

PROPOSAL TO PROVIDE

Long-Term Services and Supports (Scope A)



PREPARED FOR:

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

SUBMISSION

PART TWO:
Redacted Cost Proposal

RFP No:

23-72675

DUE DATE:

September 30, 2022 4:30 pm ET

Cost Proposal Narrative

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

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

[REDACTED]

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

Proposed Costs

[REDACTED]

■ [REDACTED]

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Cost Assumptions, Conditions, and Constraints

[Redacted]

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

**RFP 23-72675
(Responses Due on September 30, 2022, at
4:30pm ET)**

State of Indiana
August 12, 2022

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

Attachment D.1: Cost Proposal Template - Scope A

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

Attachment D.1: Cost Proposal Template - Scope A

Instructions

<p>INSTRUCTIONS</p> <p>Please provide your cost proposal by populating the Cost Proposal template (Attachment E). Note that throughout the template, you are only to fill in cells shaded in yellow. Do not fill in cells shaded grey, blue, or white. Blue cells will populate automatically.</p>
<p>COST PROPOSAL SUMMARY TAB</p> <p>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.</p>
<p>REQUIRED STAFF TAB</p> <p>Please provide qualification and pricing information for the five key staff positions required in the Scope of Work: Project Manager, Operations Supervisor, Information Systems Coordinator, Training Coordinator, and LOC Determination Supervisor under the section labeled, "Key Staff HOURLY Pricing." In the yellow cells in columns E-G, please provide any other minimum work experience required, and any degree or special certification needed for the position beyond the qualifications required by the State in Attachment K.1 - Scope of Work A. Next, provide the HOURLY Wage Rate Per Position for each position. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.</p>
<p>OTHER STAFF TAB</p> <p>Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES the Key Staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position in the yellow cells. For Non-Key Staff required in Section 12.2 of the Scope of Work, the State has provided position description and minimum requirements. Next, provide the HOURLY Wage Rate Per Position for each position, including the three Non-Key Staff (LOC Assessor, PASRR Level II Evaluator, and Intake Counselor) required in Section 12.2 of the Scope of Work. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.</p>
<p>HELPLINE SERVICES TAB</p> <p>Under the section labeled, "Helpline Services Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Helpline Services Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Helpline Services Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Helpline Services Monthly Cost Per Call," please provide the Proposed Year 1 Pricing per each call in each call volume band. Your pricing must go to the cent level. Under the section labeled "Helpline Services Monthly Cost Per Email," please provide the Proposed Year 1 Pricing per each email in each email volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Helpline Position FTE Volume For Calls" please provide the position and number of FTEs that will be needed at monthly call volumes of two thousand, four thousand, and seven thousand. Under the section labeled "Helpline Position FTE Volume For Email" please provide the position and number of FTEs that will be needed at monthly email volumes of seven hundred fifty, one thousand five hundred, and three thousand. You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly Call Volume" and "Estimated Monthly Email Volume" are provided for scoring calculations ONLY; they are NOT a guaranteed call and email volume. Historical data is available in the Bidders' Library for reference.</p>
<p>PASRR LEVEL I ASSESSMENTS TAB</p> <p>Under the section labeled, "PASRR Level I Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level I Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level I Assessment Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per PASRR Level I Assessment," please provide the Proposed Year 1 Pricing per each PASRR Level I Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level I Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly PASRR Level I Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level I Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.</p>
<p>LOC ASSESSMENTS TAB</p> <p>This tab is intended to capture costs for LOC Assessments conducted by the Contractor following the receipt of LOC Assessment Requests. Under the section labeled, "LOC Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Assessment Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Assessment Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per LOC Assessment," please provide the Proposed Year 1 Pricing per each LOC Assessment completed by the Contractor. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Assessment Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly LOC Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.</p>
<p>LOC DETERMINATIONS TAB</p> <p>This worksheet is intended to capture costs for LOC Determinations made by the Contractor following the submission of completed long-form LOC Assessments through the Contractor's web-based assessment platform. LOC Assessments may be submitted by qualified Hospitals and MLTSS MCEs. The Contractor is responsible for reviewing and validating completed long-form LOC Assessments submitted by Hospitals and MCEs and issuing LOC Determinations. Under the section labeled, "LOC Determinations Based on Submitted LOC Assessments - Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Determinations Based on Submitted LOC Assessments - Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Determinations Based on Submitted LOC Assessments - Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per Submitted LOC Assessment," please provide the Proposed Year 1 Pricing for LOC Determinations per each submitted LOC Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Determination Position FTE Volume" please provide the position and number of FTEs that will be needed based on the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments" is provided for scoring calculations ONLY; it is NOT a guaranteed LOC Determination volume based on Submitted LOC Assessments. Historical assessment data is available in the Bidders' Library for reference.</p>
<p>PASRR LEVEL II (MI) TAB</p> <p>Under the section labeled, "PASRR Level II Assessment (MI) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (MI) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (MI) Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per PASRR Level II Assessment (MI)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.</p>
<p>PASRR LEVEL II (IDIRC) TAB</p> <p>Under the section labeled, "PASRR Level II Assessment (IDIRC) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (IDIRC) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (IDIRC) Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per PASRR Level II Assessment (IDIRC)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (IDIRC). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (IDIRC) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with IDIRC." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with IDIRC" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.</p>
<p>INTAKE COUNSELING TAB</p> <p>Under the section labeled, "Intake Counseling Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Intake Counseling Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Intake Counseling Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per Intake Counseling Session" please provide the Proposed Year 1 Pricing per each Intake Counseling Recipient. Please note that the Contractor may only bill once per Intake Counseling Recipient when intake counseling occurs during the LOC Assessment or when it occurs during a stand-alone intake counseling session. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Intake Counseling Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly Intake Counseling Recipient Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note that "Estimated Monthly Intake Counseling Recipient Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of Intake Counseling Recipients.</p>
<p>IHCP APPLICATION ASSISTANCE TAB</p> <p>Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "IHCP Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "IHCP Application Assistance Assumptions" and the "Proposed Year 1 Pricing." Under the section labeled "Monthly Cost Per IHCP Application Assistance Request" please provide the Proposed Year 1 Pricing per each completed IHCP Application Assistance Request in each IHCP Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "IHCP Application Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at IHCP Application Assistance Request volumes of one hundred fifty, four hundred, and six hundred. You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estimated Monthly IHCP Application Assistance Request Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistance is included in Scope of Work A as optional, and as such the State may choose to exclude this from the final Scope of Work, depending on pricing and budget.</p>
<p>INFORMATION SYSTEMS TAB</p> <p>Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual Systems Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please provide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for information systems. The Information Systems Coordinator position is already pre-populated, but if you choose to include positions other than Information Systems Coordinator, you may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Year 1 by position are pre-populated on the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. The total price x quantity for Year 1 will calculate automatically and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Monthly Operations Cost in Year 1.</p>
<p>OTHER TASKS TAB</p> <p>Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performing any other tasks related to executing the Scope of Work A and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Key Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Key Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Tasks" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. If additional staff members perform any of the tasks listed in cells B21-B24, please repeat the task title and provide the new staff role with its associated monthly hours in the yellow cells provided. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed.</p>
<p>KEY STAFF HOUR SUMMARY</p> <p>There is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.</p>

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

Instructions:

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

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FP 23-72675

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

this worksheet. The blue cells will populate automatically based on

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

Attachment D.1: Cost Proposal Template - Scope A

Key Staff

Respondent Name:

Maximus
Please Complete Yellow Shaded Regions

Instructions:

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

Key Staff HOURLY Pricing

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

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

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

PASRR Level I

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

[illegible][illegible][illegible][illegible]

Total			



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Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

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

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
LOC Assessments with Determinations (Conducted by Contractor)

Instructions:

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

LOC Assessment Assumptions

Fixed Annual Price Increase percentage
Expected Monthly LOC Assessment Volume

LOC Assessment Annual Contract 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)

Monthly Cost Per LOC Assessment

Total Price Per LOC Assessment

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Respondent Name:

Maximus

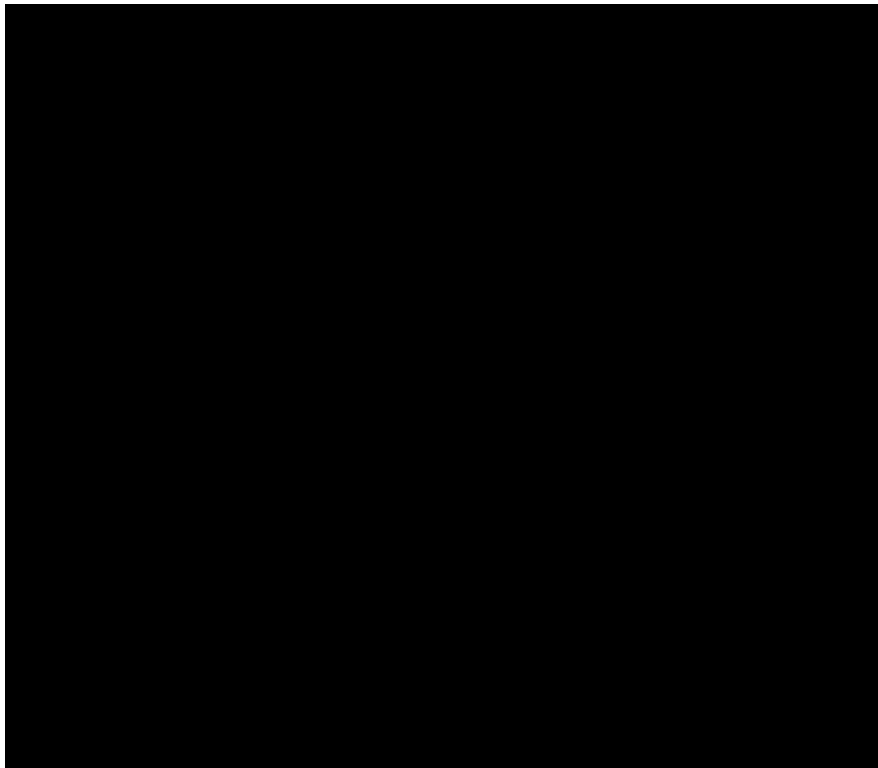
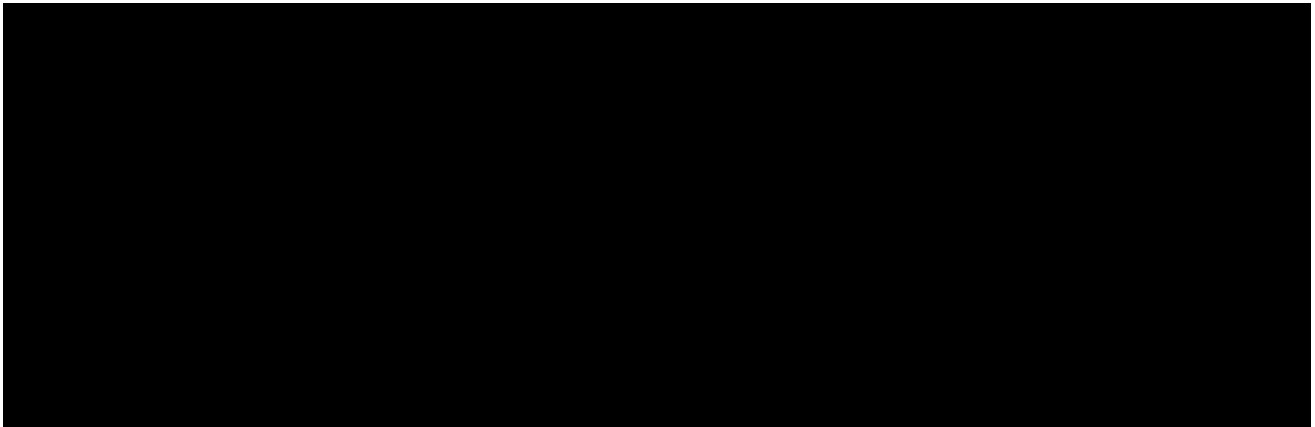
Please Complete Yellow Shaded Regions

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

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
LOC Determinations Based on Submitted LOC Assessments

Instructions:

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



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Respondent Name:

Maximus

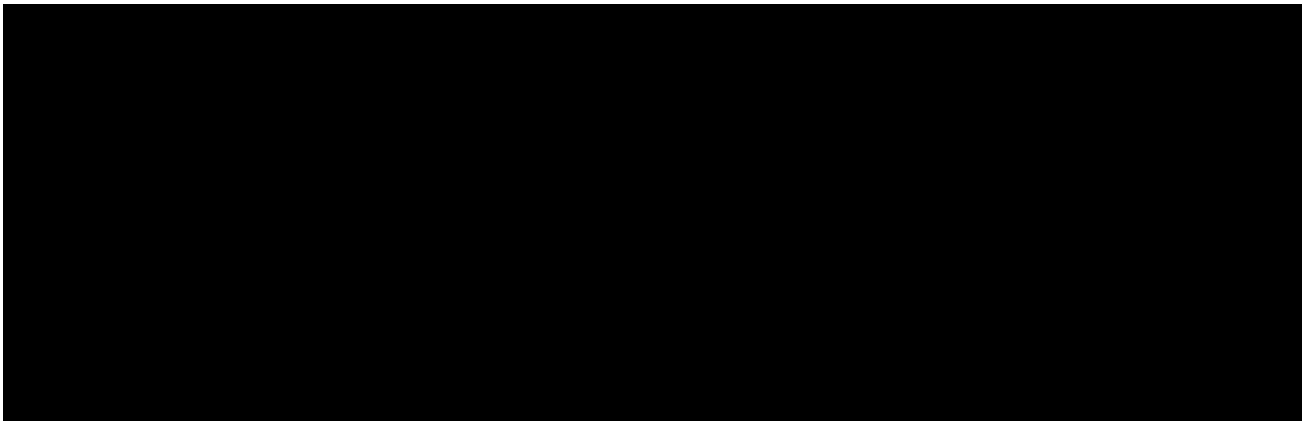
Please Complete Yellow Shaded Regions

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

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
PASRR Level II for Individuals with Mental Illness (MI)

Instructions:

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



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Respondent Name:

Maximus

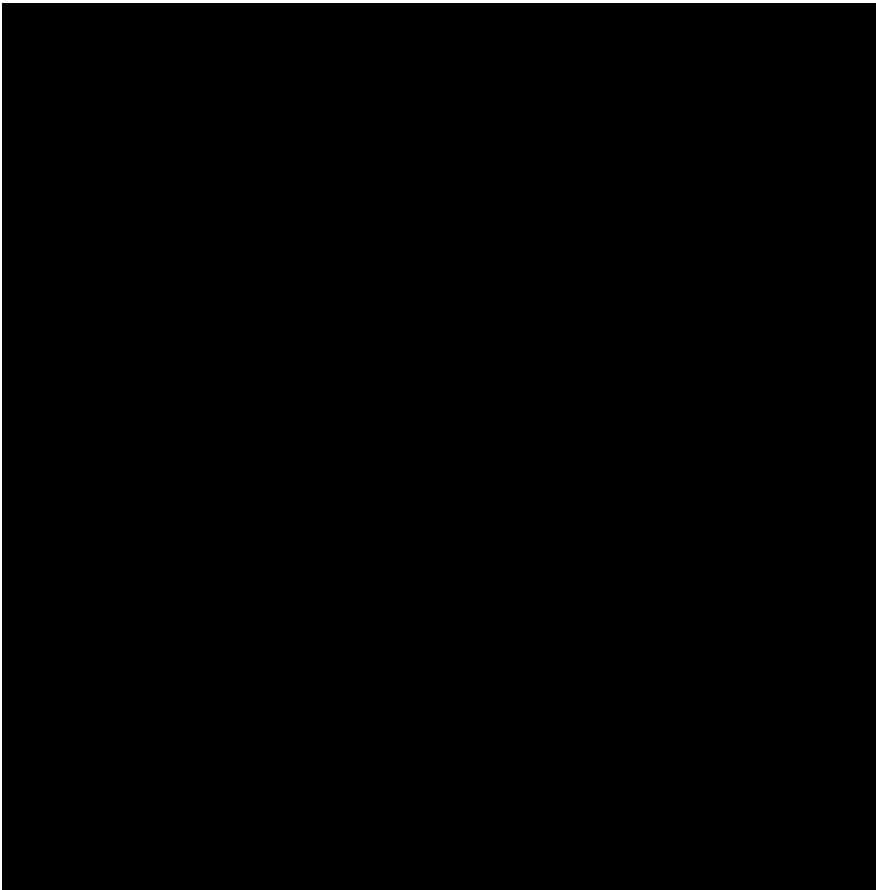
Please Complete Yellow Shaded Regions

Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (MI) Assumptions" please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must be based on the "PASRR Level II (MI) Assumptions" and the "PASRR Level II (MI) Position FTE Volume". Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and volume for each "Key Position" listed under "Individuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key Positions" list. "Individuals with Mental Illness" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment.

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
PASRR Level II for Individuals with Intellectual Disabilities (ID) and Related Conditions (RC)

Instructions:

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



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Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

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

State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
Intake Counseling

Instructions:

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

the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent, and the number of people 75 years of age or older has increased by 75 percent. The number of people 85 years of age or older has increased by 150 percent. The number of people 95 years of age or older has increased by 300 percent. The number of people 100 years of age or older has increased by 500 percent. The number of people 105 years of age or older has increased by 1,000 percent. The number of people 110 years of age or older has increased by 2,000 percent. The number of people 115 years of age or older has increased by 4,000 percent. The number of people 120 years of age or older has increased by 8,000 percent. The number of people 125 years of age or older has increased by 16,000 percent. The number of people 130 years of age or older has increased by 32,000 percent. The number of people 135 years of age or older has increased by 64,000 percent. The number of people 140 years of age or older has increased by 128,000 percent. The number of people 145 years of age or older has increased by 256,000 percent. The number of people 150 years of age or older has increased by 512,000 percent. The number of people 155 years of age or older has increased by 1,024,000 percent. The number of people 160 years of age or older has increased by 2,048,000 percent. The number of people 165 years of age or older has increased by 4,096,000 percent. The number of people 170 years of age or older has increased by 8,192,000 percent. The number of people 175 years of age or older has increased by 16,384,000 percent. The number of people 180 years of age or older has increased by 32,768,000 percent. The number of people 185 years of age or older has increased by 65,536,000 percent. The number of people 190 years of age or older has increased by 131,072,000 percent. The number of people 195 years of age or older has increased by 262,144,000 percent. The number of people 200 years of age or older has increased by 524,288,000 percent. The number of people 205 years of age or older has increased by 1,048,576,000 percent. The number of people 210 years of age or older has increased by 2,097,152,000 percent. The number of people 215 years of age or older has increased by 4,194,304,000 percent. The number of people 220 years of age or older has increased by 8,388,608,000 percent. The number of people 225 years of age or older has increased by 16,777,216,000 percent. The number of people 230 years of age or older has increased by 33,554,432,000 percent. The number of people 235 years of age or older has increased by 67,108,864,000 percent. The number of people 240 years of age or older has increased by 134,217,728,000 percent. The number of people 245 years of age or older has increased by 268,435,456,000 percent. The number of people 250 years of age or older has increased by 536,870,912,000 percent. The number of people 255 years of age or older has increased by 1,073,741,824,000 percent. The number of people 260 years of age or older has increased by 2,147,483,648,000 percent. The number of people 265 years of age or older has increased by 4,294,967,296,000 percent. The number of people 270 years of age or older has increased by 8,589,934,592,000 percent. The number of people 275 years of age or older has increased by 17,179,869,184,000 percent. The number of people 280 years of age or older has increased by 34,359,738,368,000 percent. The number of people 285 years of age or older has increased by 68,719,476,736,000 percent. The number of people 290 years of age or older has increased by 137,438,953,472,000 percent. The number of people 295 years of age or older has increased by 274,877,906,944,000 percent. The number of people 300 years of age or older has increased by 549,755,813,888,000 percent. The number of people 305 years of age or older has increased by 1,099,511,627,776,000 percent. The number of people 310 years of age or older has increased by 2,199,023,255,552,000 percent. The number of people 315 years of age or older has increased by 4,398,046,511,104,000 percent. The number of people 320 years of age or older has increased by 8,796,093,022,208,000 percent. The number of people 325 years of age or older has increased by 17,592,186,044,416,000 percent. The number of people 330 years of age or older has increased by 35,184,372,088,832,000 percent. The number of people 335 years of age or older has increased by 70,368,744,177,664,000 percent. The number of people 340 years of age or older has increased by 140,737,488,355,328,000 percent. The number of people 345 years of age or older has increased by 281,474,976,710,656,000 percent. The number of people 350 years of age or older has increased by 562,949,953,421,312,000 percent. The number of people 355 years of age or older has increased by 1,125,899,906,842,624,000 percent. The number of people 360 years of age or older has increased by 2,251,799,813,685,248,000 percent. The number of people 365 years of age or older has increased by 4,503,599,627,370,496,000 percent. The number of people 370 years of age or older has increased by 9,007,199,254,740,992,000 percent. The number of people 375 years of age or older has increased by 18,014,398,509,481,984,000 percent. The number of people 380 years of age or older has increased by 36,028,797,018,963,968,000 percent. The number of people 385 years of age or older has increased by 72,057,594,037,927,936,000 percent. The number of people 390 years of age or older has increased by 144,115,188,075,855,872,000 percent. The number of people 395 years of age or older has increased by 288,230,376,151,711,744,000 percent. The number of people 400 years of age or older has increased by 576,460,752,303,423,488,000 percent. The number of people 405 years of age or older has increased by 1,152,921,504,606,846,976,000 percent. The number of people 410 years of age or older has increased by 2,305,843,009,213,693,952,000 percent. The number of people 415 years of age or older has increased by 4,611,686,018,427,387,904,000 percent. The number of people 420 years of age or older has increased by 9,223,372,036,854,775,808,000 percent. The number of people 425 years of age or older has increased by 18,446,744,073,709,551,616,000 percent. The number of people 430 years of age or older has increased by 36,893,488,147,419,103,232,000 percent. The number of people 435 years of age or older has increased by 73,786,976,294,838,206,464,000 percent. The number of people 440 years of age or older has increased by 147,573,952,589,676,412,928,000 percent. The number of people 445 years of age or older has increased by 295,147,905,179,352,825,856,000 percent. The number of people 450 years of age or older has increased by 590,295,810,358,705,651,712,000 percent. The number of people 455 years of age or older has increased by 1,180,591,620,717,411,303,424,000 percent. The number of people 460 years of age or older has increased by 2,361,183,241,434,822,606,848,000 percent. The number of people 465 years of age or older has increased by 4,722,366,482,869,645,213,696,000 percent. The number of people 470 years of age or older has increased by 9,444,732,965,739,290,427,392,000 percent. The number of people 475 years of age or older has increased by 18,889,465,931,478,580,854,784,000 percent. The number of people 480 years of age or older has increased by 37,778,931,862,957,161,709,568,000 percent. The number of people 485 years of age or older has increased by 75,557,863,725,914,323,419,136,000 percent. The number of people 490 years of age or older has increased by 151,115,727,451,828,646,838,272,000 percent. The number of people 495 years of age or older has increased by 302,231,454,903,657,293,676,544,000 percent. The number of people 500 years of age or older has increased by 604,462,909,807,314,587,353,088,000 percent. The number of people 505 years of age or older has increased by 1,208,925,819,614,629,174,706,176,000 percent. The number of people 510 years of age or older has increased by 2,417,851,639,229,258,349,412,352,000 percent. The number of people 515 years of age or older has increased by 4,835,703,278,458,516,698,824,704,000 percent. The number of people 520 years of age or older has increased by 9,671,406,556,917,033,397,649,408,000 percent. The number of people 525 years of age or older has increased by 19,342,813,113,834,066,795,298,816,000 percent. The number of people 530 years of age or older has increased by 38,685,626,227,668,133,590,597,632,000 percent. The number of people 535 years of age or older has increased by 77,371,252,455,336,267,181,195,264,000 percent. The number of people 540 years of age or older has increased by 154,742,504,910,672,534,362,390,528,000 percent. The number of people 545 years of age or older has increased by 309,485,009,821,345,068,724,781,056,000 percent. The number of people 550 years of age or older has increased by 618,970,019,642,690,137,449,562,112,000 percent. The number of people 555 years of age or older has increased by 1,237,940,039,285,380,274,899,124,224,000 percent. The number of people 560 years of age or older has increased by 2,475,880,078,570,760,549,798,248,448,000 percent. The number of people 565 years of age or older has increased by 4,951,760,157,141,521,099,596,496,896,000 percent. The number of people 570 years of age or older has increased by 9,903,520,314,283,042,199,193,993,792,000 percent. The number of people 575 years of age or older has increased by 19,807,040

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

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Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

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

Indiana Health Coverage Program (IHCP) Application Assistance

Instructions:

Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Increase. Under the section labeled "Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will be labeled "Application Assistance Pricing". Under the section labeled "Monthly Cost Per IHCP Application Assistance Request," please provide your pricing by Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - 5 will be the same. Under the section labeled "Application Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at each volume band. Select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estimated Volume" is NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistance is for the full Scope of Work, depending on pricing and budget.

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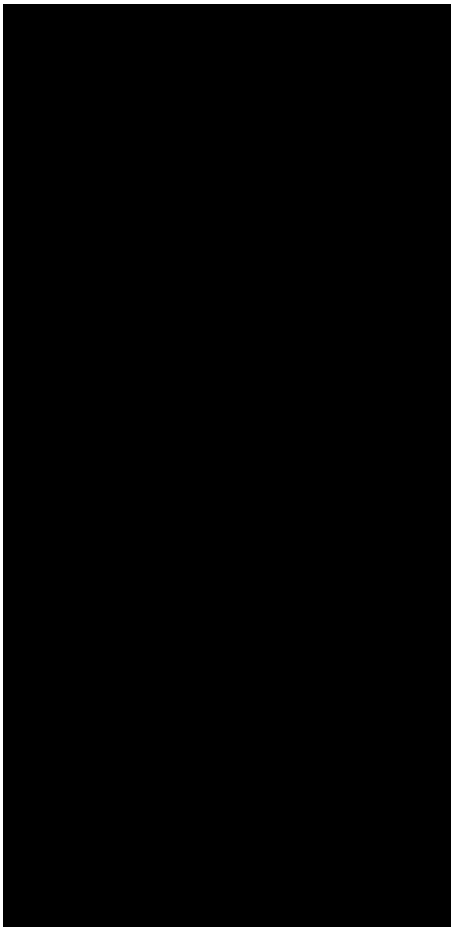
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Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

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

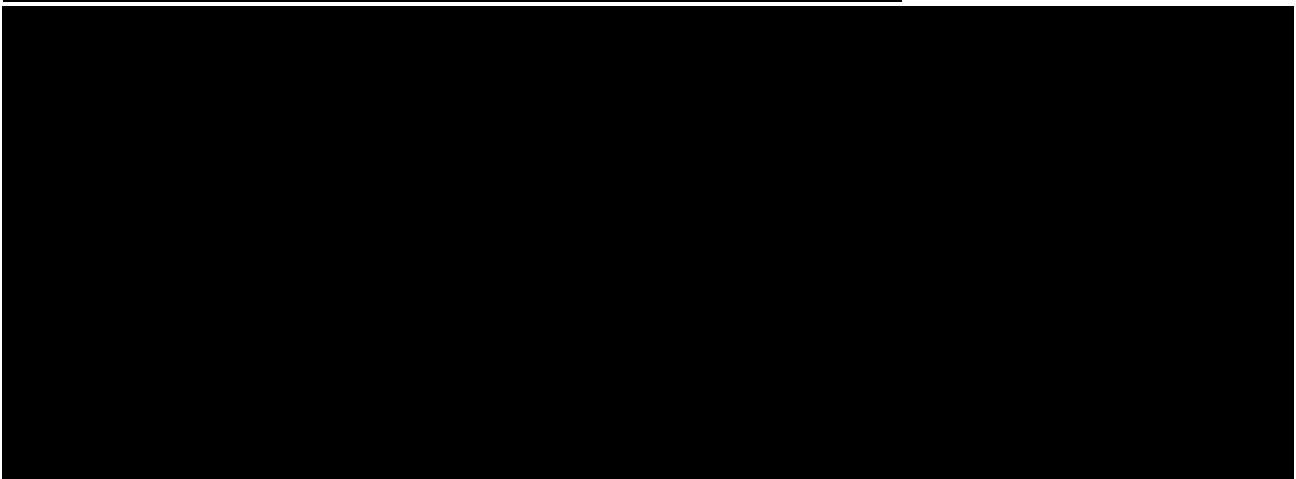
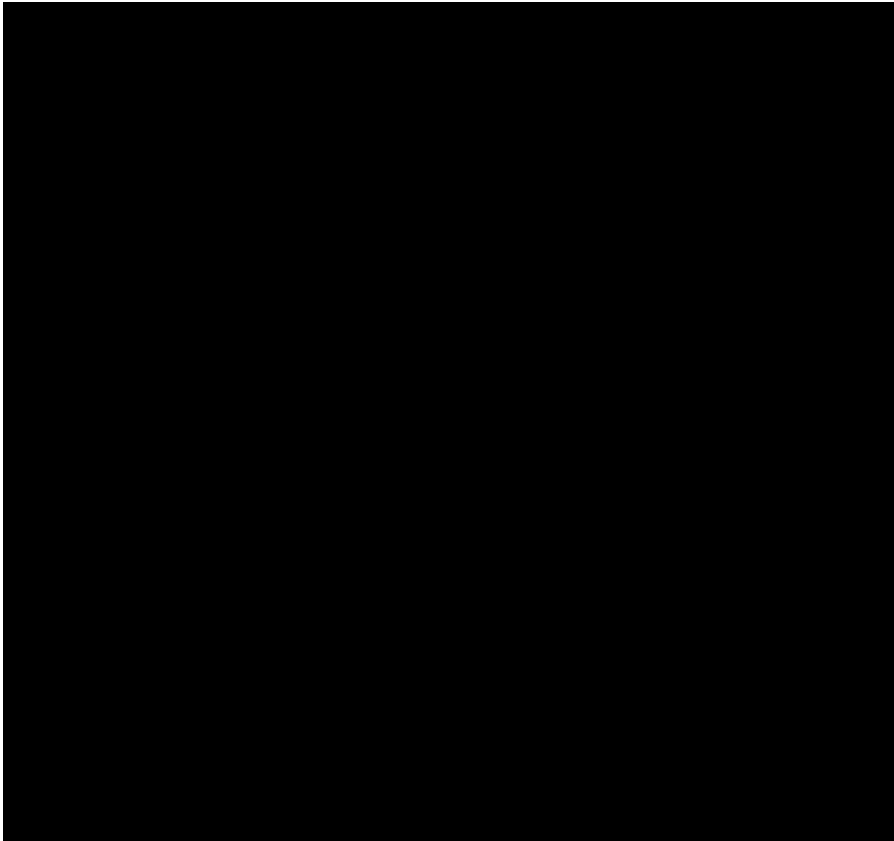




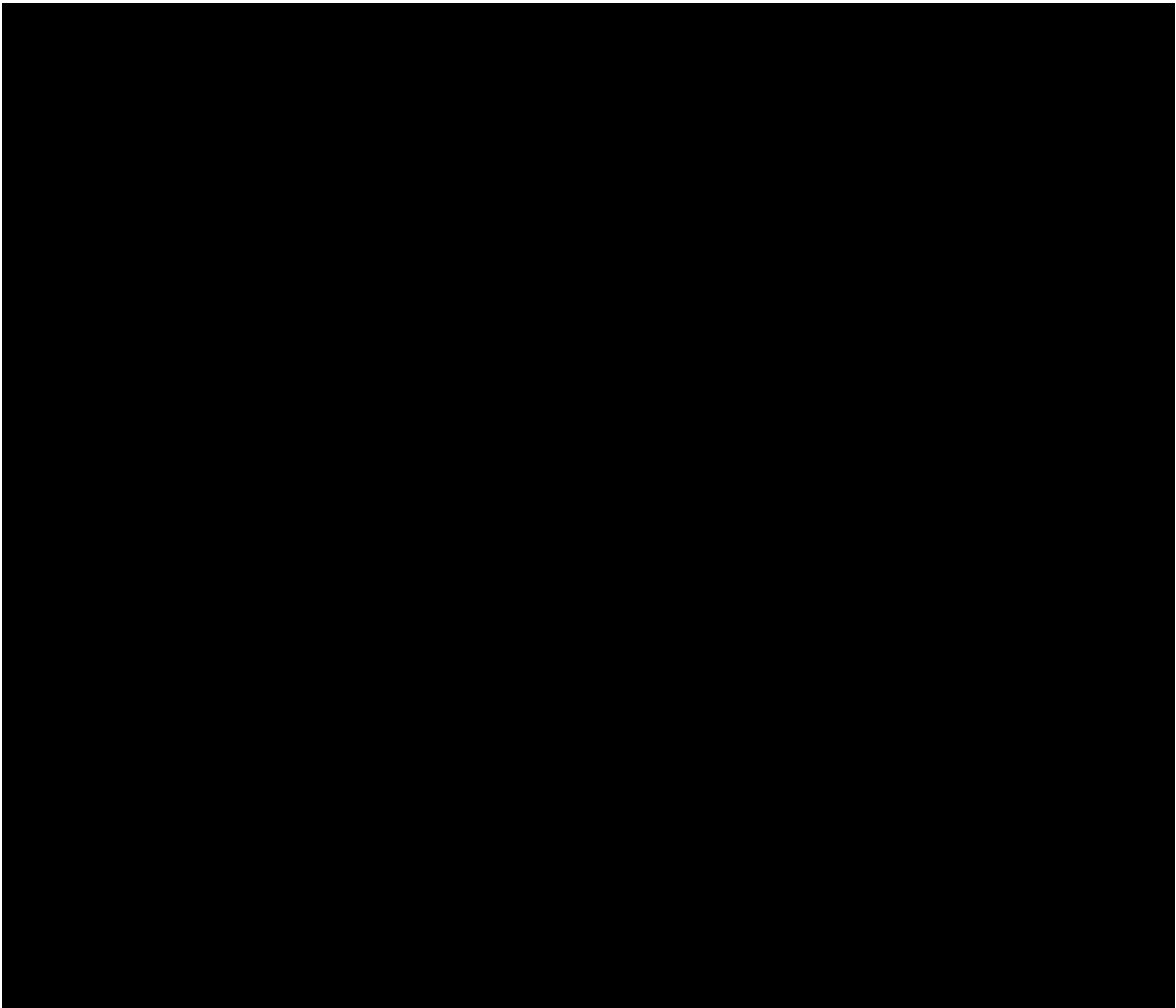
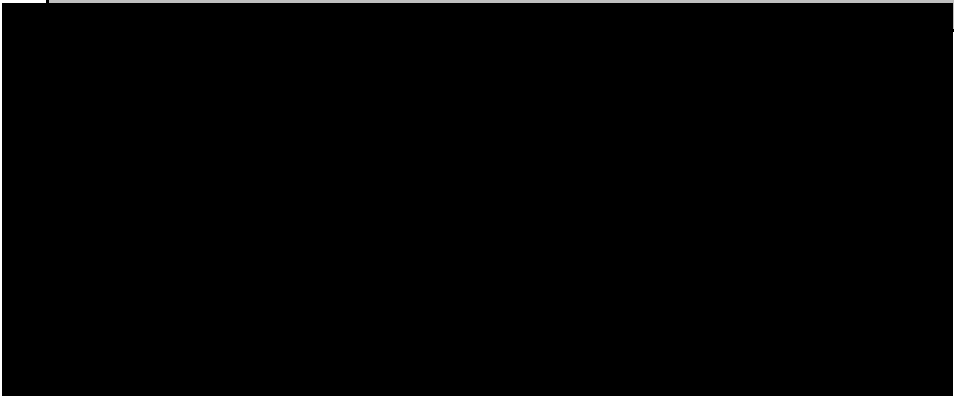
State of Indiana, LTSS Enrollment Services and Member Support Services RFP 23-72
Attachment D.1: Cost Proposal Template - Scope A
Information Systems

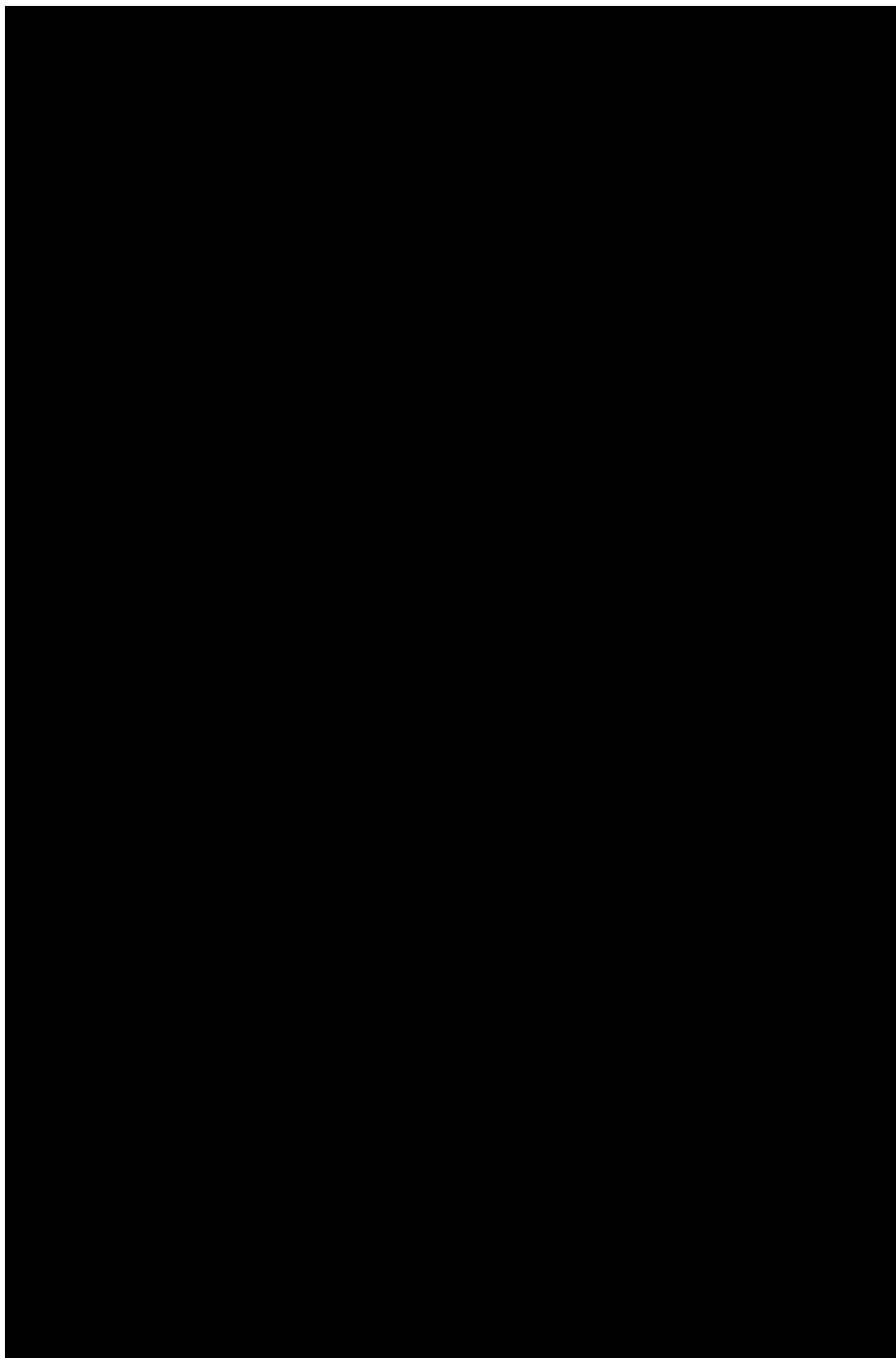
Instructions:

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



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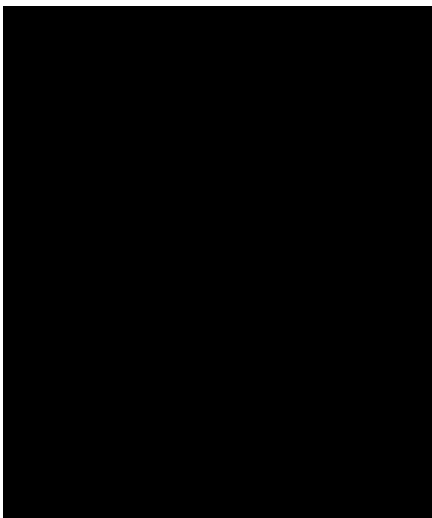
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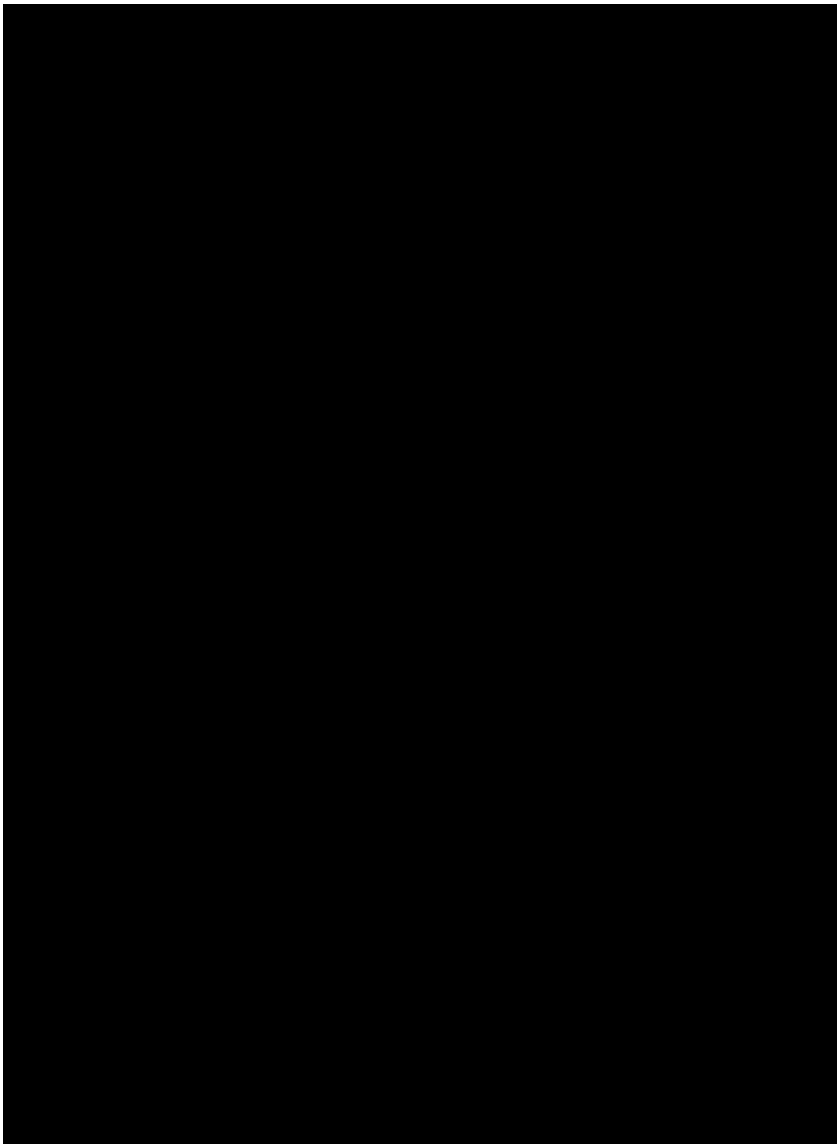
Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

is Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically





	\$	-
	\$	
Total	\$	

Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Tasks Staffing Detail," please detail the positions involved in performing any of the tasks for each position. Three positions from the "Key Staff" tab are already pre-selected in the "Other Tasks Assumptions" section. If you select additional positions from the dropdown menu, the total number of staff members performing the tasks for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Summary. If more than one staff member performs any of the tasks listed in cells B21-B24, please repeat the task for each staff member. If more than one role performs the tasks, please list each separate role on its own row.

t Services RFP 23-72675

Respondent Name:

Maximus

Please Complete Yellow Sheet

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

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

aded Regions

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

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

Instructions:

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

Total Designated Hours Per Week by Position

[illegible]

Respondent Name:

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Please Complete Yellow Shaded Regions

tion entered on other worksheets.