

RESPONDENT BEST AND FINAL OFFER (BAFO)

Indiana Pathways for Aging Member Support Services



PREPARED FOR:

Indiana Department of
Administration on behalf of Family
and Social Services Administration

RFP No.:
23-75072

DUE DATE:
July 28, 2023

Best and Final Offer

Maximus provides our response to the Indiana Department of Administration's Respondent Best and Final Offer (BAFO) request issued on July 24, 2023, on behalf of Family and Social Services for Request for Proposal (RFP) 23-75072.

In compliance with the BAFO instructions, our response includes the following documents that reflect price reductions from our original Cost Proposal submitted to provide Indiana Pathways for Aging Member Support Services. Maximus confirms these pricing reductions are based on reduced costs and not reduced services and we have not increased any pricing component from our original Cost Proposal.

- Attachment A: Minority & Women's Business Enterprises RFP Subcontractor Commitment Form with Commitment Letters from our minority-owned and woman-owned business enterprises (MWBE) subcontractors
- Attachment A.1: Indiana Veteran Owned Small Business RFP Subcontractor Commitment Form with a Commitment Letter from our Indiana Veteran Owned Small Business subcontractor
- Attachment C: Indiana Economic Commitment Form
- Attachment D: Cost Proposal - BAFO

Attachment A: Minority & Women's Business Enterprises RFP Subcontractor Commitment Form and Commitment Letters

Maximus has selected minority-owned and woman-owned business enterprises (MWBE) who can readily provide contract services in Indiana for the Pathways for Aging Member Support Services project. Each of our subcontractors listed in this section are certified as MBE and/or WBE entities by the State of Indiana.

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]

Following is an updated *Attachment A: Minority & Women's Business Enterprises Commitment Form* and commitment letters which align with our Best and Final Offer.

ATTACHMENT A
INDIANA PATHWAYS FOR AGING MEMBER SUPPORT SERVICES
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR
COMMITMENT FORM

In accordance with IC 4-13-16.5 and 25 IAC 5, it has been determined that there is a reasonable expectation of Minority and/or Women Business Enterprise subcontracting opportunities on a contract awarded under this RFP. The MWBE Subcontractor Commitment form is **Attachment A**. The MWBE Subcontractor Commitment Form is to be submitted as a part of the Respondent's proposal. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "**TOTAL BID AMOUNT**" should match the amount entered in the **Attachment D**, Cost Proposal Template in Tab 4. Cost Proposal Summary, Cell C8. The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The subcontractor commitment shall apply to the life of the contract including any time after the initial term.

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MBE/WBE Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, on or before the proposal due date
- Prime Contractor must include with their proposal the subcontractor's M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see section 1.22)
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement (see 25 IAC 5-6-2(d))
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or services only in the industry area for which it is certified.
- Must be used to provide the goods or services specific to the contract.
- National Diversity Plans are generally not acceptable

MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF COMMITMENT (MWBE)

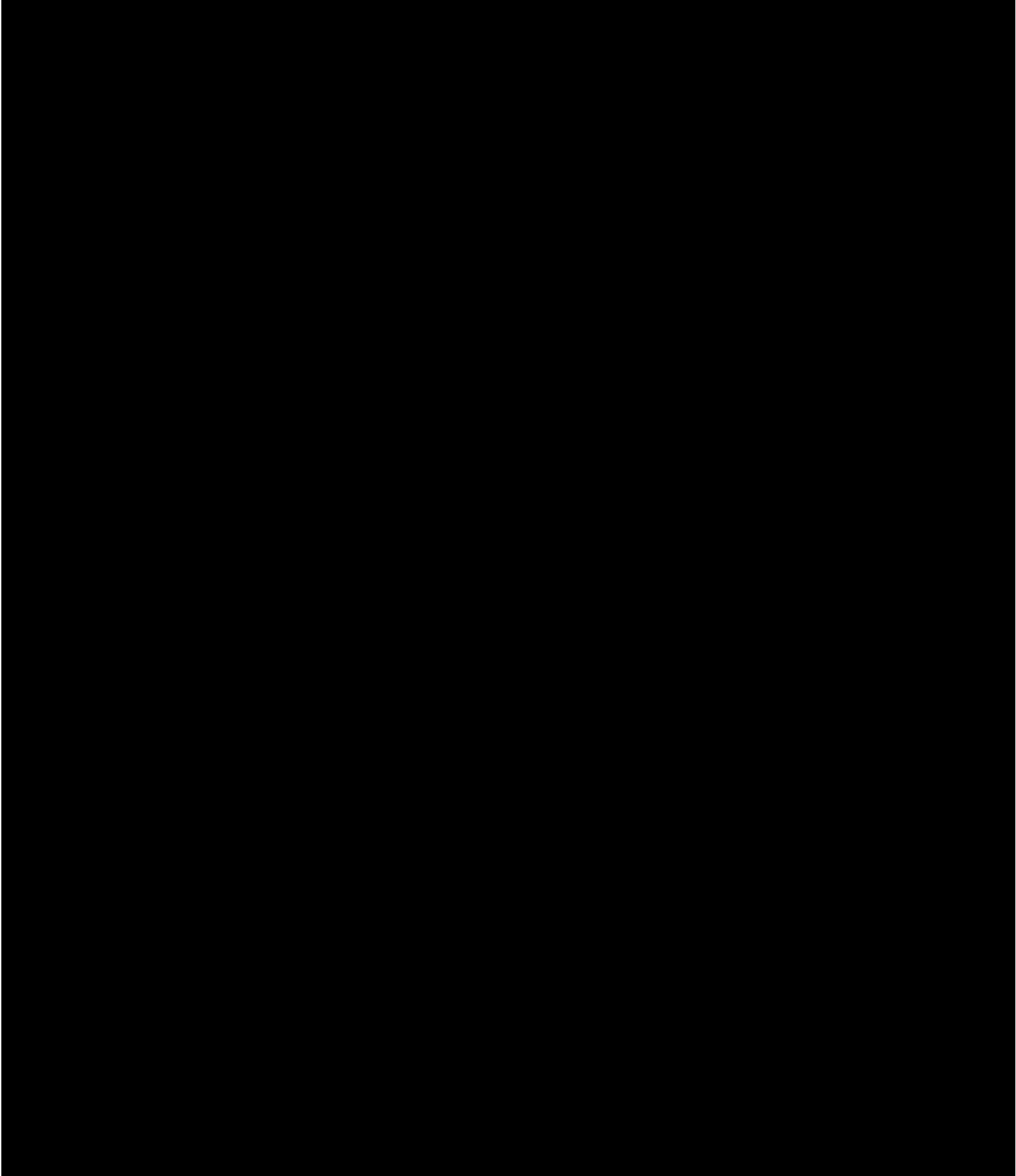
A signed letter(s), on company letterhead, from the MBE(s) and/or WBE(s) must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The subcontractor commitment shall apply to the life of the contract including any time after the initial term.

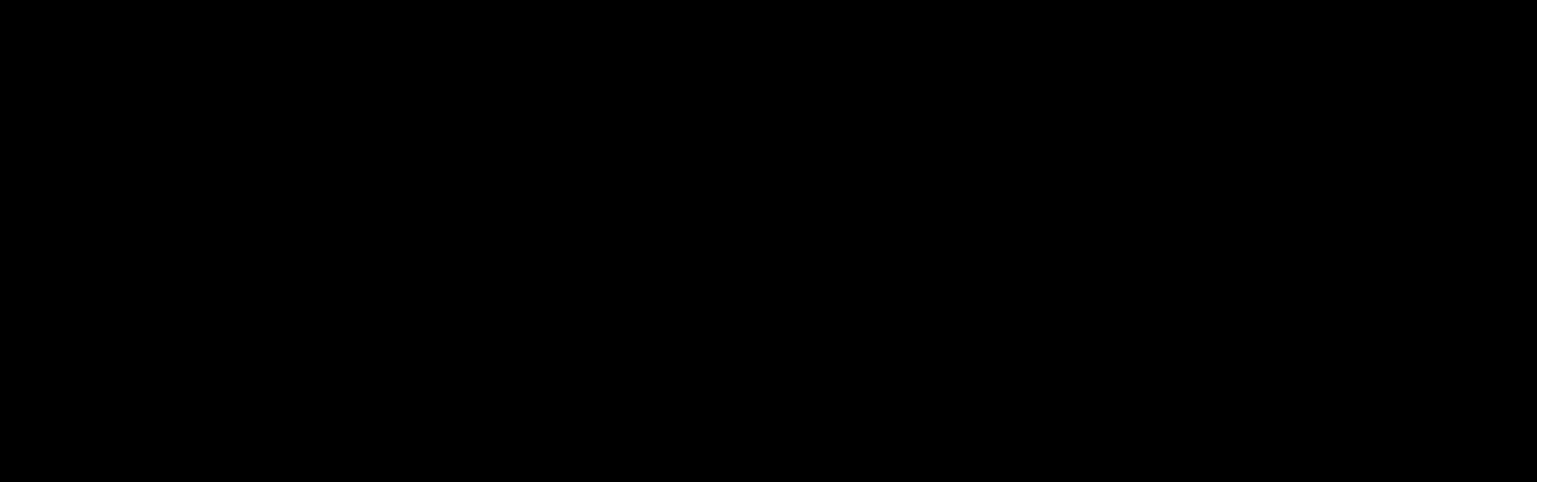
The State may deny evaluation points if the letter(s) is/are not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the **“TOTAL BID AMOUNT”** and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound the rules and requirements of the State’s M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 23-75072 Indiana Pathways for Aging Member Support Services

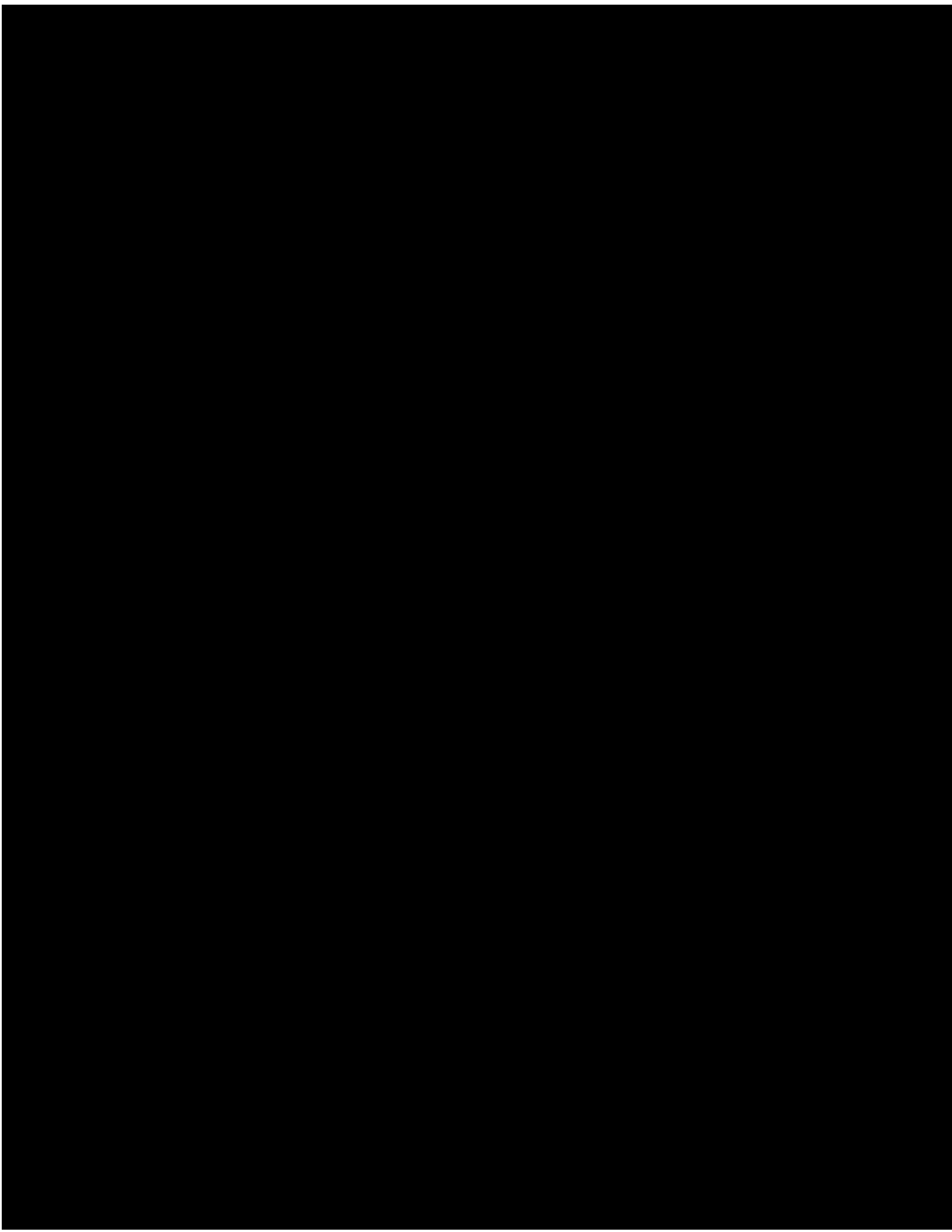




☐ Please check if additional forms are attached.

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FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.



Attachment A.1: Indiana Veteran Owned Small Business RFP Subcontractor Commitment Form and Commitment Letter

To help Indiana meet its diverse supplier goals, Maximus selected an Indiana-certified veteran-owned small business (IVOSB), [REDACTED], who can readily provide contract services in Indiana for the Pathways for Aging Member Support Services project.

The contractual relationship between Maximus and [REDACTED] is for the provision of staff to help fulfill the requirements of the Indiana's Request for Proposal's (RFP's) Attachment K, Scope of Work.

In this section we provide a revised *Attachment A.1: Indiana Veteran Owned Small Business RFP Subcontractor Commitment Form* and a signed commitment letter which align with our Best and Final Offer.

ATTACHMENT A1
INDIANA PATHWAYS FOR AGING MEMBER SUPPORT SERVICES
INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR
COMMITMENT FORM¹

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in “TOTAL BID AMOUNT” should match the amount entered in the Attachment D, Cost Proposal Template in Tab 4. Cost Proposal Summary, Cell C8. The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term. In order for the subcontractor commitment to result in evaluation points for the Respondent, the entity must be on the State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>.

If the Respondent to the solicitation is an IVOSB certified entity, the letter confirming same should be submitted with their response. Therefore, the Respondent has the responsibility to alert IDOA of their certification. The IVOSB Respondent will receive the total points for the IVOSB evaluation criteria per section 3.2.7. Additional ISVOB subcontractors must be included if the IVOSB Respondent is seeking the additional bonus point.

The IVOSB respondent must list their company contact information only on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department will verify all information included on the IVOSB Subcontractor Commitment Form.

Prime Contractors must ensure that the proposed IVOSB subcontractors meet the following criteria:

- Must be listed on Federal Center for Veterans Business Enterprise VETBIZ at <https://www.vetbiz.va.gov/vip/> under INDIANA, or listed at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>, on or before the proposal due date.
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. VETBIZ at <https://www.vetbiz.va.gov/vip/>, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB
- IVOSB must have a Bidder ID (see [Section 2.3.8](#) - [Department of Administration, Procurement Division](#)).
- A Prime Contractor who is an IVOSB can count their own workforce or companies to meet this requirement, (see IAC 25-9-4-1 (c))
- **Must serve a Valuable Scope Contribution (VSC).** The firm must serve a value-added purpose on the engagement, as confirmed by the State.
- Must provide goods or services only in the industry area for which it is certified as listed in the VETBIZ federal registry, at <https://www.vetbiz.va.gov/vip/> under INDIANA or at State of Indiana Certified M/W/IVOSB list at <https://www.in.gov/idoa/mwbe>. Must be used to provide the goods or services specific to the contract.

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

¹ The Indiana Veteran Business Program is governed by IC 5-22-14 and 25 IAC 9.

A signed letter(s), on company letterhead, from the IVOSB(s) must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. For scoring purposes only, the IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term.

The State may deny evaluation points if the letter(s) is/are not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the **“TOTAL BID AMOUNT”** and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the rules and requirements of the State’s IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: Division of Supplier Diversity at indianaveteranspreference@idoa.in.gov, (317) 232-3061 or the Supplier Diversity website at <https://www.in.gov/idoa/mwbe>.

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

☐ Please check if additional forms are attached.

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FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.

The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of health care, where cultural differences can significantly impact patient outcomes. The paper then moves on to discuss the challenges of conducting research in diverse populations. It notes that researchers often face difficulties in recruiting participants and maintaining high response rates. To address these challenges, the paper suggests several strategies, including using community-based approaches and involving local leaders in the research process. The final part of the paper discusses the importance of ethical considerations in research. It emphasizes the need for researchers to obtain informed consent from participants and to ensure that the research is conducted in a fair and equitable manner. The paper concludes by noting that while there are many challenges to conducting research in diverse populations, it is essential for researchers to be aware of these challenges and to take steps to address them.

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

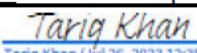
This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of

| | | |
|----|--|---|
| 1 | Legal Name of firm: | Maximus US Services, Inc. |
| 2 | Address/City/State/Zip Code: | 1600 Tysons Blvd., Suite 1400 |
| 3 | Telephone #/Fax #/Website: | Telephone: 615.473.4554 |
| 4 | Federal Tax Identification Number: | 26-0307682 |
| 5 | State/Country of domicile/incorporation: | Indiana/United States/Corporation |
| 6 | Location of firm's headquarters or principal place of business: | 1600 Tysons Blvd., Suite 1400 McLean, VA 22102 |
| 7 | Name of parent company or holding company (if applicable): | Maximus, Inc. |
| 8 | State/Country of domicile/incorporation of company listed in #7: | Virginia/United States/Corporation |
| 9 | Address of company listed in #7: | 1600 Tysons Blvd., Suite 1400 McLean, VA 22102 |
| 10 | IN Department of Workforce Development (DWD) account number: | 5043297 |
| 11 | IN Department of Revenue (DOR) account number: | 26-0307682 |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | |
| 15 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | |
| 16 | Total amount of this proposal, bid, or current contract: | \$7,524,166.48 |

ACCOUNTING OF INDIANA RESIDENT

| | | |
|----|--|---------------------------|
| 17 | Prime Contractor Company Name: | Maximus US Services, Inc. |
| 18 | Number of Full Time Equivalent (FTE) employees that are Indiana residents specifically for this proposal or contract: | |

| | | | | | |
|----|--|--|--|--|--|
| 19 | <u>Subcontractor Company Name:</u> | | | | |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number: | | | | |
| 21 | <u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract: | | | | |

| | | | | | |
|----|--|----------------------------|--|--|--|
| 22 | Affirmation by authorized official: I affirm under penalties of perjury that the foregoing representations are true to be the best of | | | | |
| | <div> <div>Signature:</div> <div>  Tariq Khan (Jul 26, 2023 12:35 EDT) </div> </div> | | | | |
| | Name of auththorized official: | Tariq Khan | | | |
| | Title: | Senior Director, Contracts | | | |
| | Date: | 28-Jul-23 | | | |

FTE DETAILS
Job Titles and Contributing FTE

- Populate the yellow-shaded cells; with all applicable job titles and the total FTE count.
 - Respondents may insert additional rows to account for all job titles attributing to the total FTE count.
 Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: The project length of the contract is 48 months. There are 10 employees working on the contract over the 48 month contract period. 5 employees are working solely on the project for 48 months. 3 employees are working equal time on 2 projects for 48 months. 2 employees are working solely on the project for 12 months.
 The FTEs would be calculated as follows:
 5 employees x 48 months (48 months working solely on this project) x 1 (time spent solely on this project) = 240 months / 48 months (length of contract) = 5 FTEs
 3 employees x 48 months x .5 (splitting time equally between 2 projects) = 72 months / 48 months = 1.5 FTEs
 2 employees x 12 months (12 months dedicated solely to this project) x 1 (time spent solely on this project) = 24 months / 48 months = .5 FTEs
Column Title Definitions:
 Number of Employees = Number of employees working on this State contract.
 Duration (In Months) = Amount of time that the employee(s) will spend on the State contract.
 Time Spent (Percentage) = Percentage of time the employee(s) will be working on the contract.

Duration of Initial Contract Term (In Months) *Number based on initial contract term

| PRIME CONTRACTOR COMPANY | | | | |
|---------------------------------|---------------------|----------------------|-------------------------|---------------|
| EMPLOYEE JOB TITLE | Number of Employees | Duration (In Months) | Time Spent (Percentage) | NUMBER OF FTE |
| Example: Project Managers | 5 | 24 | 100% | 2.50 |
| Example: Project Coordinators | 3 | 24 | 50% | 0.75 |
| Example: Project Directors | 2 | 6 | 100% | 0.25 |
| | | | | |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| TOTAL FTE COUNT | | | | |

| The Panther Group | | | | (Enter Company Name Here) |
|--------------------------|---------------------|----------------------|-------------------------|---------------------------|
| JOB TITLE | Number of Employees | Duration (In Months) | Time Spent (Percentage) | NUMBER OF FTE |
| Example: Developer | 2 | 6 | 100% | 0.25 |
| | | | | |
| | | | | 0.00 |
| TOTAL FTE COUNT | | | | |

| Knowledge Services | | | | (Enter Company Name Here) |
|---------------------------|---------------------|----------------------|-------------------------|---------------------------|
| JOB TITLE | Number of Employees | Duration (In Months) | Time Spent (Percentage) | NUMBER OF FTE |
| Example: Developer | 2 | 6 | 100% | 0.25 |
| | | | | |
| | | | | 0.00 |
| TOTAL FTE COUNT | | | | |

| BTO, IX (DBA Express Employment Professional) | | | | (Enter Company Name Here) |
|--|---------------------|----------------------|-------------------------|---------------------------|
| JOB TITLE | Number of Employees | Duration (In Months) | Time Spent (Percentage) | NUMBER OF FTE |
| Example: Developer | 2 | 6 | 100% | 0.25 |
| | | | | |
| | | | | 0.00 |
| TOTAL FTE COUNT | | | | |

| TBD | | | | (Enter Company Name Here) |
|------------------------|---------------------|----------------------|-------------------------|---------------------------|
| JOB TITLE | Number of Employees | Duration (In Months) | Time Spent (Percentage) | NUMBER OF FTE |
| Example: Developer | 2 | 6 | 100% | 0.25 |
| | | | | |
| | | | | 0.00 |
| TOTAL FTE COUNT | | | | |

Member Support Services Attachment D - Cost Proposal (BAFO)

RFP 23-75072
(Responses Due on July 28, 2023)

State of Indiana
July 21, 2023

State of Indiana, Member Support Services RFP 23-75072

Attachment D - Cost Proposal (BAFO)

Contents

| Tab | Tab Name & Hyperlink |
|-----|--|
| 1 | Title |
| 2 | Contents |
| 3 | Instructions |
| 4 | Cost Proposal Summary |
| 5 | Staff Hourly Pricing |
| 6 | Implementation Costs |
| 7 | Ongoing Ops Staffing Costs |
| 8 | Systems Costs |
| 9 | Other Operations Costs |

INSTRUCTIONS

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

4. COST PROPOSAL SUMMARY TAB

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

5. STAFF HOURLY PRICING TAB

Please provide qualification and pricing information in the response section below labeled, "Staff HOURLY Pricing," for the two Key Staff positions required in the Scope of Work (Project Manager and Operations Supervisor) as well as any additional staff needed to fulfill the requirements of the Scope of Work. Please provide a position description, minimum work experience required, and any degree or special certification needed for each position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

6. STAFFING COSTS IMPLEMENTATION COSTS TAB

Under the section labeled "Total One-Time Implementation Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for implementing Member Support Services for each cost category ("Implementation Staffing," "Systems Implementation," and "Other Implementation").

Under the section labeled "Implementation Staff Costs by Task," please detail the positions involved in performing all tasks related to implementation and also provide the Expected Number of Hours required to complete the implementation task for each position. Please do NOT include ongoing or monthly operations tasks on this tab. The Hourly Rate and Total Implementation Price by position will calculate automatically based on the information entered into Tab 5, "Staff Hourly Pricing," and roll up into the total implementation price per task. For proposed implementation tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed.

Under the "Proposed Systems Implementation Cost Details" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details, needed for initial program implementation. The total price times quantity for implementation will calculate automatically and roll up into the Total Proposed Implementation Costs.

Under the "Proposed Other Implementation Cost Details" section, please list each individual material, fee, service, and/or ancillary cost that contributes to "Other Implementation Costs" and has NOT already been listed in the either the Implementation Staffing Costs or Systems Implementation Costs. The total price times quantity for implementation will calculate automatically and roll up into the Total Proposed Implementation Costs.

7. SYSTEMS COSTS ONGOING OPS STAFFING COSTS TAB

Under the section labeled, "Annual Staffing Cost Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Recurring Staff Costs by Task," please detail the positions involved in performing all tasks related to executing the Scope of Work and also provide the Expected Number of Hours required MONTHLY to Complete Task for each position. Please see Attachment N - Bidders Library for volume assumptions available for RFP Respondents' cost estimation purposes. Two positions from the "Staff Pricing" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Staff Pricing" tab. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Monthly Price by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Costs on this tab shall not duplicate costs or efforts covered in the "Fixed Monthly Systems Costs" and "Fixed Monthly Other Operations Costs" tabs. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed. Please note that this tab is intended to capture ongoing and recurring tasks--not one-time implementation tasks or activities. Do NOT include any systems, other operational, and implementation (non-recurring) costs, as those are calculated on Tabs 8, 9, and 6 respectively. No staffing costs related to implementation shall be provided on this tab. Implementation Staffing Costs may be included on Tab 6. "Implementation Costs."

8. OTHER OPERATIONS COSTS SYSTEMS COSTS TAB

Under the section labeled "Annual Systems Costs" there is no response necessary. The cell in this table will populate automatically based on the total cost for systems operations. Under the "Proposed Annual Systems Operations Cost Details" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. Do NOT include any staffing, other operations, and implementation (non-recurring) costs, as those are calculated on Tabs 7, 9, and 6 respectively. The total price times quantity will calculate automatically and roll up into the Total Proposed Annual Cost. Note that Years 2 - 6 in the Cost Proposal Summary will populate automatically based on the cost information provided here for annual systems costs. "Fixed Monthly Systems Costs Per Year" is automatically calculated based on the annual cost. No systems costs to be included during the six-month implementation (Jan-June 2024) shall be provided on this tab. Systems costs incurred during implementation may be included on Tab 6. "Implementation Costs."

9. IMPLEMENTATION COSTS OTHER OPERATIONS COSTS TAB

Under the section labeled, "Other Operations Assumptions" please provide your Fixed Annual Other Operations Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Annual Other Operations Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for the items included in the "Proposed Year 1 Other Operations Cost Details" table. Under the "Proposed Year 1 Other Operations Cost Details" section, please list each individual material, fee, service, and/or ancillary cost that contributes to "Other Operations" and including their corresponding details. Do NOT include any staffing, systems, and implementation (non-recurring) costs, as those are calculated on Tabs 7, 8, and 6 respectively. The total price times quantity for Year 1 will calculate automatically and roll up into the Total Proposed Year 1 Cost. Note that Years 2 - 6 will populate automatically based on the cost information provided for Year 1. "Fixed Monthly Other Operations Costs Per Year" are automatically calculated for each contract year. No staffing costs related to implementation shall be provided on this tab. Implementation Staffing Costs may be included on Tab 6. "Implementation Costs."

State of Indiana, Member Support Services RFP 23-75072

Attachment D - Cost Proposal (BAFO)

Cost Proposal Summary

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

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

Total 4-Year Bid Amount \$ 7,524,166.48

Cost Proposal Summary*

| Task Description | Year 1 Cost | Year 2 Cost | Year 3 Cost | Year 4 Cost | Year 5 Cost (Optional Extension) | Year 6 Cost (Optional Extension) |
|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------------------|-------------------------------------|
| Implementation Costs | \$ 1,268,664.21 | N/A | N/A | N/A | N/A | N/A |
| Staffing Costs | | | | | | |
| Systems Costs | | | | | | |
| Other Operations Costs | | | | | | |
| Total | \$ 2,780,412.98 | \$ 1,545,902.34 | \$ 1,580,946.54 | \$ 1,616,904.61 | \$ 1,653,800.39 | \$ 1,691,658.31 |

Staff Hourly Pricing

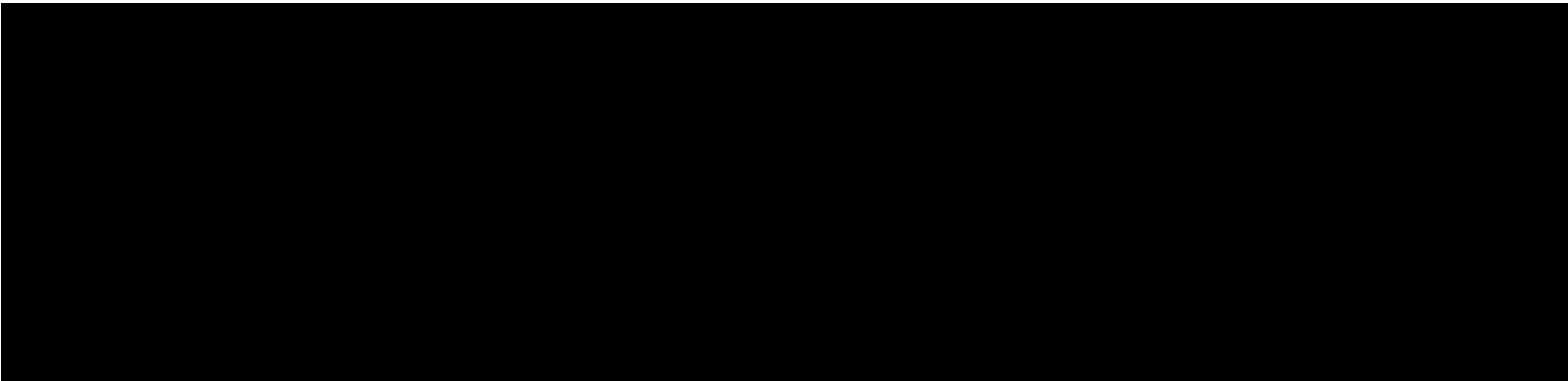
Maximus

Please Complete Yellow Shaded Regions

Please provide qualification and pricing information in the response section below labeled, "Staff HOURLY Pricing," for the two Key Staff positions required in the Scope of Work (Project Manager and Operations Supervisor) as well as any additional staff needed to fulfill the requirements of the Scope of Work. Please provide a position description, minimum work experience required, and any degree or special certification needed for each position. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

Year 1 Cost

| Position | Position Description | Minimum Work Experience Required | Degree(s) Required | Certifications Required | HOURLY Wage Rate Per Position | Administrative Overhead (%) | Total HOURLY Cost Per Position |
|-----------------------------------|--|---|---------------------------|-------------------------|-------------------------------|-----------------------------|--------------------------------|
| Example - Helpline Representative | Provides program-specific information and managed care education to members. | Experience working courteously and effectively with individuals across varying backgrounds and languages; experience with data entry. | 2-Year Associate's Degree | None | \$ 20.00 | 25.00% | \$ 25.00 |



| | | | | | | | | |
|-----------|--|--|--|--|--|--|----|---|
| <Specify> | | | | | | | \$ | - |
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| <Specify> | | | | | | | \$ | - |
| <Specify> | | | | | | | \$ | - |
| <Specify> | | | | | | | \$ | - |
| <Specify> | | | | | | | \$ | - |
| <Specify> | | | | | | | \$ | - |
| <Specify> | | | | | | | \$ | - |

Attachment D - Cost Proposal (BAFO)

Respondent Name:

Please Complete Yellow Shaded Regions

Under the "Proposed Other Implementation Cost Details" section, please list each individual material, fee, service, and/or ancillary cost that contributes to "Other Implementation Costs" and has NOT already been listed in the either the Implementation Staffing Costs or Systems Implementation Costs. The total price times quantity for implementation will calculate automatically and roll up into the Total Proposed Implementation Costs.

| Task(s) | Position Responsible | Expected Number of Hours required to Complete Implementation Task | HOURLY Rate (paid by the State) | Total Implementation Price per Task |
|--------------|----------------------|---|---------------------------------|-------------------------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | \$ - | \$ - |
| [REDACTED] | [REDACTED] | [REDACTED] | \$ - | \$ - |
| [REDACTED] | [REDACTED] | [REDACTED] | \$ - | \$ - |
| Total | | [REDACTED] | | [REDACTED] |

State of Indiana, Member Support Services RFP 23-75072
Attachment D - Cost Proposal (BAFO)
Ongoing Operational Staff Costs

Respondent Name

| |
|---------------------------------------|
| Maximus |
| Please Complete Yellow Shaded Regions |

Instructions

Under the section labeled, "Annual Staffing Cost Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Recurring Staff Costs by Task," please detail the positions involved in performing all tasks related to executing the Scope of Work and also provide the Expected Number of Hours required MONTHLY to Complete Task for each position. Please see Attachment N - Bidders Library for volume assumptions available for RFP Respondents' cost estimation purposes. Two positions from the "Staff Pricing" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Staff Pricing" tab. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Monthly Price by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Costs on this tab shall not duplicate costs or efforts covered in the "Fixed Monthly Systems Costs" and "Fixed Monthly Other Operations Costs" tabs. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed. Please note that this tab is intended to capture ongoing and recurring tasks—not one-time implementation tasks or activities. Do NOT include any systems, other operational, and implementation (non-recurring) costs, as those are calculated on Tabs 8, 9, and 6 respectively. **No staffing costs related to implementation shall be provided on this tab. Implementation Staffing Costs may be included on Tab 6. "Implementation Costs."**

Annual Staffing Cost Assumptions

| | |
|-----------------------------|--|
| Fixed Annual Price Increase | |
|-----------------------------|--|

Annual Staffing Costs Totals

| | |
|----------------------------------|----|
| Total Proposed Year 1 Cost | \$ |
| Year 2 Cost | \$ |
| Year 3 Cost | \$ |
| Year 4 Cost | \$ |
| Year 5 Cost (Optional Extension) | \$ |
| Year 6 Cost (Optional Extension) | \$ |

Fixed Monthly Staffing Costs Per Year

| | | |
|---|----|--|
| Year 1 - Proposed Fixed Monthly Staffing Cost | \$ | |
| Year 2 - Proposed Fixed Monthly Staffing Cost | \$ | |
| Year 3 - Proposed Fixed Monthly Staffing Cost | \$ | |
| Year 4 - Proposed Fixed Monthly Staffing Cost | \$ | |
| Year 5 - Proposed Fixed Monthly Staffing Cost (Optional Extension) | \$ | |
| Year 6 - Proposed Fixed Monthly Staffing Cost (Optional Extension) | \$ | |

Recurring Staffing Costs By Task

[illegible]

Systems Costs

Maximus

Please Complete Yellow Shaded Regions

Under the section labeled "Annual Systems Costs" there is no response necessary. The cell in this table will populate automatically based on the total cost for systems operations. Under the "Proposed Annual Systems Operations Cost Details" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. Do NOT include any staffing, other operations, and implementation (non-recurring) costs, as those are calculated on Tabs 7, 9, and 6 respectively. The total price times quantity will calculate automatically and roll up into the Total Proposed Annual Cost. Note that Years 2 - 6 in the Cost Proposal Summary will populate automatically based on the cost information provided here for annual systems costs. "Fixed Monthly Systems Costs Per Year" is automatically calculated based on the annual cost. **No systems costs to be included during the six-month implementation (Jan-June 2024) shall be provided on this tab. Systems costs incurred during implementation may be included on Tab 6, "Implementation Costs."**

| | | |
|----------------------------|----|--|
| Total Proposed Annual Cost | \$ | |
|----------------------------|----|--|

| | | |
|-------------------------------------|----|--|
| Proposed Fixed Monthly Systems Cost | \$ | |
|-------------------------------------|----|--|

[illegible]

State of Indiana, Member Support Services RFP 23-75072

Attachment D - Cost Proposal (BAFO)

Other Operations Costs

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Other Operations Assumptions" please provide your Fixed Annual Other Operations Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Annual Other Operations Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for the items included in the "Proposed Year 1 Other Operations Cost Details" table. Under the "Proposed Year 1 Other Operations Cost Details" section, please list each individual material, fee, service, and/or ancillary cost that contributes to "Other Operations" and including their corresponding details. Do NOT include any staffing, systems, and implementation (non-recurring) costs, as those are calculated on Tabs 7, 8, and 6 respectively. The total price times quantity for Year 1 will calculate automatically and roll up into the Total Proposed Year 1 Cost. Note that Years 2 - 6 will populate automatically based on the cost information provided for Year 1. "Fixed Monthly Other Operations Costs Per Year" are automatically calculated for each contract year. **No staffing costs related to implementation shall be provided on this tab. Implementation Staffing Costs may be included on Tab 6. "Implementation Costs."**

Other Operations Assumptions

| | |
|---|--|
| Fixed Annual Other Operations Price Increase Percentage | |
|---|--|

Annual Other Operations Costs

| | | |
|----------------------------------|----|--|
| Total Proposed Year 1 Cost | \$ | |
| Year 2 Cost | \$ | |
| Year 3 Cost | \$ | |
| Year 4 Cost | \$ | |
| Year 5 Cost (Optional Extension) | \$ | |
| Year 6 Cost (Optional Extension) | \$ | |

Fixed Monthly Other Operations Costs Per Year

| | | |
|--|----|--|
| Year 1 - Proposed Fixed Monthly Systems Cost | \$ | |
| Year 2 - Proposed Fixed Monthly Systems Cost | \$ | |
| Year 3 - Proposed Fixed Monthly Systems Cost | \$ | |
| Year 4 - Proposed Fixed Monthly Systems Cost | \$ | |
| Year 5 - Proposed Fixed Monthly Systems Cost | \$ | |
| Year 6 - Proposed Fixed Monthly Systems Cost | \$ | |

[illegible]