractors

Upon request, we will welcome State staff and DFR Contractors and provide them with appropriate space.

Notification of Facility Issues

Should there be any issues with our facility that impact staff or operations, we will notify DFR immediately by phone and follow up via email, as described in *Attachment G, Section 7: Notification of Problems.* The facilities specialist for each site will work with the facilities manager to remedy the situation in a timely manner. The facilities manager, or designated backup, will be available to the State for any issues 24/7.

Within one calendar day of identifying an issue, we will submit a full report to DFR via email. This report will include the issue, when and how it was discovered, operational impacts, corrective measures to remedy the issue, and plans to detect and prevent future occurrences.

Leasing Broker

Maximus will work cooperatively with the State's leasing broker to discuss and negotiate new leases,

existing leases, expansions, downsizes, and other issues with existing landlords and potential new landlords. [redacted].

We understand and agree that our facilities manager and associated designee will be responsible for all project management work related to furniture, fixtures, and equipment (FF&E) throughout the facilities, including, but not limited to, construction management, finishes selections, furniture, equipment, wiring/cabling infrastructure, IT needs, moving services, and space planning.

Preferred Vendors

Maximus will use the State of Indiana's preferred vendors such as those contractors holding State Quantity Purchase Agreements (QPAs) for moving services or other applicable one-time costs.

Subcontractor Management

Maximus will manage and deliver some services, such as janitorial and landscaping, through a supporting vendor. We partner with vendors that share our commitment to delivering consistently superior services. Our proven vendor management process enacts clear direction and expectations, and we seek out diverse vendors with track records of dependability, customer-focused service, Indiana-based experience, and commitment to achieving our State partner's goals. Additionally, in alignment with our objective to support Indiana MBE/WBE certified businesses, as well as to our commitment to contribute to the economic development and well-being of the communities where we serve, we will aim to expand our vendor procurement opportunities to local MBE/WBE [redacted]

[redacted]

Our vendors are obligated to achieve performance standards and successfully fulfill designated requirements. Consequently, we flow down all relevant contract requirements, terms, and conditions to our supporting vendors and require them to abide by these provisions. Our vendors are subject to our QA policies, operational procedures, and KPRs associated with our management of Indiana Eligibility Operations.

The components of our vendor management approach are summarized in *Exhibit G.4.3.3-3: Maximus Vendor Management Approach*.

Component	Features
Vendor Management Plan	▪ Documents key performance expectations from the subcontract and SOW ▪ Defines expectations, including: – Roles and responsibilities – Key performance indicators (KPIs) pertaining to quality, volume, and schedule – Reporting frequency and content, including capturing and reporting KPIs – Prime/subcontractor communication with the DFR – Corrective action and consequences for non-performance
Clearly Defined Requirements	▪ Promotes common understanding of the work environment and culture, contractual performance standards, organizational values, and the roles and authority of each person on the integrated team ▪ Confirms understanding of roles, responsibilities, and expectations, including: – All relevant performance metrics – Requirements to deliver contracted systems – Work products and other deliverables on time – How to use quality management principles and customer feedback to improve performance – How to initiate and complete corrective action to solve problems
Open Lines of Communication	▪ Facilitates and integrates resources for managing subcontractor relationships ▪ Direct lines of communication allow subcontractors to raise questions and problems early in the work process, thus minimizing risks ▪ Subcontractors participate in regular meetings to share information and discuss how to resolve issues
Oversight	▪ Management controls and procedures are structured so that they provide guidance, yet are flexible enough to allow for changes ▪ Controls and procedures include routine tracking of schedules, costs, risks, changes, and technical performance, as well as conducting informal and formal reviews of both deliverables and status ▪ Entails monitoring and evaluating subcontractor processes, deliverables, and performance factors ▪ Reviews of all deliverables and work products for conformance to contractual requirements, consistency with other project documentation, and technical adequacy ▪ Deviations from expected content, format, and performance are reported to the subcontractor and tracked as action items to closure ▪ Surveillance and inspection tasks include supervision of work in progress, subcontractor use of QA checklists, and compliance with corrective actions to remedy deficiencies

Exhibit G.4.3.3-4 Maximus Vendor Management Approach. *By holding vendors to set performance standards, we help ensure that SOW requirements assigned to them are completed satisfactorily.*

End of Contract Facility Transition

As a leading provider of government services, Maximus has experience on both sides of contract transitions. We appreciate the value of a cooperative, professional, and collaborative approach to project turnover to a successor Contractor or the State when a contract ends. We will conduct all end-of-contract transition activities with the same dedication and commitment to quality, transparency, and partnership that we demonstrate during project startup and ongoing operations.

To facilitate a seamless transition at the end of the contract to any subsequent Contractor, we will work closely with the State, the incoming Contractor, and any other stakeholders designated by the State to ensure that facilities are transitioned properly according to agreed-upon schedules, legal requirements, contractual

requirements, and other considerations at the time of the transfer.

4.4 Billing and Invoicing

4.4 Billing and Invoicing

Att. G Section 4; 4.1.4

DFR requires accurate and transparent billing and invoicing from their Indiana Eligibility Operations Contractor. Maximus brings extensive experience managing contingent and fixed price contracts, which enables us to bring an established invoice management process and billing guidelines that inform monthly invoice creation. Our proven approach provides billing integrity and accurate invoicing in an atmosphere of accounting transparency—providing efficiency and peace of mind for DFR.

Fiscal integrity and financial stability are critical to administering public programs. Our government partners rely on Maximus to provide accurate financial information to support monthly invoices. Maximus fiscal integrity and transparency provide DFR confidence that we possess the knowledge and experience needed to support Hoosiers in an accountable and transparent way.

Industry-Leading Financial Management

We apply stringent management principles to govern our project-level and corporate-level financial resources across Maximus. Our principles involve planning, organizing, directing, monitoring, and controlling financial operations to establish accuracy and sustainability.

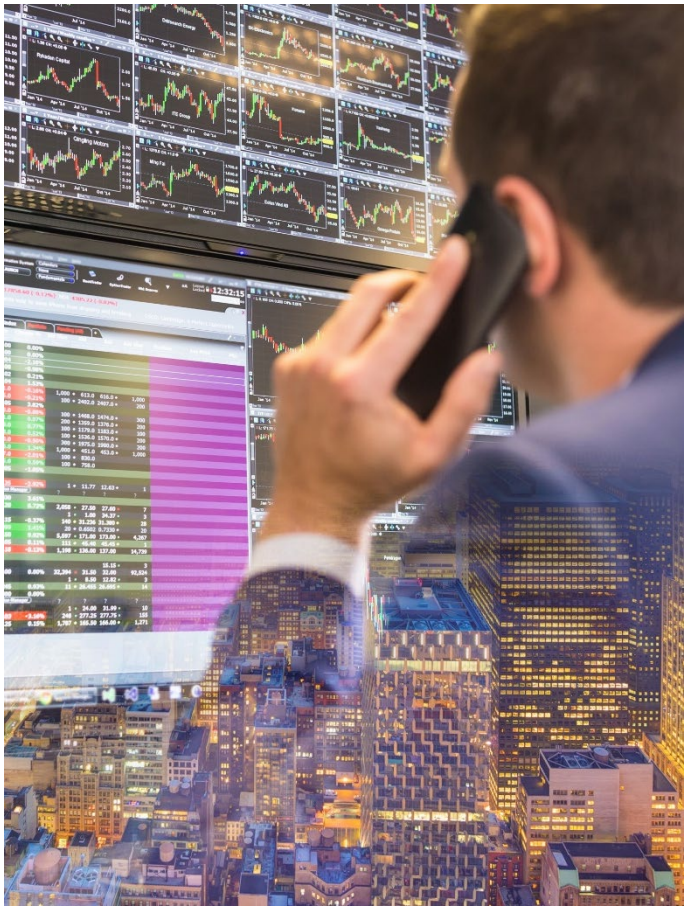
We highlight the approach our financial experts use in *Exhibit G.4.4-1: Industry-Leading Financial Management*.

Maximus' Financial Stability

Maximus is a publicly traded company founded in 1975 and traded on the New York Stock Exchange (NYSE: MMS). For over 40 years, Maximus has achieved steady growth and stability, supporting our ability to continue to increase our contractual responsibilities and provide high-quality, uninterrupted services to individuals and families.

Our company was established with the goal of providing government agencies solutions and tools to achieve efficient, effective, and successful public programs. Today, we have offices in countries and continents across the globe, including the United States, Australia, Canada, Italy, Singapore, and the United Kingdom. We employ approximately 34,000 individuals dedicated to helping government partners deliver services to millions of individuals for over 3,500 contracts globally.

Barron's 400 selects the top 6 percent of all publicly traded companies in North America based on their fundamental soundness and attractiveness to investors. Maximus was recognized in the Barron's 400 Index for two consecutive years—a recognition achieved by approximately 1.5 percent of all companies in North America.



Our financial stability is reflected in our revenue growth, top national industry rankings, comprehensive Annual Report, and high credit ratings. With revenues of $3.4 billion, revenue growth of 15.7 percent, and an operating margin of 8.3 percent in Fiscal Year (FY) 2020, Maximus shows our steady growth and expansion, as displayed in *Exhibit G.4.4-2: Maximus' Annual Revenue – 2011-2020.*

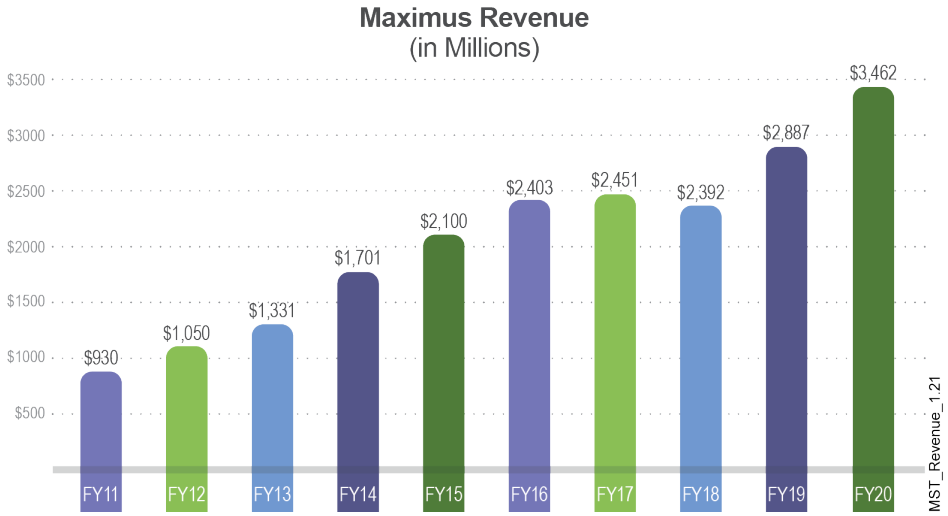


Exhibit G.4.4-2: Maximus' Annual Revenue – 2011-2020. *Maximus has experienced steady financial growth for over 46 years, offering reassurance to DFR that we are a financially stable company with a consistent record of quality services.*

As a publicly traded company, along with the government contracts we support, we are held financially accountable on a federal level and are subject to federal audits. In addition, we are audited by Ernst & Young, our independent registered accounting firm who audits consolidated financial statements and confirms we are in alignment with generally accepted accounting principles. The high standards we are held to are congruent with our company's expectations to deliver accurate and rigorous accounting procedures for DFR.

Billing Integrity

Billing and Invoicing Compliance

As an industry leader in financial management, we agree to the billing and invoice requirements presented in this RFP. We commit to continued billing integrity as well as to upholding industry-leading financial management methods during our contract with DFR. Maximus will collaborate with DFR to fully incorporate the billing and invoicing requirements, including the fee structure, cap on the overtime bill rate, invoiced amount for State-mandated overtime and staff in training, and delineation of invoice line items as shown in the following *Exhibit G.4.4-3: Billing and Invoice Statement of Compliance.*

DFR's Billing and Invoicing Structure Requirements	Maximus' Billing and Invoice Statement of Compliance
Contractor shall invoice the State on a monthly basis at a monthly fixed fee rate for CCC operations (as described in Section 4.1.1.), facilities lease costs, and facilities (e.g., janitorial) operating expenses, and at set hourly staffing rates for all RCC operations. Facilities lease costs and facilities (e.g., janitorial) operating expenses will be passed through.	▪ Maximus will provide DFR with a monthly invoice at a monthly fixed fee rate for CCC operations in accordance with RFP Section 4.1.1, facilities lease costs and expenses, and set hourly staffing rates for all RCC operations. We understand the facilities lease costs and facilities operating expenses will be passed through.
The Contractor shall invoice the State for RCC Eligibility Specialists (ES) on a monthly basis, for actual time worked by each Eligibility Specialist, utilizing the set hourly staffing rates. The Contractor shall invoice the State at different rates depending on whether staff are trained, trainees, or working State-mandated overtime hours as described in Section 4.1.2. These hourly rates shall be inclusive of vacation, sick days, holiday and/or personal time for Contractor Staff. The Contractor Staff shall be paid at the base hourly rate for any hours worked up to 40 hours per week by fully trained staff. When applicable, the State-mandated overtime bill rate shall be capped at 140% of the base fully trained Eligibility Specialist bill rate. Any State-mandated hours worked over 40 hours per week must be approved in advance in writing by the DFR Central Office. The State shall not be invoiced at overtime rates for any overtime hours required by the Contractor in order to fulfill the minimum staffing requirement.	▪ [redacted] ▪ We understand that State-mandated overtime must be approved in writing by the DFR Central Office and the State will not be invoiced at overtime rates for any overtime required to fulfill minimum staffing requirements
For any RCC staff in training, the Contractor shall be paid 75% of the invoiced amount; 25% shall be withheld until the staff member has been working as a fully trained ES for at least 60 calendar days. The withheld amount shall be released in a billing cycle that is at least 60 calendar days after the trainee's completion of new hire training and orientation.	▪ We understand that Contractors will be paid 75% of the invoiced amount and will be paid the remaining 25% after working as a fully trained eligibility specialists for at least 60 calendar days.
The Contractor must clearly delineate each respective cost as a separate line item in invoices submitted to the State for reimbursement, including the monthly fixed fee for CCC operations, facilities lease costs, and facilities operating expenses, and the staffing cost RCC operations (broken out by trained staff costs, State-mandated overtime staff costs, and trainee costs).	▪ Maximus agrees to provide DFR invoices for reimbursement that clearly delineate respective costs as separate line items, including a monthly fixed fee for: – CCC operations – Facilities lease costs – Facilities operating expenses ▪ Staffing cost RCC operations (separated by trained, trainee, and State-mandated overtime staff costs)
The Contractor's invoices shall reflect any applicable withholding and withhold adjustments in accordance with the provisions of Section 8.0. The monthly amount billed for facilities lease costs and facilities operating expenses will not be subject to the 20% withhold outlined in Section 8.0.	▪ We agree that invoices will reflect withholding and withhold adjustments per RFP Section 8.0. We understand the billed amount for facility lease costs and operating expenses will not be subject to a 20% withholding.
If a Contractor intends to use subcontractors, the Contractor shall not deviate from each subcontractor's proposed Sub-Contract Amount and	▪ We agree to the subcontractor terms set forth in this requirement and will not deviate from subcontractor's proposed subcontract

DFR's Billing and Invoicing Structure Requirements	Maximus' Billing and Invoice Statement of Compliance
Sub-Contract Percentage of Total Bid throughout the duration of the Contract, unless otherwise approved by the State.	amount and subcontract percentage of total bid, unless approved by the State.
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 lease costs and operating expenses).	▪ We acknowledge the amount of the awarded contract will be the sum of the Contractor's bid total and estimated pass-through costs for facilities.

Exhibit G.4.4-3: Billing and Invoice Statement of Compliance. *Maximus will comply with all standards for billing and invoicing as outlined in the RFP, Attachment G, Sections 3 and 4.1.4.*

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4.5 Personnel

4.5.1 Personnel

Att. G Section 4, 4.1.5

Indiana Eligibility Operations' service to Hoosiers is defined by the people who provide the eligibility support processes, resolve applicant concerns, confirm important eligibility data is accurate, and process tasks that impact lives each day. Maximus knows how important competent, engaged staff members are to the quality and success of these essential public services and we incorporate this knowledge into our carefully considered Staffing Plan.

DFR requires a stable, high-performing, and flexible partner that brings the commitment of an experienced and respected leadership team to support a better path forward for clients and applicants. [redacted]

[redacted]

Also critical to success is the day-to-day communication between DFR and its Contractor. [redacted]

[redacted]

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

Our expert leadership team will offer DFR the benefit of Maximus' extensive lessons learned, best practices, and forward-looking innovation continuously evolving across our eligibility support and government services portfolio. This includes a management commitment to supporting, mentoring, and training our eligibility specialists to help them perform their best and encourage job satisfaction. One way we do this is to partner new eligibility specialists with experienced leads through an extended on-the-job training period known as nesting. This approach has also helped improve

retention during those initial months in a live environment.

The following subsections provide detail into our staffing approach, specific plans and named staff members, and methods to optimizing our workforce for quality and a better Hoosier experience.

Staffing Plan

Att. G Section 4 A

Our Staffing Plan will build upon the work already accomplished by DFR in determining minimum and maximum staffing ranges for the RCCs. We bring our extensive experience operating similar eligibility service operations and contact centers serving state government agencies to developing the optimal staffing mix for Indiana. [redacted] This transparency includes collaborating with DFR on all aspects of staffing.

[redacted]

Aligning with DFR Priorities

[redacted]

Delivering Operational Excellence

We provide a complete list of our proposed positions in *Attachment G, Section 4.5.2: Staffing Table* and our proposed supervisor to eligibility specialist ratio and methodology in *Attachment G, Section 4.5.3: Staffing Ratio.*

4.5.1.1 Overall Management and Supervisory Structure

Att. G Section 4 A.a

Our organizational structure, as depicted in *Exhibit G.4.5.1-2: Comprehensive Indiana Eligibility Operations Organizational Chart,* includes all lines of reporting, clearly identified key personnel, subcontractor roles, and supporting staff at the regional and statewide levels.

Leadership Support Structure Elevates the Hoosier Experience

Here we present short biological sketches for our proposed leadership team. We also provide select resumes in *Attachment G, Appendix G.1: Resumes* as required.

Human Resource Leads

Exhibit G.4.5.1-3: HR Leads Are the Center of the RCC Operations demonstrates the proposed position of our HR leads relative to the RCC operations structure.

Our HR leads are experienced professionals with years of experience recruiting, managing, and retaining large numbers of service-orientated staff members. *Exhibit G.4.5.1-4: Designated HR Leads* briefly introduces each of our required HR leads and their qualifications. We provide resumes for each of these proposed staff members in *Attachment G, Section 4.5.4: Resumes*.

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Exhibit G.4.5.1-4: Designated HR Leads. *We have selected HR leads based on their proven ability to encourage retention and create an inclusive, performance-driven culture.*

4.5.1.2 How Vacancies Will be Addressed

Att. G Section 4 A.b

As described in *Attachment G, Section 4.0.4: Minimum and Maximum Staffing Requirements* and *Attachment G, Section 5.2.5: Recruitment and Retention,* fewer vacancies occur in an environment that enables a robust culture of retention. Maximus aims to create a welcoming culture that engenders loyalty and retains our most talented and knowledgeable staff members through recognition, compensation, benefits, and opportunities to learn new skills.

We understand that vacancies create a burden on the current staff and could lead to additional attrition, creating a damaging cycle that could impact some Contractors' ability to fully staff this project. Maximus prevents this problem by providing pre-identified, backup staff members ready to immediately assume acting roles with no disruption to service. We will also quickly notify DFR of any vacancies and identify the replacement resource or acting staff member filling the role.

Maximus practices succession planning for management roles and manages a defined career ladder for eligibility specialists to advance to leads, supervisors, and eventually managers or support staff such as quality, training, or reporting.

Exhibit G.4.5.1-4: Highlights of Our Staffing Approach to Ensure Low Staff Turnover shows some of the tools and innovations we have discussed throughout this proposal and how they are used to ensure low staff turnover.

When employees become dissatisfied with their jobs, distracted, or prone to errors, they often show this through small changes in their performance, attitude while providing customer service, or speed at accomplishing routine tasks. Maximus uses behavioral analytics to identify these flags and allow our Operations team to address any issues directly and quickly through mentoring and on-one-one meetings with leads or supervisors. This increases retention by confirming employees have the tools and support they need to feel confident in their roles, are in the correct role for their interest and skills, and most importantly, are seen understood, and know they are valued.,

regarding our employment of veterans. These honors include:

- A Best for Vets 2020 award from Military Times to indicate our status as one of the best employers for veterans in the United States
- A 4-Star Employer rating from VETS Indexes, an organization that recognizes the best employers for hiring, retaining, and supporting veterans in the workplace
- A Best Employers for Diversity 2021 award from Forbes in recognition of our DE&I achievements

4.5.1.3 Hiring Policy

Att. G Section 4 A.c

Recruiting

Recruiters evaluate candidates during the behavioral interview process described in *Attachment G, Section 4.0.4: Minimum and Maximum Staffing Requirements* to determine whether they possess the necessary temperament and emotional intelligence for the role. This includes the ability to perform active listening, understand how to move a difficult conversation forward, and demonstrate readiness to learn soft skills such as de-escalation methods and cultural competency.

4.5.1.4 Understanding of Proposed Hourly Rates

Att. G Section 4 A.d

Maximus confirms our understanding that the proposed hourly rates are inclusive of vacation, sick days, holiday and/or personal time for workers and that the State will only be billed for actual time worked. More details regarding our pricing and billing strategy can be found in our *Attachment E: Cost Narrative.*

4.5.2 Staffing Table

Att. G Section 4 B, 4.1.5

We present our staffing detail including a breakdown of all proposed positions by role, employer, headcount, and contract year as *Attachment G.1: Staffing Table.* This includes, but is not limited to, these positions required in the SOW and briefly described here.

We understand the costs associated with the following positions will be included as part of administrative costs. We include relevant resumes for these administrative positions in *Attachment G, Appendix G.1: Resumes*.

Our staffing table includes all these positions and additional positions determined by Maximus to be essential to providing DFR eligibility services that elevate the Hoosier experience and provide the level of quality necessary to meet DFR objectives.

4.5.3 Staffing Ratio

Att. G Section 4 C

4.5.4 Resumes

Att. G, Section 4 D; 4.1.5 a-f

We present resumes for the CCC operations manager, HR leads, and other eligibility operations key staff in *Attachment G, Appendix G.1: Resumes.*

4.5.5 Functional Requirements of Eligibility Staff

Att. G Section 4 E; 4.1.6

Exhibit G.4.5.5-1: Elevating the Hoosier Experience Through Outstanding Handling of Functional Requirements demonstrates how we use our unique tools and experience to meet the functional requirements requested and use this work as a platform for creating tangible benefits for DFR and impacted Hoosiers. For information on training and these training tools, see *Attachment G, Section 4.0.6.1: New Hire and Program Change Training.*

Each of these functional requirements will be carried out by our eligibility specialists under the direction of team leads and supervisors with support from our Quality team. For communication regarding IRPs, or any other management communication, we will use the State email system and Active Directory-facilitated email addresses to exchange secure/protected, State-owned data with DFR.

4.5.6 Eligibility Staff Quality Training

Att. G Section 4 E; 4.1.7

[redacted]

4.5.7 Eligibility Staff Dress Code

Att. G Section 4 E; 4.1.8

Maximus always provides a professional, clean, and productive workplace environment. This is part of the company culture and a source of pride. We will begin with our own established dress code and appearance standards and customize these standards to align entirely with the standards enforced by the State for their own personnel. The final, integrated dress code will apply to all RCC locations as well as the CCC.

We include the dress code standards in our initial staff training, provide a copy to all onboarded personnel, and include it in the Code of Standards and Ethics, which requires a signed employee acknowledgement. Our on-site leaders and HR staff enforce the dress code daily and may require an employee to return home to change

their attire to continue their workday. We enforce disciplinary action for repeat violations of dress code. We understand that repeat violations of the dress code may also result in contractor dismissal.

4.5.8 Eligibility Staff Service Standards

Att. G Section 4 E; 4.1.9

[redacted]

4.6 DFR Background Check Standards

4.6 DFR Background Check Standards

Att. G Section 3.F; 4.1.10

DFR requires a Contractor that prioritizes full transparency into employee background checks so that sensitive client information is not accessed until employees are fully vetted cleared of any concerns. Maximus understands these requirements and will work closely with our DFR counterparts to confirm all workers meet Indiana standards prior to starting on the project.

Maximus employees and the subcontractors that we have engaged recognize the sensitivity of the information we access while supporting our State clients. Eligibility systems provide employees with detailed information related to citizens and protecting that data is critical. Maximus and its partners regularly run background checks on employees, assess the results and coordinate the impact of those results with our state clients. We will do the same in Indiana.

We will provide all required Background Check processes and documentation as described in the following subsections for every candidate under consideration including new hires, incumbent staff, subcontractor employees, and current Maximus employees.

Understanding of Background Check Standards and DFR's Right to Consideration

As described in detail to follow, Maximus will immediately remove any candidate from consideration of employment or current assignment who has been found to have not successfully completed the background check because of convictions determined to have a nexus to the applied-for position, is found to be ineligible for employment due to a previous code of "Not Eligible for Rehire" (NEFR) or other code related to removal from a previous State position or contract, or because of confirmed falsification of the application.

We understand that DFR reserves the right to exercise contract-specific remedies or corrective actions in the unlikely event that an arrest record or conviction is not uncovered during the comprehensive background check process and has not been sealed or expunged through judicial action. We will provide complete details of any adverse background check findings as necessary for DFR consideration as no list of findings is all inclusive and DFR may consider any legally relevant factors.

4.6.1 Background Check Documentation

Att. G Section 3.F; 4.1.11

Maximus will give DFR written confirmation that we have completed all background checks. We do not hire individuals who do not pass these investigations. Background checks will be conducted on all personnel, including staff new to the project and staff transferring from the incumbent. We use E-Verify, a federal immigration verification system, to verify the work eligibility status of all new employees who will be working on Maximus projects. Our process includes reviewing 10 years of each employee's background history and confirms the following requirements listed in *Exhibit G.4.6.1-1: Maximus Meets DFR Background Check Requirements*.

Maximus will not permit any newly hired, re-hired, or transferred personnel to work on this contract until we receive and review the results from the SBI criminal history record background check, and we have verified that the resulting report has no convictions that represent a nexus to the duties assigned to contractor staff. We confirm our criminal background check process meets all DFR requirements including those shown in *Exhibit G.4.6.1-2: DFR Criminal Background Check Requirements.*

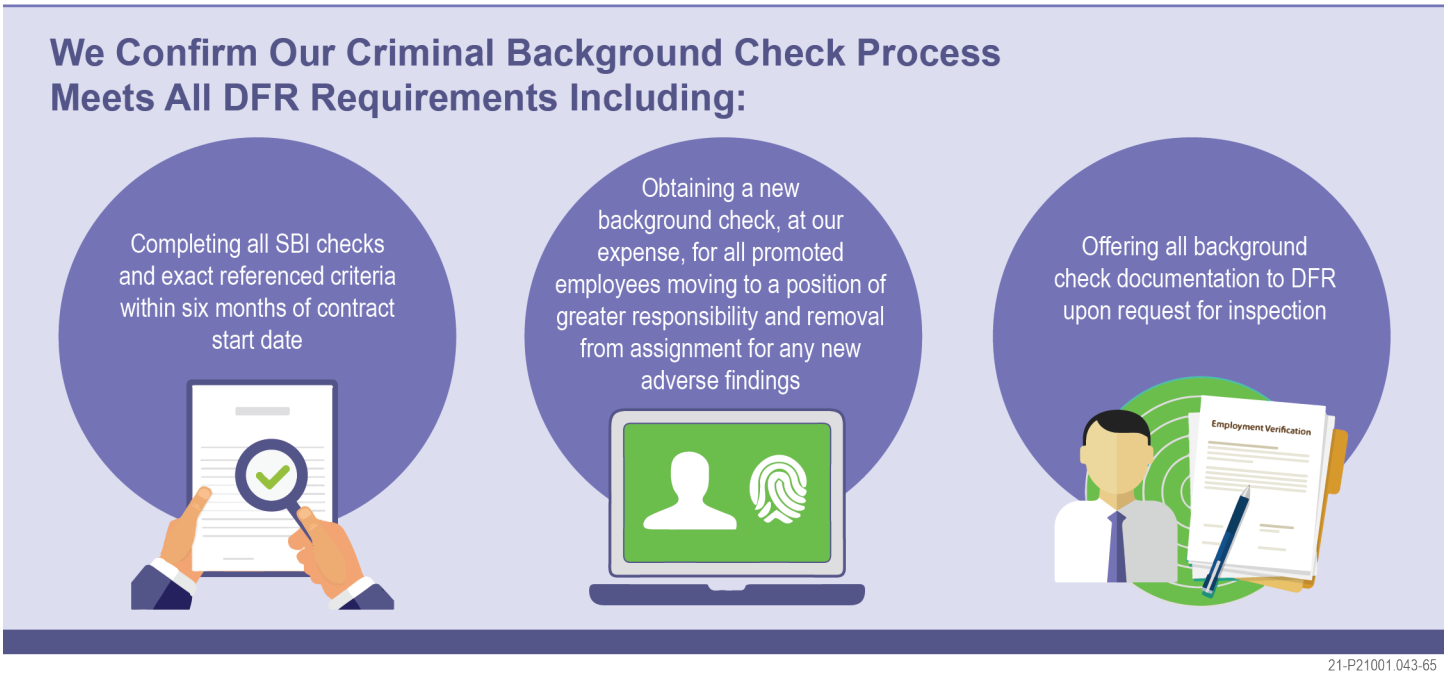

Exhibit G.4.6.1-2: DFR Criminal Background Check Requirements. *Maximus meets all background check requirements and will cooperate with any FBI fingerprinting requirements as they arise.*

Ongoing Professional Standards Monitoring

We accept full responsibility for the conduct of our employees and our subcontractors' staff. If there is any need for intervention by the State security force or other State supervisory personnel because of behavior, security breaches, or other misconduct, Maximus will immediately remove the employee from the contract work and replace him or her on a permanent basis. We understand and acknowledge that further occurrences may result in the termination of the contract.

For this contract, we will include the provision requiring all employees, subcontractors, or contingent workers to report any arrests or convictions within five calendar days from the date of the arrest or conviction as part of our Standards of Business Conduct and Ethics policies, training, and signed acknowledgement process. We will notify the state via the email address provided, or as stipulated in the contract, within two business days of becoming aware of the incident. Our Human Resources team regularly monitors employee behavior and public records to diligently discover and correct any breaches of policy or standards of professional conduct.

Appropriate Lines of Supervision

No Maximus employee, provisional hire, or subcontractor will work in the direct line of supervision of a relation employed by the State per the definition presented in this RFP or any commonly assumed definition. If a relationship is uncovered, Maximus will immediately report this relationship to the appropriate contract officer. Similarly, Maximus does not allow any staff member or subcontractor to report to a relative within our internal organization.

4.7 Quality Assurance Organization

4.7 Quality Assurance Organization

Att. G Section 4 G

DFR and Hoosiers can be confident they will receive accurate, complete, and responsive service with a fully independent and integrated QA Organization with Maximus as the Contractor. We base the design of our organization on successful QA programs across the country and Indiana's need for increased levels of end-to-end processing accuracy.

[redacted]

[redacted].

Exhibit G.4.7-1: QA Organization Chart highlights the organizational structure that best facilitates independence from operations while fostering collaboration between the identified Quality team members.

DFR will realize greater quality improvement through our combined quality, training, and policy and procedures organization as identified trends are quickly turned into actionable training, knowledge articles, and updates to our quality checklists. We discuss how the quality organization works together to improve operations in *Attachment G, Section 9: Quality Assurance Standards and Expectations*. This section addresses the same requirements addressed here with more information concerning quality processes.

4.8 Performance

4.8 Performance

Measuring Performance

Employee Feedback and Operations Calibration Process

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4.9 Subcontractor Benefit Package

5 Transition and Turnover Requirements

5. Transition and Turnover Requirements

Att. G Section 5

A strong project transition establishes the foundation to support a thriving Indiana Eligibility Operations. Our experienced Maximus team will lead an efficient, on-time, and coordinated process in conjunction with DFR, the incumbent, the State's Training Contractor, and other stakeholders. While transition is only the beginning, this early phase is the time when we establish essential practices that will carry over to ongoing operations to foster transparency, accountability, partnership, and open communication.

Moving to a new Contractor represents a major transition for DFR, including changes in relationships, processes, and client experiences. Maximus will manage the transition for Indiana Eligibility Operations with a team of transition experts, credentialed resources, proven best practices, and state-of-the art tools to allow for uninterrupted delivery of services to Hoosiers and a low-risk, seamless transition for DFR.

Transition Team Organizational Chart

Our transition organizational chart reflects a clear business structure with defined roles and responsibilities mapped to Indiana Eligibility Operations' operational, programmatic, and support functional requirements. We designed the organization to provide the following benefits to Indiana:

Transition Team Leadership

Our experienced transition team combines the best resources and corporate support to provide DFR with the

Our History of Successful Transitions

We base our transition approach and methodology for Indiana Eligibility Operations on the successful transition of projects of similar size and scope, and the lessons learned from these transitions. *Exhibit G.5-2: Successful Program Transitions* provides examples of state projects that highlight our ability to implement and transition large, complex projects of similar scope to Indiana Eligibility Operations. These projects were all completed on time and often within condensed timeframes.

Although project transitions are multi-faceted and involve considerable risk, our past performance record and the strength of our management and transition teams show that we are prepared to successfully lead these operations. We have direct experience transitioning from the Indiana Eligibility Operations incumbent Contractor, working collaboratively with them on complex transitions. Additionally, we have more than 40 years of experience across multiple states in planning, executing, monitoring, and completing transitions of large-scale health and human services programs.

Our success is based upon establishing a dedicated team comprised of experienced individuals who remain with the project throughout the transition and beyond. DFR can be confident that we have amassed the institutional knowledge required to manage a successful transition leading to seamless, ongoing operations.

5.1.1 Transition Phase Workplan

Att. G Section 5.A

Our detailed Transition Phase Workplan (Workplan) serves as the road map of tasks necessary for the transition of all DFR's operational and staffing requirements from the outgoing vendor to Maximus. It includes schedule and resource allocations that support the deliverables by month.

- The Workplan includes our specific steps for establishing project operations, including:
- Project kickoff and establishment of a governance structure with DFR
- Targeted functional and technical requirements sessions with DFR
- Knowledge transfer working sessions with DFR and the incumbent
- Configuring our technical assets
- Turnover of existing staff and recruitment of new staff
- Takeover of facilities leases and maintenance
- Updating and converting policies and procedures, and operational readiness

The Workplan provides details of the sequencing, interdependencies, and resource allocations required to complete all tasks, subtasks, and deliverables that roll up into the overall project Workplan schedule.

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Exhibit G.5.1.1-1: Transition Timeline. *shows the time allotted for each task so that all transition activities can be managed and completed on schedule to keep Indiana Eligibility Operations within agreed-to deadlines.*

Development of the final plan will be a collaborative effort between Maximus and DFR. The detailed tasks and timeframes in the plan will provide a comprehensive blueprint of our readiness to complete the required contract tasks. After contract award and our kickoff meeting with DFR, we will revise and submit the plan to DFR for final review and approval.

Workplan Phase	Transition Activities
Project Initiation Phase	
Project Planning Phase	

Workplan Phase	
Project Worktrack Execution	
Go Live and Stabilization	
Project Maintenance and Operations Handoff	

Exhibit G 5.1.1-2: Transition Phases. *These are the high-level activities we are responsible for and will execute during each Workplan phase for Maximus to complete a seamless transition for DFR.*

From experience, we understand that there are many unique challenges to successfully transition this scope of work from the incumbent Contractor. We anticipate these challenges in our Initial Transition Project Management Plan and outline a comprehensive strategy to deliver a seamless transition that will result in no reduction in the quality or timeliness of eligibility services. We will discuss our approach to accomplishing these tasks with the State upon award, but below is a high-level description of our solution to these items:

As shown in *Exhibit G 5.1.1-3: Responsibility Assignment Matrix Template,* we will use a Responsibility Assignment Matrix to track the responsibility and authority of each of the key resources across all teams to help coordinate the activities of contractors working together.

Responsibility Assignment Matrix

	Project Initiation Phase				Project Planning Phase					Project Worktrack Execution			Go Live and Stabilization			Project Maintenance and Operations Handoff		
Role	Deliverable 1 - 4				Deliverable 5 - 9					Deliverable 10 - 12			Deliverable 13 - 15			Deliverable 16 - 18		
Maximus																		
DFR																		
Incumbent Vendor																		
External Stakeholders																		

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- **Responsible -** For deliverable at end of phase step. Accountable to Approver. At most 1 "R" / role / deliverable.
- **Approver -** Ultimately accountable for correct and thorough completion of the deliverable or task; only one per phase step (>1 requires ALL to approve)
- **Consulted -** Opinions are sought; and with whom there is two-way communication
- **Informed -** Kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication

Exhibit 5.1.1-3: Responsibility Assignment Matrix Template. *The Responsibility Assignment Matrix provides a complete summary of the various roles and responsibilities involved in the transition of Indiana Eligibility Operations.*

Building on a Foundation of Management Practices

We have crafted a successful management approach that covers the entirety of a project, from the notification of award date throughout all operational phases, proactively working toward on-schedule, high-quality deliverables. Our approach to administration of Indiana Eligibility Operations is built upon industry standard best practices related to maintaining staff accountability for performance outcomes, applying efficient and cost-effective business processes, using proven methods for evaluating and maintaining quality, and making continuous process improvements.

This approach results in consistent, repeatable processes across the operation and provides transparency into all aspects of Indiana Eligibility Operations through all phases of the transition, and throughout the engagement.

Our proposed Project Management Plan for Indiana Eligibility Operations incorporates all requirements listed in the RFP SOW as illustrated in *Exhibit 5.1.1-4: Project Management Plan Components*. This plan for Indiana Eligibility Operations details the processes and controls we will use to meet contractual requirements. It accounts for key business processes, identifies resources and delivery dates so that we complete tasks on schedule, mitigate risks, and enforce accountability at all levels of the operation. During transition, we commit fully to working with the incumbent Contractor, the State, Deloitte, and other stakeholders to clearly communicate our plan, mitigate risks and issues, and collaborate with DFR so that there is no disruption of services to Hoosiers.

Details associated with each plan component are summarized below and then described fully in *Attachment G, Appendix: G.2: Transition Project Management Plan.*

5.1.2 Development of Internal Operational Documentation to Support Workers and Management

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Additionally, we believe that capturing lessons learned is an integral part of every project management plan and serves several purposes. This is a priority throughout the project life cycle, beginning with the transition period. Our Lessons Learned repository serves as a valuable tool used by Maximus managers who are assigned similar projects; it provides them a place to reference, to understand what to avoid, and learn about ways to replicate successful processes.

In *Exhibit G.5.1.2-1: Lessons Learned from Recent Transitions*, we include some of our Lessons Learned from recent transitions and how we will leverage these learnings for Indiana Eligibility Operations include the following:

5.2 Expectations from the State/FSSA to Facilitate a Successful Transition

Maximus has a long history of successful, collaborative relationships with state governments across the country. Our experience has shown us that the best partnerships include State staff who are:

- Active participants in kickoff meetings
- Assign resources to participate in functional and technical requirements gathering
- Assist with the staff transition strategy
- Review and approve deliverables in a timely manner
- Help manage knowledge transition to the new Contractor
- Provide input on risks and issues

5.3 End of Contract Turnover

Turnover Requirement	Description of Maximus Approach to Meeting Requirements
DFR Requirement	
Contact Information	We will provide DFR full contact information for executive and other management personnel, as required. This detail will be consolidated and easily accessible to DFR as a dynamic list, so that if any detail should change during the turnover period and beyond, DFR will have the current information for our executives and management.
Workgroup and Staffing Information	We will provide DFR a listing of all workgroups, including descriptions of what they support. This list will be dynamic and updated throughout the turnover period to reflect current state. Detail provided for associated staffing will include: ▪ Staffing count ▪ Names and State-issued contact information for all staff under the contract ▪ Training status (i.e., fully trained versus those pending new worker training)
Tools	We will provide information on the tools being used to support the contract as well as any pertinent data that supports the agreement's scope. This would include information about the support systems we use for knowledge management, training, and learning management, as well as equipment, as required.
Work Instructions	We will turnover any work instructions and/or content issued to workers for the execution of their daily activities. Our work instructions and other materials used by Indiana Eligibility Operations staff are stored in our and we would turnover electronic copies of materials to the new Contractor. Other materials could include job aides, policies, procedures, and DFR-approved process flows used in day-to-day business operations. Any work-in-process would be incorporated throughout knowledge transfer activities.
Meeting Cadence/Agendas	We will provide meeting cadence and agendas for ongoing knowledge transfer meetings for training, clarifying, and other related knowledge transfer discussions to ensure successful scope turnover.
Resource Availability for Shadow	We will offer resource availability for new vendor to conduct shadowing throughout turnover.

Exhibit G.5.3-1: Maximus Approach to Meeting Turnover Requirements. *We address all DFR Turnover Plan requirements for Indiana Eligibility Operations management.*

5.3.1 Turnover Plan

Maximus will provide DFR our Turnover Plan 10 months prior to the end of the base contract period. As part of this plan, we would identify and provide the turnover components in *Exhibit G.5.3.1-1: Maximus Turnover Strategy and Turnover Plan Components.*

Facilities and Business Structure Turnover Plan

In the event of a turnover, Maximus would assist DFR and the successor Contractor in the coordination and completion of all facilities and business structure transition activities. We acknowledge the successor vendor would lead the coordination of the turnover, and Maximus would cooperate fully and be responsive to the successor vendor. We review our Facilities and Business Structure Turnover Plan annually to verify the plan includes all turnover activities associated with all locations under the contract is up to date.

Turnover Results

Communication and documentation of all activities prior, during, and after turnover for a project the size of Indiana Eligibility Operations are key factors to a successful turnover. Maximus would prepare and submit a Turnover Results Report to document the completion and outcomes of all tasks in the Turnover Plan. The report would incorporate turnover information and would also include the completed Workplan schedule and the required sign-off documents for each section.

Post-Turnover Support

Our commitment to DFR and the success of Indiana Eligibility Operations would continue unabated through the turnover period, during which we would meet all turnover requirements with the same quality and accuracy we have demonstrated in fulfilling our contract obligations. We would share our experience with the new vendor to provide for consistency of operations in the new contract and to ensure the continuity of services for all Hoosiers. For a period of up to 60 days following completion of turnover, we would support phase-in and phase-out services as requested by DFR. Maximus understands that reasonable costs of phase-in and phase-out services will be reimbursed by the State.

6 Policies and Procedures Operations Manual

6. Policies and Procedures Operations Manual

Att. G Section 6; 6.0

DFR requires an official source of documentation on policy, work instructions and procedures for all project staff to ensure accuracy and consistently of eligibility decisions. We will develop the Manual to be a dynamic and automated resource, reflecting the most current program requirements and State policy initiatives.

Part of our solution for Indiana Eligibility Operations includes the development and ongoing management of a Policies and Procedures Operations Manual (Manual) for project staff to use in performing eligibility services tasks.

The Manual will contain policies and requirements provided by the State and serve as the roadmap for all project processes, including the key procedures for each functional area. It will distill this detail for our staff in an accessible format so that they can accurately perform their job duties in service to Hoosiers.

In managing the Manual for Indiana Eligibility Operations, we will draw on our experience developing and maintaining procedural manuals and SOPs for all our government contracts. As detailed in the sections that follow, our approach offers the following benefits to Indiana:

- Brings rigor and accountability to the documentation review pro
- Prompt, friendly assistance and One Call Resolution with a con t, clear, and accurate
- Allows multiple avenues for updating information, so that DFR and Maximus staff can recommend changes based on new standards, evolving requirements, and continuous improvement initiatives

love my job for the Indiana C Tracing project. The partnership w e built with FSSA makes it all work—the engagement, the responsiveness, and the collaboration has been absolutely key in the u nd ongoing delivery of an outstand d valuable Manual to the operatio

6.2 Policies and Procedures Manual Development

As we move through Indiana Eligibility Operations from its earliest transition stages to ongoing operations, the development of the Manual will follow a structured path, as illustrated in *Exhibit G.6.2-1: Policies and Procedures Operations Manual Life Cycle.* Through each phase, there will be specific built-in steps for DFR review and approval.

6.2.1 Initiate Project

As we initiate the Manual's development, identifying the required documentation and content is one of the first steps to making the Manual the most up-to-date and accurate source of information for project staff. To that end, we will execute the following activities:

- **Collect and Review Primary Inputs:** We will collect contract requirements, DFR outcomes and decisions, the existing DFR Manual, IEDSS and telephony systems and documentation, subject matter expert (SME) input, and best practices
- **Conduct Review Sessions:** We will collaborate with DFR content owners, stakeholders, and the incumbent Contractor to review relevance, determine accuracy, and identify any gaps in documentation
- **Review and Approve Documentation:** Maximus and DFR leadership will discuss results and recommendations of review sessions and agree to content inclusion in the Manual

As we collect and finalize the documentation, we will develop the initial outline for the Manual by organizing the sections to properly reflect Indiana Eligibility Operations and increase its utility as our staff's go-to reference.

We will work closely with DFR to make certain that all contract areas are covered and obtain State approval of the completed outline before moving to the next phase. The outline will serve as the foundation for the Manual and will include full coverage of all functions within Indiana Eligibility Operations.

6.2.2 Develop Manual

Once the outline is approved, we will begin developing the Manual by populating each section with the documentation for each of the elements defined above. We will work closely with the State to make certain that each section aligns with the most up-to-date requirements and those procedures are operationally feasible. This process will be ongoing throughout the transition period as contractual requirements are refined and clarified.

We will submit the final, State-approved Manual, containing all State-determined revisions, additions, and changes, at least 30 calendar days prior to the contract operation date. Once the Manual is approved, Maximus and our employees will abide by all policies and procedures in the Manual. We confirm that the Manual shall remain the property of the State of Indiana and it will always be accessible to State employees.

6.2.3 Disseminate Policies and Procedures

- **Banner Notifications:** We execute banner messaging through texts or on desktops to alert staff when there is “breaking news.” These banners will include directions and next steps, if applicable.
- **Regular Meetings:** Our supervisors and Quality teams meet with business units and staff at least every two weeks to review changes and explain the background, rationale, and impact of such changes. We have found that if we communicate details and reasoning for the change, it improves staff understanding and adherence to the update.

- [redacted]

6.2.4 Maintain and Update Manual

The Manual is a dynamic document and must be reviewed and updated regularly to make certain it is relevant and reflects the most current standards and requirements. Multiple sources can drive updates to the Manual, including systems changes, policy changes from the State, process improvements identified by Maximus or DFR, and by changes in DFR regulations, requirements, or guidelines.

Maximus involves our partners, end users, and business units in the updating process. We have found that by bringing visibility and engagement into the process, our stakeholders are more likely to notify our management about changes and make recommendations for improvements. These best practices include the following, which we will implement for DFR:

- **Operations Meetings with Business Units and Work Streams:** As a standing agenda item during our regular operations meetings, we provide a forum for discussions associated with policy, requirements, and procedures that may require changes to the Manual, including instructions and training
- [redacted]
- **Regular Process Reviews:** All process owners and SMEs meet quarterly to review and document their process activity, note if there were any exceptions, and evaluate process effectiveness in delivering to its objective.
- **Continuous Improvement Reviews:** On at least an annual basis, our continuous improvement process requires a formal and thorough review of existing procedures to identify areas in need of streamlining or improvement. As part of our review, we proactively look to identify trends or problem areas that may require modification to procedures to correct issues. We conduct a thorough analysis to identify how and to what extent any required changes impact each area of operations.

[redacted]

Should suggested process changes come out of these forums, we will document the recommendations and meet with DFR to review them. Once DFR approves the changes, we will inform the State's Training Contractor to update training as appropriate, and we will amend and publish updates to the Manual per a documented schedule and disseminate notifications to the staff as described in *Attachment G, Section 6.2.3: Disseminate Policies and Procedures*.

7 Notification of Problems

7. Notification of Problems

Att. G Section 7; 7.0

DFR requires accurate, clear, and timely information on problems that may impact eligibility operations. Our approach to notifying DFR of problems includes implementing and executing on a well-defined process for immediate notification, ongoing and open communication, and detailed reporting. Throughout our contract, we will keep DFR fully informed of issues and problems and partner with the State to provide solutions and mitigations to minimize impact to the people we serve while meeting service and performance expectations.

7.1 Notification of Problems: Attachment D Requirements

Our primary goal is to prevent issues before they become a problem. Through close monitoring of performance and staffing levels, proactive training and coaching, and continuous quality improvement, we will be able to act before problems occur.

However, there are times when unexpected issues occur that cannot be anticipated or resolved proactively. When we detect or discover an incident that may negatively impact daily operations, applicants or clients, our contractual obligations, or the reputation or financial position of DFR in any way, our first and immediate step will be to notify by telephone the appropriate DFR regional manager and the DFR Executive Office. At Maximus, we operate from a foundation of transparency and trust with our state partners. If there are issues or potential issues, we make sure our partners are fully informed of the issue, how it occurred, and how we will resolve it. We commit to operate from the same principle with DFR.

We confirm our full understanding and agreement with all DFR notification requirements stated in Section 7.0, Attachment D of the SOW. We illustrate our solution in *Exhibit G.7.1-1: Problem Notification Process for DFR* and describe our process further below.

As detailed above, our approach includes the following elements to make certain that DFR is immediately and fully informed and that impacting issues are managed and resolved through a standardized, documented, and transparent process:

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

We will leverage this process consistently for notification and reporting for all problems impacting customer-facing responsibilities including, but not limited to, processing applications and answering phone calls. In our report, we will include the identification of the issue, the area(s) of the project impacted, the degree to which the project is impacted if known, and immediate steps to remediate. As needed, we will also request to meet and collaborate with DFR to determine the best form of resolution or further discuss the issue.

Example incidents that will be reported using these procedures include:

- Phone system outages
- Emergency situations
- System failures or service degradations
- Complaints from callers related to access or service, such as malfunctioning IVR, blocked faxes, or incomplete calls
- Potential breaches

Should the State choose to designate as a reportable incident any occurrence beyond those that impact contractual obligations, we will handle such occurrences with the same notification protocols and processes. We will take all necessary steps to immediately report, correct, and mitigate recurrence of the issue, with openness, transparency, and to the full satisfaction of DFR.

7.1.1 Problem Analysis and Tools

Our management and supervisory staff will work proactively, and in collaboration with DFR, to identify, document, monitor, investigate, and resolve problems as they occur. We use a data-driven approach to achieve continuous operational improvement. Our expertise and tools allow us to quickly identify trends, discrepancies, and potential risks in performance data. [redacted]

We bring the following tools to enhance our expertise and direct experience managing issues:

- This reporting and analytics

Using a combination of these tools, we will provide DFR with:

- A full view of the status of problems in near real time—allowing visibility and collaboration for quickest and most efficient resolution possible
- Comprehensive analysis of significant amounts of data to inform business operations and management decisions
- Real-world scenarios, enhanced with our interpretation, allowing DFR to easily understand how changes will affect performance and possible results, prior to making decisions and commitments
- Interactive dashboards and reports for transparency into our progress and performance, at any time
- Dedicated data analysis to identify irregularities, noting disruptive trends and recurring issues so that we can work with DFR to take swift and informed action to remediate problems and identify areas for improvement

We will provide immediate, honest, and direct problem communication with DFR throughout our contract term. We will use our sophisticated and innovative data analytic capabilities to enhance this transparent, open exchange of information and collaborative approach to problem solving.

8 Corrective Actions and Payment Withholds

8. Corrective Actions and Payment Withholds

Att. G Section 8; 8.0

Corrective actions and payment withholds provide DFR with a contractual structure for ensuring program requirements are met. We recognize that issues arise on every project and put mechanisms in place for Indiana Eligibility Operations to foresee and mitigate problems before they become issues. Our transparency, accountability, and dedication to getting it right the first time will enable us to minimize these corrective actions on Indiana Eligibility Operations as we have in our operations throughout the country.

NEXT LEVEL partnership

Although we strive to avoid the need for corrective action, Maximus understands that vendor accountability is critical, and that CAPs and withholdings provide a means for DFR to ensure the integrity of taxpayer dollars. Accountability forms a core tenet of our operating model. We are confident that through direct and candid dialogue with our government partners, their full, unfettered access to what is happening on a minute-by-minute basis, and a mutual understanding of requirements, we can prevent such scenarios.

We consider our work on this project a collaborative effort with DFR and look forward to establishing and strengthening our relationship with the State from day one of the contract. Together, we will minimize project inaccuracies that could stem from human error, and we will provide Indiana Eligibility Operations and Hoosiers with high-quality services.

8.1 Agreement with Attachment C and Attachment D Provisions

As demonstrated in *Exhibit G.8.1-1: Attachment C Requirements* and *Exhibit G.8.1-2: Attachment D Provisions*, Maximus confirms that we have read, understand, agree, and will comply with all provisions in Section 8.0 of Attachment C, as well as the provisions in Attachment D.

Attachment C Requirements

Requirements of Scope of Work Section 8.0	Maximus Response
It is the State's primary goal to ensure that the Contractor is accountable for delivering services as defined and agreed to in the Contract. This includes, but is not limited to, performing all items described in the Scope of Work, completing all deliverables in a timely manner described in the Scope of Work, and generally performing to the satisfaction of the State. Failure to perform in a satisfactory manner may result in corrective actions and withholds described below.	▪ Maximus has read, understands, and will comply with this requirement. We are dedicated to timely and high-quality rendering of services. ▪ Our team's proactive approach to monitoring performance helps prevent problems or deficiencies before they occur. ▪ Our management staff will work closely with our analysts, HR leads, and quality experts to maintain optimal staffing levels to perform all elements of the SOW and complete all deliverables to the State's satisfaction.
It is the intent of FSSA to remedy any non-performance through specific remedies at no additional cost to the State. In the event that the Contractor fails to meet requirements set forth in the Contract, the State will provide the Contractor with a written notice of non-compliance and may require any of the corrective actions or remedies described in the Contract. 1. Each month, the State shall withhold twenty percent (20%) of the Contractor's monthly invoice amount pending verification of the Contractor's performance against the Performance Metrics described in Attachment D. The performance withholding shall be administered as further detailed in Attachment D. 2. In addition to the scenarios detailed in Attachment D, a Corrective Action Plan (CAP) can also be triggered if the State determines that the Contractor is not performing to the satisfaction of the State, has missed Performance Metrics and/or KPIs, has not completed any deliverable in a satisfactory or timely manner, or upon written request by the State for any reason. All CAPs must be submitted to the State within ten (10) calendar days following the documentation of failure to meet expectations. At a minimum, the CAP shall address the causes of the deficiency, the impacts, and the measures being taken and/or recommended to remedy the deficiency, and indicate whether the solution is permanent or temporary. It must also include a schedule showing when the deficiency will be remedied, and for when the permanent solution will be implemented, if appropriate. The nature of the corrective action(s) will depend upon the nature, severity, and duration of the deficiency. The State shall review and make reasonable efforts to approve the CAP within ten (10) calendar days of the CAP being received. 3. A State designated contractor (e.g., the Operational Verification and Validation (OV&V) contractor shall evaluate the Contractor's success or failure to achieve quality Performance Metrics selected by the State by conducting Quality Assurance reviews of a statistically valid sample. The Contractor shall have the opportunity to review and rebut the results in accordance with the process described in Section 10.0.	▪ Maximus has read, understands, and will comply with this requirement, specifically as it pertains to items 1 through 3. ▪ Despite our proactive efforts to meeting all contract requirements, problems may still arise. Accordingly, we will comply with payment withholds and develop CAPs, if required, that include the following steps: – [redacted] ▪ Our robust QA approach combines with our data and root cause analysis activities to identify and resolve problems before they become issues, thereby minimizing the need for CAPs and payment withholds in the new contract period.

Exhibit G.8.1-1: Attachment C Requirements. *Maximus will comply with all requirements defined in SOW Section 8.0 of Attachment C.*

Attachment D Requirements

Administration Requirements	Maximus Response
1. On or before the 15th of each month, the Contractor shall invoice the State for 80% of the Contractor's monthly invoice amount for the previous month. The remaining 20% shall be withheld pending resolution of Contractor's overall performance against all Performance Metrics as described in RFP Attachment D: Performance Metrics Section II and sections a-d of this requirement. 2. Following verification of the Contractor's overall performance against Performance Metrics, the invoice amount may be subject to permanent withhold as described in RFP Attachment D, Section I.2.a-d 3. Assessment of Contractor's success or failure to achieve Quality Metrics shall be performed by the State or a designated State contractor, including but not limited to, the State's Operational Verification and Validation (OV&V) contractor. The OV&V contractor will conduct an initial review of a statistically valid sample. The Contractor may rebut the OV&V contractor's findings within 10 business days after receipt of the OV&V contractor's report. This rebuttal must be sent to the OV&V contractor and include all relevant documentation; no additional rebuttal documentation will be accepted after 10 business days following the receipt of the OV&V contractor's report. If the Contractor and the OV&V contractor are unable to reach agreement during the rebuttal process, DFR will make the final determination. DFR will have 10 business days to review the Contractor's rebuttal and relevant documentation before making a determination. DFR's determination regarding the rebuttal will be final. 4. The validated OV&V score (or, if applicable, the rebutted score as determined by DFR) will be the final metric score utilized by the State to determine Contractor's performance. The State or designated State contractor including but not limited to the State's Operational Verification and Validation (OV&V) contractor will be responsible for providing necessary IEDSS data to support the measurement of metrics. 5. verification of Contractor's overall performance against all Performance Metrics, Contractor may invoice the State for the applicable amount of withheld funds. For example, if Contractor successfully meets all Metrics requirements for January and verification is completed in February, the 20% portion of the January invoice that was withheld may be claimed with the February invoice. Conversely, if Contractor fails to meet two (2) Metrics requirements for January and verification is completed in February, 5% of the January invoice that was withheld may be claimed with the February invoice. The remaining 15% to be permanently retained by the State. Withheld amounts permanently retained by the State under this provision are not penalties, but rather the payment of lower amounts for lower quality performance. 6. The Contractor shall submit the Monthly Performance Report no later than the 10th calendar day of the following month to DFR Executive Management and the IEMP email address: IEMPState_Review.FSSA@fssa.IN.gov and include Performance Metrics results in the Monthly Performance Report (see Section 12 of Attachment C - Scope of Work for more details on the contents of the Monthly Performance Report). 7. If Contractor fails to meet the requirements for one or more Performance Metrics ("missed Metric(s)") the Contractor must submit a Corrective Action Plan (CAP) to the State within ten (10) calendar days following submission of the Monthly Performance Report (MPR) or notice from DFR of failure to meet a validated Metric(s). The State shall review and make reasonable efforts to approve the CAP within ten (10) calendar days of the CAP being received.	▪ Maximus has read, understands, and will comply with this requirement, specifically as it pertains to items 1 through 7. ▪ [redacted]

Exhibit G.8.1-2: Attachment D Provisions. *Maximus will comply with all requirements defined in Scope of Work Attachment D.*

8.2 Collaboration with the State to Meet or Exceed Performance Metrics and Avoid the Need for CAPs

[redacted]

As shown in *Exhibit G.8.2-1: Corrective Action Process*, we follow a multi-step process for identifying and addressing problems or undesirable deviations from quality and performance standards. It is a transparent process that allows DFR to monitor our performance, our response to performance issues, and our continuous QI process. Through this proactive approach, our goal is to identify the root cause and prevent problems before they occur.

8.2.1 Performance Monitoring

Our quality program is driven by contract-defined SLAs and KPIs that focus on timely and accurate completion of critical project tasks and performance to overall operational DFR priorities and outcomes. This proactive monitoring and reporting will lead to continuous QI throughout all Indiana Eligibility Operations program areas so that the chances for corrective actions and payment withholds will be significantly reduced.

between QA, project management, and RCC/CCC management staff to validate that the entire project is in lockstep. This step is particularly important in a statewide regional office model.

The QA team will notify and collaborate with the appropriate business function stakeholder(s) to initiate the Preventative Action Process. When conditions warrant, as determined by quality checks and QA audit findings, the QA team and the State will identify preventative action activities to manage and improve the quality of products, services, outcomes, and performance.

Although still in compliance with contract requirements, negative trends at or near performance measures have the potential to result in a significant negative impact on the customer or contract compliance. As part of the development of preventative action activities, the QA team and business analysts will conduct root cause analyses to analyze causes related to performance that demonstrates a negative trend and will complete a root cause analysis form.

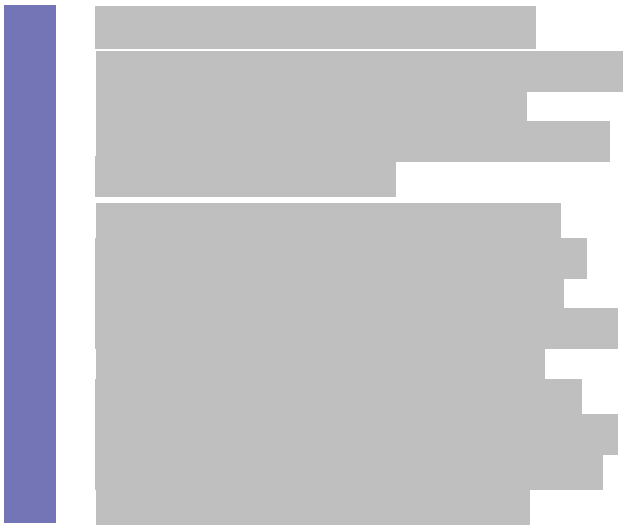
The team will conduct these analyses in accordance with the guidance provided by our established root cause analysis process. After identification of the root cause(s), the team will collaborate with the State to develop the appropriate preventative actions.

Ongoing Assessment of Performance

To enhance our approach, we will implement formalized assessment plans to accompany each metric. This puts a process in place to:

- Regularly assess measurement methodology effectiveness
- Provide for actions and remedies to meet or achieve standards
- Identify performance trends
- Prevent quality issues before they occur for each measure

We recognize that as Indiana Eligibility Operations evolves and requirements change, performance measures may be modified, or new ones introduced. We implement assessment plans for each new and revised metric to make certain we meet and exceed any new requirements that are implemented as the program evolves.



We will conduct initial calibration meetings with DFR to establish and document assessment plans for current measurements and then continue to review such plans on a regular basis, including instances when KPIs change or when new ones are introduced. These collaborative sessions will also enable us to look at the data and analysis holistically to explore programmatic improvements.

Our goals for these ongoing assessments include the following:

- **Accurately Measure Standards:** We will review continuous improvement recommendations from our QA teams to strengthen our ability to accurately evaluate performance against the established standard.
- **Develop Actions and Remedies to Meet or Achieve Standards:** Using DFR feedback and its stakeholders to identify opportunities for revising or developing tools, techniques, or processes to improve quality.
- **Identify Trends in Performance:** We will perform comprehensive reviews and analyze data generated from all QA audits, including early detection and warning systems and sampling, for each QA area to identify performance trends in the aggregate. Using trend analysis, we test one or more components and evaluate various aspects of a function relating to an independent variable, such as volume of work performed, and a

dependent variable, such as the frequency of an error.

Reporting

To identify trends and potential problems, we will provide DFR much more than a retrospective reporting solution. With access to reports in Cognos, IEDSS, and the Genesys telephony platform, we actively monitor actual month-to-date performance against our contractually defined KPI targets. That analysis is retrospective; but as data in the State trends up or down, we can look forward to the rest of the month and adjust staff forecasts, plans, and schedules. This process checks our performance so that it remains in alignment with DFR goals.

We manage operational and contractual targets by focusing on performance and our progress towards meeting and exceeding these targets through the end of the week, month, and year. Reporting includes summary dashboards for up-to-the-moment status of our performance. This approach allows us to focus on what must be done to stay on track to meet performance goals, keep DFR fully informed on our progress in meeting those goals, and deliver consistent, world-class eligibility determination services to Hoosiers.

Indiana Eligibility Operations leadership and designated DFR staff will have access to customizable dashboards for the latest information.

8.2.2 List of Formal Corrective Actions

9 Quality Assurance Standards and Expectations

9. Quality Assurance Standards and Expectations

Att. G Section 9; Att. D II.3; II.5

With Maximus, Indiana will have a partner who incorporates quality into every aspect of our solution to provide clients timely service and accurate eligibility outcomes. Our focus on quality inspires our staff to deliver operational excellence, continuous improvement, and a better Hoosier experience.

For Maximus, implementing an effective quality program extends beyond the Contractor—it is a holistic partnership between us and our state partners. We recognize that no matter how comprehensive our quality practices, we become even more efficient at achieving state goals when we communicate with and listen to our state partner. Program needs change over time, so our approach to quality management is dynamic. Quality is not a static set of responsibilities, but rather a lens through that we evaluate and manage the entire operation.

Maximus will deliver a work culture that emphasizes operational excellence through continuous improvement for Indiana Eligibility Operations.

9.1 Quality Assurance Team

Att. G Section 9

process. We know from decades of experience that the robustness of our quality approach is crucial to optimizing quality, timeliness, accuracy, and customer service. We will harness this experience, as well as the best practices it has taught us, to deliver streamlined operational excellence and elevate the Hoosier experience in the process.

The QA team will be responsible for conducting QA reviews for all eligibility specialists with a particular focus on accuracy, policy, and end-to-end processing. Our team will conduct case audits for eligibility specialist work in agreement with DFR-approved checklists and expectations, including a focus on non-financial, financial, and procedural tasks. Our QA reviews will comply with RFP requirements, such as Exhibit D2, Performance Metrics, Section II.6.

Metrics and reports regarding the reviews conducted by our QA team will be provided both in our Monthly Performance Reports (MPRs) and in a detailed summary report provided to each State regional manager and/or their designee by the tenth of each month. Each summary report will contain a detailed analysis of the rolling 12-month period and will include:

- Every employee's performance
- The unit's performance
- The RCC's performance as a whole

Our MPRs will also include the latest employee headcount and a summary of QA reviews. MPRs are described in more detail in *Attachment G, Section 12: Reporting Requirements*.

In the subsections that follow, we demonstrate our approach to meeting or exceeding the requirements set forth in RFP Attachment G, Section 9.0.

9.2 Quality Management Plan

We will develop and implement an effective Quality Management Plan that provides a roadmap for meeting quality objectives. These objectives reflect contract performance requirements for providing application intake and other services for DFR. They also reflect our internal quality standards, which help us meet or exceed the State's goals.

For each business function, our Quality Management Plan will focus on quality, accuracy, and timeliness for processes and will:

- Describe the business processes, products, and services with associated performance metrics

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted] State, the OV&V Contractor, and Maximus

Having robust QI and QA processes allows us to identify and correct potential performance issues before they impact services or eligibility outcomes.

[redacted]

Sampling Methods

Sampling methodologies for specified business functions typically include:

- Systems and databases in which production data resides
- Standard processes used to capture specific data
- Random sample selection processes used to maximize sample validity and prevent sampling bias
- Processes for verifying that a sample represents data under review

Our sampling methodology for QA audits typically uses the formula shown in *Exhibit G.9-2: Sampling Formula* to determine sample size. We will work closely with the State and the OV&V Contractor to deliver a sampling methodology that meets the needs of the contract.

experience for Indiana Eligibility Operations clients.

$$n = \frac{p \times q}{\frac{p \times q}{N} + \frac{e^2}{Z^2}}$$

where

p = probability level
q = 1 - p
N = population size
e = precision level
n = sample size
Z = Z-value of 1.96 reflecting a 95% confidence level

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Exhibit G.9-2: Sampling Formula. We will seek approval for this sampling methodology prior to use for Indiana Eligibility Operations.

Accuracy

Accuracy and timeliness standards for processing applications, redeterminations, changes, benefit recovery referrals, claims, hearings and appeals, and calls are closely intertwined—both must reach high degrees of success consistently to achieve excellence in customer service. We accomplish this by hiring the right staff, equipping them with thorough, ongoing training, monitoring performance through effective measurement and reporting tools, and responding appropriately.

s including, but not limited to:

- Screening and scheduling per State-approved work instructions
- Accuracy of indexing, classification, and data-entry activities
- Accuracy of eligibility determination
- Reviewing for accuracy processing client phone and non-phone changes, Interim Report forms, system-generated tasks, and Health Coverage-only applications and redeterminations
- Determining the accuracy rate for all benefit recovery activities, including referrals, referral analysis, establishment of an appropriate over/under issuance and related collection activities
- Analyzing inbound and outbound CCC and RCC call quality following State-approved criteria and methodology

Refresher needs will be communicated to the State's Training Contractor while we

will handle all remedial training. Ongoing QI checks and retrospective QA scores will dictate the specific training modules we present to staff members as well as coaching and mentoring that may be required for specific individuals.

Timeliness

Accuracy and timeliness are heavily interrelated, and Maximus staff are careful to recognize the value of both in our interactions with clients. Timely eligibility determinations help Hoosiers receive the benefits they need when they need them. Timely processing of applications, redeterminations, and other eligibility support functions will be a major focus of our service delivery for Indiana clients as we track, measure, and maintain excellent performance.

At the State's request, we will also conduct ad hoc calibration sessions to provide joint review and evaluation of operational performance results.

9.2.1.1 Enhanced Collaboration: Partnering to Create a Culture of Proactive Quality Management

We will partner with DFR to involve the State Contract Manager (SCM) or designee in critical quality management processes beyond calibration meetings and required reporting.

10 Performance Metrics Validation with OV&V

10. Performance Metrics Validation with OV&V

Att. G Section 10; 10.0

DFR can rely on Maximus and our independent quality experts to collaborate with the State and its OV&V Contractor to establish clear and concise mechanisms for verification and validation of our work. Our open communication and transparent reporting will foster an easier validation process for the OV&V Contractor and will build trust that DFR has chosen the right partner for Indiana Eligibility Operations. The quality, analytics, and reporting tools we bring will give DFR and its OV&V Contractor easy and intuitive access to our performance.

Collaboration and thoughtful coordination with DFR and its OV&V Contractor produce better quality monitoring, measuring, and reporting results for Indiana Eligibility Operations. We will work with DFR and its OV&V Contractor to agree on the best format, frequency, and methods for measurement and the quality review process.

He will work closely with the OV&V Contractor to conduct accurate and consistent quality reviews of the eligibility processes. He will also maintain open lines of communication with DFR and the OV&V Contractor to collaborate as needed in the preparation, planning, and facilitation of OV&V functions.

However, we acknowledge that the State may require us to use quality systems, tools, and processes created and maintained by the State for all quality reviews completed for the validation process and will seek the State's approval for the review processes, systems, and tools prior to their use.

Based on best practices, we also propose conducting calibration sessions with DFR and the OV&V Contractor no less frequently than once quarterly and at a higher frequency at the start of the contract. This transparent process validates that we are calibrating and measuring quality in the same way and provides a foundation of accurate and consistent quality monitoring and evaluation techniques. With the same understanding of quality management, we can identify and resolve quality issues quicker and deliver better quality outcomes to DFR and Hoosiers.

We will bring this active and participatory approach toward OV&V services to Indiana. In collaboration with DFR and the OV&V Contractor, we will define the processes, frequency, meeting, and solutioning criteria for OV&V practices and findings that best suits Indiana's needs.

In agreement with RFP requirements, we will cooperate fully with the OV&V Contractor in focusing on the quality and accuracy of end-to-end processes, not individual tasks. Quality reviews will be used to measure performance and as an indicator of how staff process cases. We understand that we will have the opportunity to review and rebut the results of the OV&V Contractor's assessments and that DFR will make the final determination regarding validation disputes.

We dedicate personnel, processes, and resources to assisting OV&V functions because we understand the value that validation of our metrics and services brings to the operation. Verification of our work helps us identify the degree of our success at elevating the Hoosier experience by resolving all issues in one call and delivering accurate eligibility determinations the first time.

11 Quality Assurance Reporting

11. Quality Assurance Reporting

Att. G Section 11; 11.0

To meet the State's QA reporting goals for Indiana Eligibility Operations, Maximus brings:

- Detailed and accurate performance data
- Advanced monitoring tools to collect and display operational data
- Expert analysts to interpret and present meaningful findings

With our sophisticated quality monitoring tools and expert data analysts, Maximus will meet the challenges associated with quality oversight and reporting through careful collaboration of our efforts.

Maximus understands and will comply with the expectations set forth in Attachment G of the RFP.

Measuring and Reporting

As the system of record, IEDSS as well as the DFR phone system, provide the most important data for monitoring performance. We intend to use extracts of that data for quality analysis and reporting purposes. In addition to aggregated performance data collected from the State systems, our quality monitoring and reporting program relies on the results of our quality auditing activities.

Quarterly Summary Report

We will submit the Quarterly QA Summary Report detailing all QA activities as required.

This report will include a description of the monitoring, sampling, and auditing activities that occurred during the reporting period, as well as our findings and any corrective action measures taken to improve performance. We will provide both data and a narrative description of any areas of concern identified pertaining to our performance as the Contractor, any corrective actions implemented, and the resolutions and outcomes of those actions. When a larger correction is necessary, we provide the corrective action(s) to be implemented and relevant timeframes as recommendations for review and approval by DFR.

For individual corrective action, we follow the Issue Resolution Plan process described in *Attachment G, Section 4.5.6: Eligibility Staff Quality Training.*

Our QA Summary Reports will also include:

- Trends in worker performance
- The number of workers sent for remedial training
- Progress on any existing corrective actions or issues in the resolution process including resolutions of all problems

Our reporting analysts compile all relative aggregate and trended data from QA and monitoring processes and compare this data to that of the prior quarter. These reports also include a description of any identified trends that may require an adjustment to operational processes, staff levels, or technology.

Facilitating Continuous Improvement

We use our quality reports to inform and drive continuous improvement efforts through an integrated Quality, Training, and Policies and Procedures team that uses the results from our reports and trending analysis to implement remedial training material updates and updates to our policies and procedures for DFR approval. We also make updates to our quality checklists to better identify these issues upfront for more proactive response to future errors. *Exhibit G.11-3: Actionable Quality Improvement Feedback* demonstrates how our reporting analysts use reporting from both our QA and QI teams to provide feedback for process improvements.

Feedback to QI and QA Process

Benefits of Using for Quality Reporting

Our QA reporting workflow comprehensively monitors performance and informs updates to processes, materials, and checklists to drive a quality culture across the operation. While these reports will identify negative trends for correction or root cause analysis, they will also identify positive results and support an employee-focused environment that acknowledges

12 Reporting Requirements

12. Reporting Requirements

Att. G Section 12; 12.0

DFR has made significant investments in technology infrastructure designed to facilitate operational transparency and data-driven improvement across the eligibility enterprise. With Maximus, DFR has the opportunity to fully realize the potential of this collected data. Our experience driving operational improvement through data analysis and providing our state partners with both complete, easy-to-read insights into daily operations and expert interpretation and recommendations, offers Indiana a clear path to achieving its quality and performance goals.

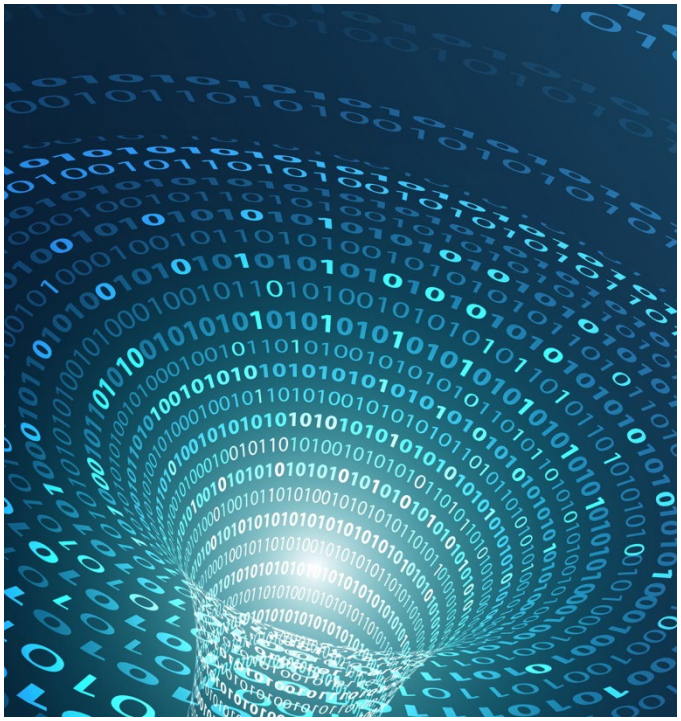
Consistent with our commitment to transparency and accountability, we will work collaboratively with the State to deliver accurate and comprehensive reports in a timely manner. We understand and will comply with the reporting requirements described in Section 12.0 of the SOW and will submit a Monthly Performance Report (MPR) to the State contract manager (SCM) with a thorough performance analysis by the tenth of each month. We discuss the MPR further in this section after highlighting the benefits of the Maximus reporting and analytics program.

Our Reporting Solution Provides Increased Transparency and Actionable Insights

The value of the Maximus solution lies in our well-practiced ability to use operational data to inform operations decision making, identify risks and issues before they impact performance, and predict future staffing and training needs.

More than a Reporting Solution—Maximus Brings Operational Excellence

Exhibit G.12-1: Contact Handling Dashboard gives an at-a-glance view of contacts by reason and actions taken during a contact. Users can quickly drill-down into greater detail by selecting a specific contact reason.



Exceeding Requirements

For example, if an eligibility specialist is flagged for recurring tardiness on the same day each week, supervisors and managers can intervene to discuss what is causing the tardiness (e.g., transportation issues) and look at potential schedule accommodations.

Maximus understands that for truly efficient and effective operations, the State needs more than a retrospective reporting solution. Our platform gives our management and the State the information necessary to be proactive in adjusting eligibility operations to maintain the right levels of staffing and high levels of productivity and plan for future success.

Monthly Performance Reports

The MPR we submit to the State by the tenth day of each month will include the following:

- A detailed and comprehensive analysis of all RCC and CCC operations conducted in the previous month
- Our strategy for the following month, including how we will continue to improve performance
- Detailed written analyses, narrative, and corresponding graphics

In instances where we provide specific data, we will include related historical data from the previous 12 months to allow DFR to observe trends. Our MPR will include all the items specified in Attachment G, Section 12 of the RFP. In many instances, information will be compared with the same type of data from the previous month to easily identify improvements and opportunities. Similarly, information pertaining to the RCCs will be broken down per RCC to reveal location-specific insights.

At-a-glance visual depictions make it easy to view performance activity, including:

- Types of requests we receive
- Task volumes
- Escalation counts and reasons
- Referral number and receiving entities
- Contact handling time
- Appeal and pre-appeal resolution data
- Staffing levels and performance

Once the MPR is compiled each month, a reporting supervisor will review the final report for comprehensiveness and quality before submitting it to the project director for approval. This approval path means that when the document is submitted to DFR, it will be complete, accurate, and free from errors or formatting issues.

Enhancing the Monthly Report

13 State Duties and Responsibilities

13. State Duties and Responsibilities

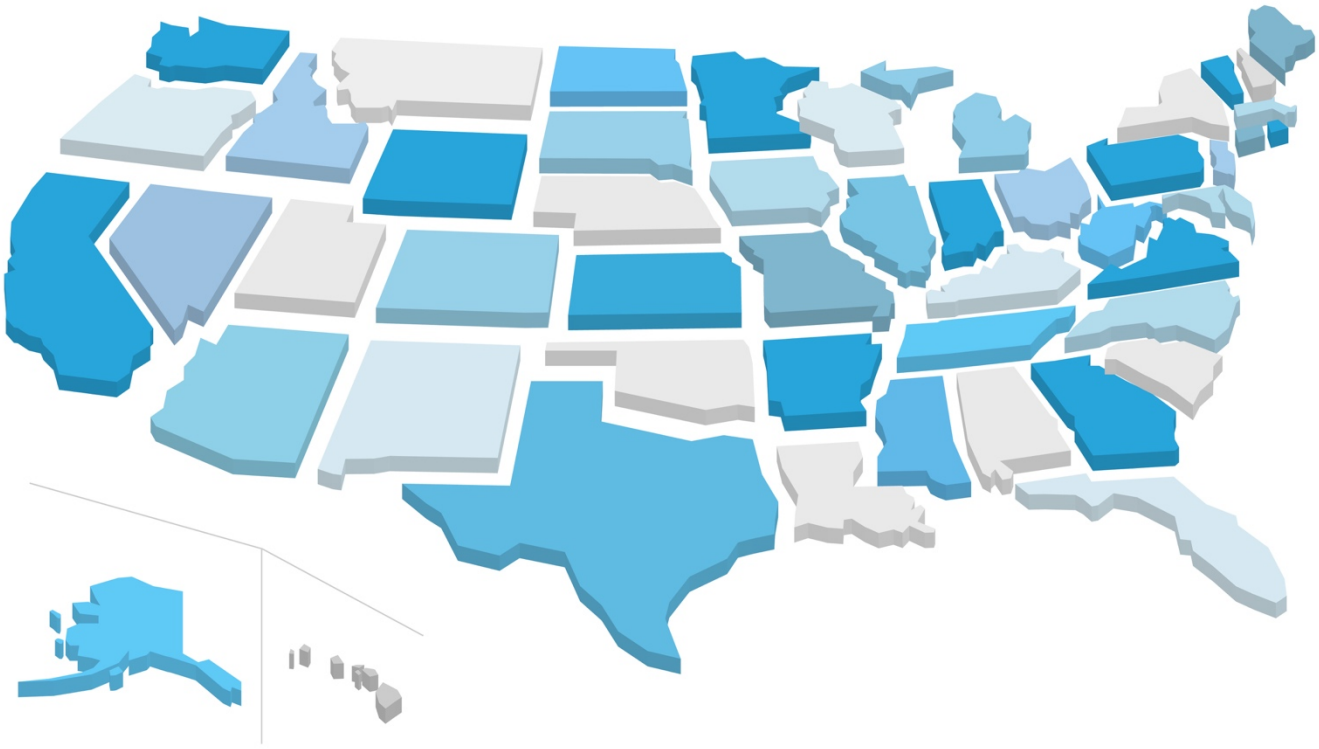
RFP Section 13, 14

Maximus has a history of closely collaborating with our state partners to successfully operate state programs across the country as well as on the ground in Indiana today. We bring the same commitment to provide engagement and transparency in our partnership with DFR.

Maximus will provide feedback and communicate any changes that impact the populations we serve. We acknowledge that DFR shall retain responsibility for:

- Day-to-day operations of the RCCs
- Policy changes
- Eligibility determinations
- Staffing requirements and allocation in the RCCs
- Maintaining State systems
- Providing facility assets at the CCC and each RCC
- Determining the need for refresh of software and hardware

In addition to these acknowledgments, we agree to and will support DFR in accomplishing the duties and responsibilities of all requirements listed in State Duties and Requirements 13a-13h.



14 State Eligibility System

14. State Eligibility System

14.0 State Eligibility System

Our commitment to helping DFR achieve operational excellence begins with a firm understanding of the systems used to provide eligibility services. Maximus uses state-provided eligibility systems in many of the projects we operate; therefore, we understand firsthand the enormous investment DFR has made in IEDSS. We look forward to helping DFR capitalize on your investment and leveraging this technology to provide efficient and quality-driven services to Hoosiers.

Appendix G

Appendix G.1 – Resumes

Appendix G.2 – Transition Project Management Plan

Appendix G.3 – Acronyms

Acronym/Abbreviation	Definition
2FA	Two-Factor Authentication
AB	Abandonment Rate
ABAWD	Able Bodied Adult Without Dependents
ABC	Activities Based Compensation
ABD	Age, Blind, Disabled (Medicaid)
AC	Access Control
ACA	Affordable Care Act
ACD	Automatic Call Distribution
AD&D	Accidental Death and Dismemberment Insurance
ADA	Americans With Disabilities Act
AHS	Automated Health System
API	Application Programming Interfaces
ASA	Average Speed to Answer
ATS	Applicant Tracking Systems
BC	Business Continuity
BPM	Business Process Management
CAB	Change Advisory Board
CAC	Customer Assistance Center
CAP	Corrective Action Plan
CAPS	Childcare and Parent Services
CBO	Community-Based Organization
CCC	Central Change Center
CCHIP	County Children's Health Insurance Program
CDC	Centers for Disease Control and Prevention
CED	Center for Employee Development
the Center	Center for Health and Literacy
CEO	Chief Executive Officer
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFO	Chief Financial Officer
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CISO	Chief Information Security Officer
CKM	Certified Knowledge Manager
CMA	Computer Matching Agreement
CM	Change Management
CMS	Centers for Medicare & Medicaid Services
CONOPS	Concept of Operations
COTS	Commercial Off The Shelf
CPO	Chief Privacy Officer
CRA	Commuter Reimbursement Arrangements
CRM	Customer Relationship Management

Acronym/Abbreviation	Definition
CSR	Customer Service Representative
DBA	Database Administrator
DAPE	Deny All, Permit by Exception
DCPH	Dynamic Host Configuration Protocol
DCS	Department of Child Services
DE&I	Diversity, Equality & inclusion
	Powered by Power BI
DED	Deliverable Expectation Document
DHCP	Dynamic Host Configuration Protocol
DHL	Dalsey, Hillblom, and Lynn
DMADV	Define, Measure, Analyze, Design, Verify
DMAHS	Division of Medical Assistance and Health Services
DMAIC	Define, Measure, Analyze, Improve, Verify
DMI	Data Matching Issues
DMZ	Demilitarized Zone
DOC	Department of Corrections
DOI	Department of Insurance
DOT	Department of Transportation
DR	Disaster Recovery
DRF	Division of Family Resources
DISA STIG	Defense Information Systems Agency Security Technical Implementation Guide
EAP	Employee Assistance Program
EB	Enrollment Broker
EEO	Equal Employment Opportunity
ESS	Eligibility Support Services
FAQs	Frequently Asked Questions
FBI	Federal Bureau of Investigation
FedEx	Federal Express
FF&E	Furniture, Fixtures, and Equipment
FFM	Federally Facilitated Marketplace
FICAM	Federal Implementation of Identity, Credential, and Access Management
FIPS	Federal Information Processing Standards
FISMA	Federal Information Security Management Act
FMLA	Family and Medical Leave Act
FSSA	Family and Social Services Administration
FTE	Full-Time Employee
FTE	Full-Time Equivalent
FY	Fiscal Year
GMT	Greenwich Mean Time
GPO	Group Policies

Acronym/Abbreviation	Definition
HAS	Health Savings Account
HBE CSC	Maryland Health Benefit Exchange Consolidated Service Center
HCM	Human Capital Management
HCRC	Human Capital Resource Center
HFP	Healthy Families Program
HHS	Department of Health and Human Services
HHSC	Health and Human Services Commission
HIP	Healthy Indiana Program
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
HMO	Health Maintenance Organization
HR	Human Resources
HRA	Health Reimbursement Account
HRIS	Human Resource Information System
HRM	Human Resources Management
HRPBs	HR Business Partners
HUD	Housing and Urban Development
HVAC	Heating, Ventilation, and Air Conditioning
IDEM	Indiana Department of Environmental Management
IDOH	Indiana Department of Health
IEDSS	Indiana Eligibility Determination Services System
IES	Integrated Eligibility System
IFC	Interim Contact Forms
IMPACT	Indiana Manpower and Comprehensive Training
Indiana Eligibility Operations	Central and Regional Change Center Eligibility Operations
IQ	Internet Quorums
IR	Incident Response
IRP	Incident Response Plan
IRP	Issue Resolution Plan
ISO	International Organization for Standardization
ISSO	Information System Security Officer
IT	Information Technology
IVR	Interactive Voice Response
	Knowledge Management System
KPI	Key Performance Indicator
KPR	Key Performance Requirement
L&D	Learning and Development
LAN	Land Area Network
LDAP	Lightweight Directory Access Protocol

Acronym/Abbreviation	Definition
LMS	Learning Management System
LTC	Long-Term Care
MAC	Media Access Control
MAGI	Modified Adjusted Gross Income
Manual	Policies and Procedures Operations Manual
MaxU	Maximus University
MBE	Minority-Owned Business Enterprise
MCAP	Maternal Child Access Program
MCE	Managed Care Entities
MCHP	Maryland Children's Health Program
MFP	Medi-Cal for Families Program
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
MPR	Monthly Performance Report
MS	Microsoft
MTD	Maximum Tolerable Downtimes
NARA	National Archives and Records Administration
NBA	National Basketball Association
NCUI	North Carolina Unemployment Insurance
NEFR	Not Eligible for Rehire
NIST	National Institute of Standards and Technology
NTP	Network Time Protocol
NYS DOH	New York State Department of Health
NYSE: MMS	New York Stock Exchange: Maximus
NYSOH	New York State of Health
ODM	Ohio Department of Medicaid
OGC	Office of the General Counsel
OIS	Office of Information Security
OMB	Office of Management and Budget
OSHA	Occupational Safety and Health Administration
OT	Overtime
OTLICP	Optional Targeted Low Income Children Program
OV&V	Operational Verification and Validation
P&L	Profit and Loss
P&P	Policies and Procedures
PAL	Policy Answer Line
PARIS	Public Assistance Reporting Information System
PASRR	Preadmission Screening and Resident Review
PAX	Performance Analytics Group
PCAP	Performance Cost Allocation Plans
PCI DSS	Payment Card Industry Data Security Standard
P-EBT	Pandemic Electronic Benefits Transfer

Acronym/Abbreviation	Definition
PHI	Protected Health Information
PII	Personal/Personally Identifiable Information
PIP	Performance Improvement Plan
PIV	Personal Identity Verification
The Plan	System Security Plan
PMBOK	Project Management Body of Knowledge
PMI	Project Management Institute
PMO	Program/Project Management Office
PNM	Provider Network Module
POA&M	Plan of Action and Milestones
PS&E	Provider Screening and Enrollment
PSA	Project Self-Assessments
PTO	Paid Time Off
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
QPA	Quantity Purchasing Agreements
QRM	Quality Risk Management
QRTP	Qualified Residential Treatment Placement
RCC	Regional Change Center
RFP	Request for Proposal
RHM	Risk Management Handbook
RJP	Real Job Preview
RMS	Random Moment Sample
RPA	Robotic Process Automation
RTM	Requirements Traceability Matrix
RTO	Recovery Time Objectives
SA	System Administrator
SaaS	Software as a Service
SAOP	Senior Agency Official for Privacy
SAR	State Action Request
SBE	State-Based Exchange
SBI	State Bureau of Investigation
SCM	State Contract Manager
SDLC	Systems Development Life Cycle
SDOH	Social Determinants of Health
SEC	State Eligibility Consultant
SEC	Securities and Exchange Commission
SHRM-CP	Society of Human Resource Management Certified Professional
SIEM	Security Information and Event Management
SLA	Service Level Agreement

Acronym/Abbreviation	Definition
SME	Subject Matter Expert
SMS	Short Message Service
SNAP	Supplemental Nutrition Assistance Program
SOA	Standard Operations and Analytics
SOC	Security Operations Center
SOC	Service Organization Controls
SOP	Standard Operating Procedure
SORNs	System of Records Notification
SOW	Scope of Work
SPHR	Senior Professional in Human Resources
SQL	Structured Query Language
SRED	State Review of Eligibility Decision
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSP	System Security Plan
TANF	Temporary Assistance for Needy Families
TLS	Transport Layer Security
TMR	Targeted Monitoring Report
U.S.	United States
UI	Unemployment Insurance
UPS	United Postal Service
USPS	United States Postal Service
UTC	Coordinated Universal Time
VAR	Vendor Action Request
VEVVRA	Vietnam Era Veterans' Readjustment Assistance Act
VOF	Validation of Findings
VoIP	Voice Over Internet Protocol
VPN	Virtual Private Network
WAN	Wide Area Network
WBE	Woman-Owned Business Enterprise
WBS	Work Breakdown Structure
WFH	Work from Home
WFM	Workforce Management
Workplan	Transition Phase Workplan