

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00498-0000084923	Buy	RFx	1
Event Round	Version		
1	1		
Event Name			
498 - Medical Director			
Start Time		Finish Time	
08/07/2025 12:14:45 EDT		09/07/2025 07:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: FSSA Aging
Family & Social Services Admin
402 W WASHINGTON ST ROOM W454
INDIANAPOLIS IN 46204
United States

Contact: Amber Schwipps - 00405

Phone:
Email: Amber.Schwipps@fssa.IN.gov

Event Description

Indiana Family and Social Services Administration, Division of Aging seeks a Medical Director for FFY 2026 (October 1, 2025-September 30, 2026) for an average of ten (10) hours per week (approximately 520 hours). The Medical Director will support the Division's goal to improve the health of older Hoosiers and those with disabilities, including through the integration of medical care and social services and rebalancing long-term care expenditures in favor of home and community-based services (HCBS). The Medical Director will participate in Indiana's LTSS continued reform process and provide expertise and consultation on LTSS, data and outcomes evaluation (including incident reporting and mortality reviews), delivery model review, and stakeholder collaboration. The Medical Director will collaborate with the FSSA in support of strategic planning activities.

Event Details (cont.)

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00498-0000084923	Buy	RFx	2
Event Round	Version		
1	1		
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Line Details

							No Bid:	<input type="checkbox"/>
Line: 1	Item ID:	Line Qty: 1	UOM: Each	Weighting: 100%	Bid Qty:	<input type="text" value="1"/>		
Required: No		Reserve Price: No						
Description: 498 Medical Director								
Question		UOM	Best	Worst	Weighting	Response		
What is your quote/bid price?					100%	<input type="text"/>		
Required: Yes		Mandatory Response: No						

Response Comments

Event Details (cont.)

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Bids allowed in other currency: No

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United States
Contact: Amber Schwipps - 00405
Phone:
Email: Amber.Schwipps@fssa.IN.gov

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		