maximus

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 Technical Proposal

RFP No:
23-72675

DUE DATE:
September 30, 2022 4:30 pm ET

TECHNICAL PROPOSAL
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RFP 23-72675 – Enrollment Services and Member Support Services
Attachment F.1: Technical Proposal Template – Scope A (Enrollment Services)

Respondent:

> **Maximus US Services, Inc.**

Instructions:

Request for Proposal (RFP) is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Please review the requirements in Attachment K.1, Scope of Work A – Enrollment Services, carefully. Please describe your relevant experience and explain how you propose to perform the work. Please explain how you propose to execute each Section in its entirety, including but not limited to the specific elements highlighted below by Section, and describe all relevant experience. Respondents are strongly encouraged to submit inventive proposals for addressing the Program's goals that go beyond the minimum requirements set forth in Attachment K.1 of this RFP.

For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors' activities.

Respondents must organize their proposal in the exact order of questions provided in this document followed by their answers. While text boxes have been provided below, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. Attachments and exhibits may be provided in a separate file; however, the technical proposal must contain an adequate description of the contents. In other words, the technical proposal should stand on its own and must contain enough information to understand separate exhibits and attachments. **A Technical Proposal is a requirement for proposal submission. Failure to submit this form would impact your proposal's responsiveness.**

Please submit your Technical Proposal in 10-point font with standard margins If submitted in PDF format, the files should not be locked.

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1. **Overview**
   - Give a brief overview of your proposal.
   - Describe your company and proposed project staff's background and experience and how it will benefit the State in this Contract. Include the following information, at a minimum:
     a. Programs you have initiated in other states in the past 5 years that can be replicable in Indiana to help the State meet its goals as identified in Attachment K.1, Scope of Work A – Enrollment Services.
     b. Programs you intend to initiate that would be specific to Indiana as part of this Contract.
     c. Examples of how you have worked with other states in a collaborative manner to address changing program needs and priorities.
   - Any instances in which you or any related holding company, parent company, subsidiary, or intermediary company have been subject to any of the conditions listed below during the past five (5) years for services that relate to those contemplated by this RFP. If any of the following conditions apply, please provide full details of each occurrence.
     a. Contracts that were terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before the completion of the originally contracted term.
     b. Occurrences where the Respondent has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, and contact information.
     c. Formal sanctions or complaints.
     d. Corrective actions.
     e. Damages, penalties, or related assessments, or payment withholds not earned. Include the estimated value of each incident with the details of the occurrence.
     f. Known litigation, administrative or regulatory proceedings, or similar matters.
   - Describe the experience of all subcontractors who will be participating in work related directly to the individuals being served.
   - Describe your experience successfully navigating a period of transition with any state clients for similar work and how you would support FSSA to successfully implement the requirements of the Scope of Work during a period of broader reform and transition.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1: Scope of Work – Enrollment Services.** Please see Maximus' response to RFP Attachment F.1 below.

Technical Proposal for Enrollment Services (Response to Attachment F.1) (RFP 2.4, Attach F.1)

The State of Indiana Department of Administration (IDOA) on behalf of Family and Social Services Administration (FSSA) seeks a partner to help reform its long-term services and supports (LTSS) programs for older adults with the goal of serving more individuals 60 years of age and over in the community.

Maximus brings the FSSA the unmatched ability to implement a centralized, streamlined, data-driven LTSS enrollment services program. We have set the bar nationally for best practices in LTSS enrollment support, assessments, monitoring, and follow-up. Applying these proven methodologies, industry-leading technology, and lessons learned, we bring the depth of experience to provide intake counseling, screening, and assessment quality to Indiana.

1 Overview (Attach F.1 1)

FSSA needs a contractor with the depth of expertise and person-centered processes to perform LTSS assessment and enrollment services. FSSA has set the groundwork for successful implementation of Managed Long-term Services and Supports (MLTSS). The goal is to provide the opportunity for the majority of LTSS recipients to age well within their communities supported by managed home and community-based services (HCBS) that meet their needs. We are the partner to enact your vision for engaged, streamlined, person-centered, and high-quality enrollment and assessment services. These services will help individuals rapidly access the managed services they need to remain safe, healthy, and engaged in their homes and communities.

1.1 Collaboratively Supporting Your Program Transformation

[black redacted block]

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Maximus has also collaborated closely with several states to provide vital assessment infrastructure and services to support successful MLTSS programs. In our LTSS and PASRR programs in Pennsylvania, New York, Virginia, and Tennessee, we collaborated with state, health plan, and provider stakeholders as those states successfully transitioned to MLTSS.

Throughout this proposal, we highlight the key elements of our solution for the LTSS project. These elements are tailored to Indiana and demonstrate our understanding and commitment to an experienced, collaborative partnership. We highlight our offering throughout our proposal using the icons illustrated below:

Stability Supporting Transformation We know large-scale program transformations — like transitioning to MLTSS — can result in confusion for citizens seeking long-term services and for providers working in a new environment. As a long-standing partner to FSSA, we have a proven history of aligning with you to implement transformative programs by providing services that help citizens and providers comfortably navigate change. [black redacted block]

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Moving Stakeholder Confidence Forward

We recognize the importance of effectively engaging stakeholders to build confidence when transitioning to MLTSS. Transparency and collaboration build trust, which is why we will communicate early and often with stakeholders, but always with FSSA approving our messaging.

Streamlined Beneficiary Experience

In the following subsections, we illustrate how we are the best choice to be your collaborative partner for Scope A – LTSS Enrollment Services. Our experience with assessments, collaboration, transformation, and adapting our systems and services to meet our customer's evolving program needs give us best practices to bring to Indiana and the Hoosiers you serve. Our approach, experts, and technology will help bring applicants and members the supports they need to rapidly access the care they want and are eligible to receive to age well within their homes and their communities.

Implementing streamlined, modernized assessment and helpline programs requires experience and proven processes — especially with so many affected stakeholders. We successfully helped multiple states transform their assessment programs and address these simultaneous changes. We are the nation's leader in delivery of best practice Medicaid intake counseling and helpline services. We know what to do, what to anticipate, and how to mitigate the burden on providers, stakeholders, members and applicants, and the State to bring Indiana a collaboration that delivers results.
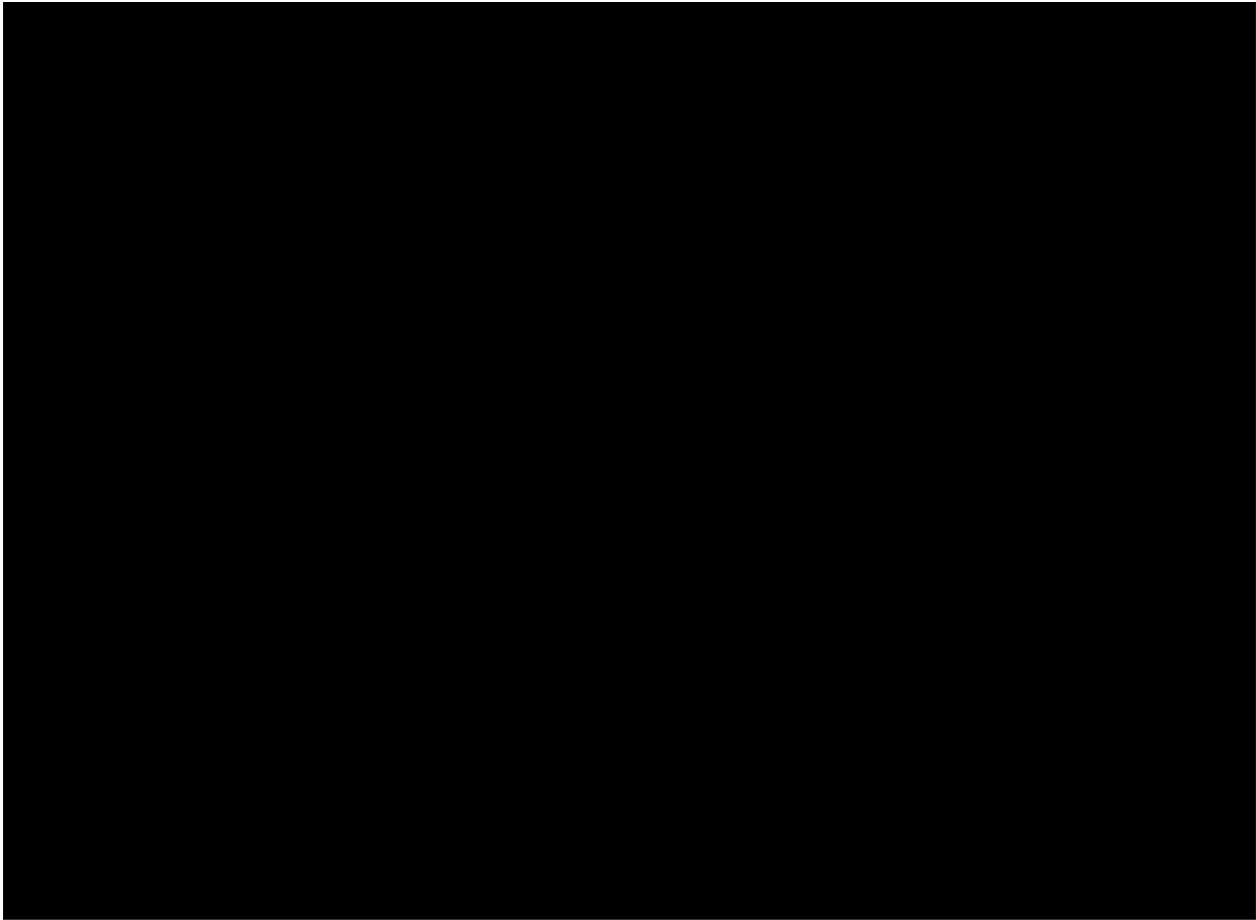
1.2 Background and Experience

Stability Supporting Transformation

Our solution for Indiana is built on experience delivering similar services for 22 years. Since 2000, state Medicaid and disability authorities nationwide have relied on Maximus to provide clinically sound, person-centered disability assessment services for individuals with mental and physical health needs. We have successfully provided meaningful and fully compliant assessment services across the country, giving us the best practices needed to successfully complete assessments in a person-centered way.
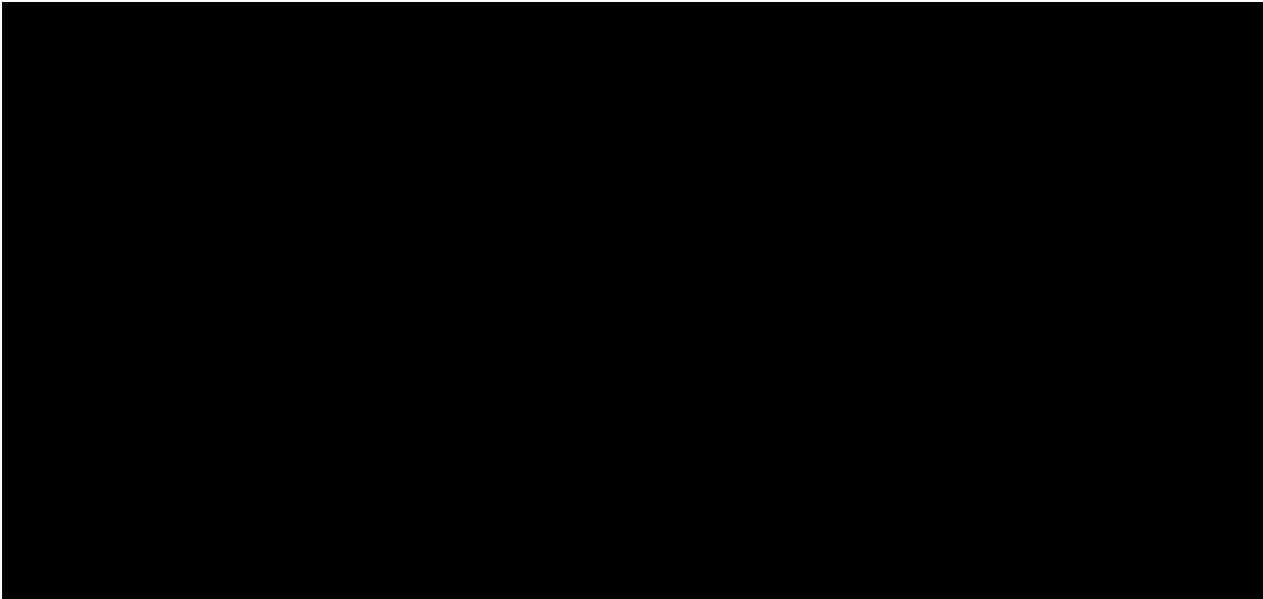
We know first-hand that although federal regulations may set specific requirements and standards, no two programs are exactly alike. We take a customer-centered approach, leveraging our multi-state expertise, technology, and clinical approach to design processes that meet each customer's goals and address their specific barriers. ████████████████████████████

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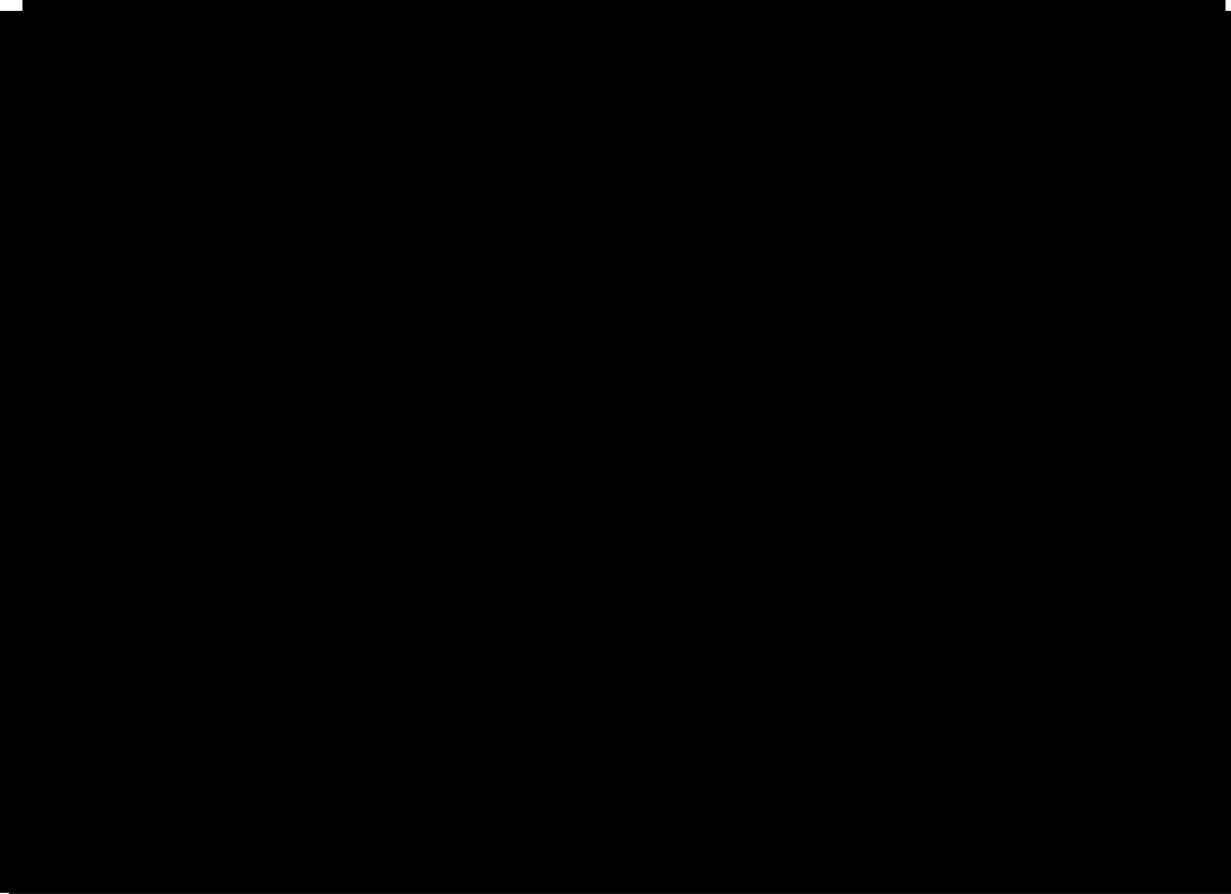
Through our current, in-place Indiana projects, we have a talented network to provide the services requested. Our staff will:

- Lead alignment between multiple state and vendor entities

- Lead operational and technology readiness reviews

- Oversee provider support outreach

- Deliver consistent, efficient, timely performance

- Create streamlined standardized processes

- Task a specific team member with:

    - Overseeing policies

    - Overseeing processes

    - Overseeing system capabilities

    - Training stakeholders

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1.2.1   Program Experience to Replicate and Meet Indiana's Goals

Indiana needs a single point of contact to help aging Hoosiers with complex care needs, multiple conditions, and/or physical disabilities rapidly navigate access to the MLTSS system and services being

implemented. Our experience providing these services enable us to be that single point of contact for Hoosiers, with our "no wrong door" call center. We also have vast experience providing multiple types of assessments across many states as shown below in *Exhibit 1.2-5: State Assessment Experience Within the Past Five Years.*

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1.2.2 Programs We Intend to Initiate Specific to Indiana as Part of This Contract

Moving Stakeholder Confidence Forward

The transformation from LTSS to MLTSS can be experienced by stakeholders as disruptive. Individuals experience a new pathway to access, choose, and receive the services they need. Providers experience new policies governing how they deliver services to the individuals they serve.

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For the MLTSS implementation, we will work with FSSA to develop and deliver outreach on how to access and use the member support center. This outreach will include our enrollment center team, multiple FSSA entities impacted by MLTSS, and AAAs and other community-based organizations and practitioners who assist Hoosiers seeking long-term care.

Stakeholder Outreach

Stakeholder outreach is crucial for project success.

It is important we collaborate with key stakeholders to understand the needs of each audience and accurately map the current process to the new process. This way, we can simplify explanations of how new processes will differ. We will collaborate with the State to align on messaging regarding the purpose and benefit of the new structure for individuals and providers. We may need to collaborate with the State and MCEs to develop accurate member services and choice counseling information and education.

Partnerships from the beginning of a new project are important to demonstrating alignment and successfully circulating change information to stakeholders. At the onset of each implementation, we develop comprehensive communications plans to address the broad range of training needs and/or concerns for all program stakeholder groups.

Our planning will take into consideration the nuanced outreach needs of each stakeholder audience. Audiences include those who require education surrounding new processes to some who need more awareness of the changes and clarity on where to find needed program resources. ███████ ███

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Our approach is designed to teach stakeholders about the project technology as well as support them as they adapt to a new assessment/screening process. We will employ a stakeholder and outreach specialist to create highly effective, targeted communications strategies. These strategies will employ a variety of channels including email campaigns, web, and in-person and virtual events to engage and educate key stakeholder groups. As nationally recognized experts on conflict-free assessment, we will continue to customize our communication materials to the needs of Indiana and each assessment type.

Outreach Delivery Methods

[redacted]

1.2.3 Examples of How We Have Worked with Other States in a Collaborative Manner to Address Changing Program Needs

Stability Supporting Transformation

The State requires a contractor who can collaborate with and support them during needed program changes. We have been that collaborative partner for Indiana and look forward to supporting you again with this additional scope. Below we detail examples of other state programs where we have worked in a collaborative manner to address changing program needs.

[redacted]

[REDACTED]

1.3 Any Instances in Which You or Any Related Holding Company, Parent Company, Subsidiary, or Intermediary Company Have Been Subject to Any of the Conditions Listed Below During the Past Five Years for Services That Relate to Those Contemplated by This RFP. If Any of the Following Conditions Apply, Please Provide Full Details of Each Occurrence.

Maximus has been solving the complex problems of government programs for more than 40 years. We take our partnerships and responsibility very seriously to deliver transformative technology services, digitally enabled customer experiences, and clinical health services that change lives. With that responsibility comes meeting, and often exceeding contractual performance standards. Through our comprehensive performance management approach, we focus on assessing project health based on historical performance, current project data, and analytics, to greatly minimize contract performance issues.

1.3.1 Contracts That Were Terminated for Convenience, Non-performance, Non-allocation of Funds, or Any Other Reason for Which Termination Occurred Before the Completion of the Originally Contracted Term.

[REDACTED]

1.3.2 Occurrences Where the Respondent has Either Been Subject to Default or has Received Notice of Default or Failure to Perform on a Contract. Provide Full Details Related to the Default or Notice of Default Including the Other Party's Name, and Contact Information.

In the past five years, Maximus has not been subject to default, received a notice of default, nor failed to perform on a contract for services that relate to those contemplated by Indiana's RFP.

1.3.3 Formal Sanctions or Complaints

In the past five years, Maximus has not been the subject of formal sanctions or complaints for services that relate to those contemplated by Indiana's RFP.

1.3.4 Corrective Actions

[Table content redacted]

1.3.5 Damages, Penalties or Related Assessments, or Payment Withholds Not Earned. Include the Estimated Value of Each Incident With the Details of the Occurrence

[Table content redacted]

1.3.6   Known Litigation, Administrative or Regulatory Proceedings, or Similar Matters

In the past five years, Maximus has not been party to litigation, administrative or regulatory proceedings, or similar, for services that relate to those contemplated by Indiana's RFP.

1.4   Experience of Subcontractors Participating in Work Related Directly to the Individuals Being Served

Through partnerships with well-qualified subcontractors, many of whom we partner with today, we will bring effective and efficient service to FSSA. Each of these relationships allows us to take advantage of the respective expertise of each supplier and the strategic contributions each can make to our ongoing efforts to strengthen the quality of our service to FSSA and the Hoosiers it serves.

Maximus respects the importance Indiana places on equal subcontracting opportunities being provided through its solicitations to minority, woman, and Indiana veteran business enterprises.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We will be fully responsible for the efforts and performance of any subcontractor. We only select subcontractors who meet our rigorous quality standards, and we follow detailed corporate and project-level procedures to confirm their performance continues to meet our standards and yours throughout the life of the contract.

Please refer to our proposal response in *Section 19: Subcontractors* for full details.

1.5 Experience Navigating a Transition with State Clients for Similar Work

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1.6   Conclusion

As shown above, we are the best choice to be your collaborative partner in Scope A – LTSS Enrollment Services. We will bring FSSA best practices from our vast experience with assessments, collaboration, and changing program needs. Through our approach, experts, and technology, Hoosiers will have the service supports to help them age in their community.

2. **Background (Section 1)**

   Confirm your acceptance of the requirements in Section 1 as written, and please describe your approach to meeting all the requirements as defined in Section 1 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

   a. **Preadmission Screening and Resident Review (PASRR) (Section 1.1)**
      o Describe your experience providing PASRR services, including any practices or approaches that you have employed that you believe are critical to achieving maximum community integration for individuals with a mental illness (MI) and/or intellectual disabilities (ID).
      o Describe your experience collaborating with providers, state agencies, and community resources who serve as access points and referral sources for individuals seeking nursing facility admission in need of PASRR screening.

   b. **Waiver Level of Care (Section 1.2)**
      o Describe your experiences providing functional eligibility assessments or eligibility determination services, including how you have incorporated person-centered practices into your processes and procedures.
      o Describe your understanding of State-specific Medicaid eligibility requirements for HCBS Waiver services.

   c. **Population (Section 1.3)**
      o Describe your experiences working with populations and/or persons who receive LTSS and home and community-based services through Medicaid programs, such as MLTSS, 1915c Waivers, and PACE, in Indiana or another state. In particular, the Respondent should describe how you have addressed the specific needs and barriers of aging or disabled individuals in the past.

   a. **Timeline (Section 1.4)**
      o Describe how you will meet the State's defined timelines for readiness and implementation

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 1 Background as written.** Please see our detailed response to RFP Attachment F.1, Section 2 below.

2   Background (Attach F.1 2; Attach K.1 1, 1.1, 1.2, 1.3, 1.4)

Stability Supporting Transformation

FSSA requires a vendor to assist in the reform of its long-term services and supports (LTSS) programs, supporting its transition to Managed Long-term Services and Supports (MLTSS) in 2024.

Maximus is FSSA's best value choice. For successful operation of these programs, we will use a person-centered approach, transition smoothly, and complete Level of Care (LOC) determinations and handoffs in an efficient and accurate manner. ██████████████████████ ██ ██████████████████████████████████

2.1   Preadmission Screening and Resident Review (Section 1.1)

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2.1.1   Experience Providing PASRR Services, Including Any Practices or Approaches That We Employ That Are Critical to Achieving Maximum Community Integration for Individuals with a Mental Illness and/or Intellectual Disabilities

██████████████████████████████ ██████████████████████████████ ██████ This provides us with a deep understanding of not only PASRR, but also its impact on the country's broader LTSS landscape.

We bring FSSA our expertise with all aspects of PASRR, as shown in *Exhibit 2.1-1: Maximus PASRR Experience.*

PASRR will continue to evolve over the next decade because of aggressive national priorities and the growing demographic related to older adults. Further programmatic evolution is inevitable. The increased focus on specialized services, transition and diversion, and quality of life initiatives are only a few pressing examples.

These expectations make it critical that the MLTSS Enrollment Services vendor selected brings the following abilities necessary to Accomplish the RFP requirements:

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We have extensive experience across our PASRR portfolio designing, implementing, and supporting every service and deliverable needed by the FSSA. Moreover, we rigorously applied continuous quality improvement to each aspect of our system, services, infrastructure, and tools.

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2.1.2 Experience Collaborating with Providers, State Agencies, and Community Resources Who Serve as Access Points and Referral Sources for Individuals Seeking NF Admission in Need of PASRR Screening

Throughout our PASRR contracts, we collaborate across state landscapes with stakeholders, including providers, state agencies, community resources, NFs, hospitals, and NF and hospital associations. ██ ███ ██ ██ █████████████████████████████

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This responsive relationship with stakeholders helps us hold statewide webinar collaboration initiatives that address relevant and current topics that respond directly to each state's needs. We hold these collaboration initiatives with providers, community resource entities, and state agencies.

Project staff, State staff, providers, and community resource entities will be up to date with new Indiana PASRR requirements, as well as changes in federal and state policy. Our live and recorded web-based collaboration initiatives are accessible to broad audiences of stakeholders and provide a cost-effective alternative to on-site communications. Our communication materials give stakeholders the knowledge and confidence needed to interact with and support care settings of Indiana residents in need of PASRR screenings.

2.2 Waiver LOC

Indiana's waiver LOC eligibility assessments and determinations are used to determine if an individual meets criteria to be served by an Aging and Disability Waiver. If the individual's measured needs meet state specific LOC criteria, and the individual chooses to be served by a waiver, and waiver slots are available, individuals can be enrolled in waiver services. Waiver services allow individuals the option to receive services within the community instead of in an institutional setting such as an NF. Maximus has deep and broad experience performing waiver LOC assessments and determinations across multiple states and populations. Maximus currently reviews Indiana International Resident Assessment Instrument (interRAI) LTSS LOC assessments and makes final determinations regarding eligibility for waiver services.

2.2.1 Experience Providing Functional Eligibility Assessments or Eligibility Determination Services, Including Incorporating Person-centered Practices into Our Processes and Procedures

[Content redacted]

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Maximus' experience operating statewide HCBS Waiver assessment projects far exceeds that of any other vendor. Our exemplary service quality enables our state customers to:

- Maintain compliance with federal waiver assurances requirements

- Achieve alignment with national best practices

- Garner confidence of key stakeholders, including individuals, families, and disability advocacy groups
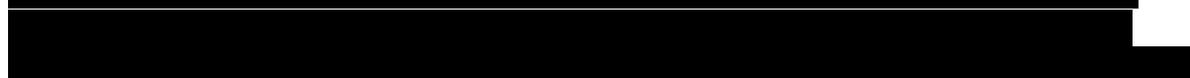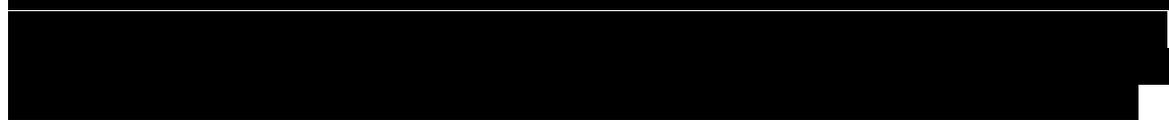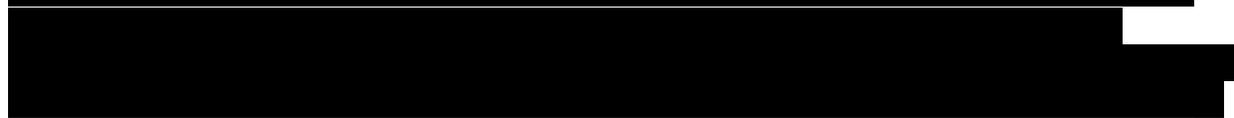
2.2.1.1 Person-Centered Practices

A person-centered approach is central to our assessment services. We incorporate person-centered principles into every aspect of the services we deliver:

Streamlined Beneficiary Experience

- Capturing the individual's desires, preferences, needs, and goals, focusing on learning what is important to them

- Adhering to the individual's unique speech, hearing, and communication needs, moving at a pace that is necessary for their participation

- Supporting the individual's ability to make informed choices, reflecting their preferences and desires

- Keeping all interactions culturally competent and trauma-informed

- Empowering the individual to understand the purpose and use of the assessment, options, and next steps, promoting their self-determination and advocacy

We employ well-established training and methodologies to confirm staff at all levels approach their roles in a person-centered manner. Our goal is that every interaction and determination is considered through

the lens of each unique individual's needs. Our actions must consistently consider each individual's preferences and goals and encourage active self-advocacy.

Most of our clinicians and leaders have participated in national and/or state person-centered thinking trainings. Our Maximus training team staff members have been certified as trainers in person-centered thinking and planning. Our training helps staff cultivate habits and attitudes that promote person-centered outcomes across the breadth of services we provide. Our person-centered approach curriculum covers topics that enhance sensitivity and awareness and support person-centered assessments. We also emphasize interacting with the individuals we serve through culturally and linguistically appropriate interactions.
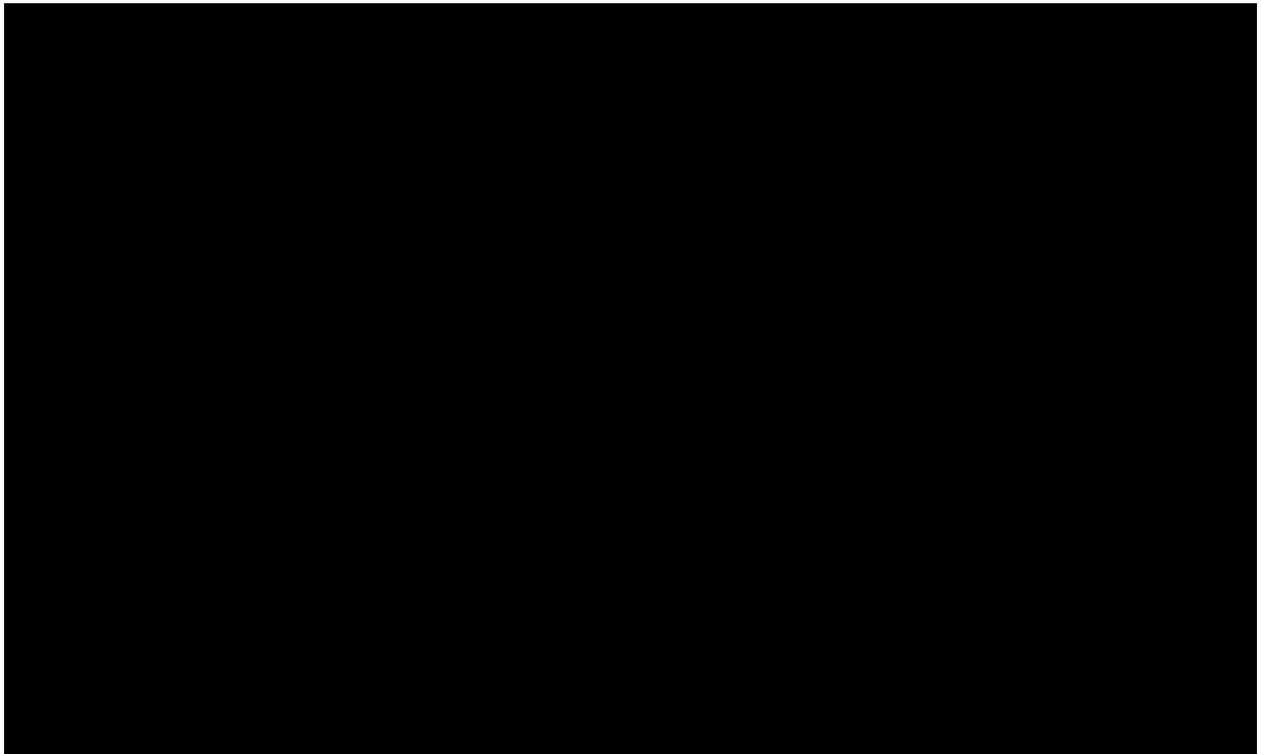
2.2.2 Understanding of State-specific Medicaid Eligibility Requirements for HCBS Waiver Services

Through our experience performing thousands of waiver assessments for our state clients, we developed a deep understanding of state-specific Medicaid eligibility requirements for HCBS Waiver services. States develop HCBS Waivers to help individuals who prefer to get long-term care services and supports in their community instead of in an institution. Each state sets their own criteria with CMS approval. The criteria are a combination of an individual's functional needs, diagnosis, age, and other factors. Per CMS, each state waiver must:

- Demonstrate that providing waiver services will not cost more than providing these services in an institution
- Protect people's health and welfare

- Provide adequate and reasonable provider standards to meet the needs of the target population

- Provide services following an individualized and person-centered plan of care

We understand the Indiana-specific waivers and nursing facility level of care criteria. Waiver level of care criteria must be met to demonstrate a medical necessity to be considered eligible for HCBS Waiver services. NFLOC is required for a person to be admitted into a NF. For waivers, NF or other institutional level of care criteria determines the floor for criteria for waiver eligibility. Specific waivers may then add specific additional criteria defining the population each waiver is intended to serve.

We understand that eligibility for Indiana LTSS Waiver services requires an individual meets medical eligibility criteria as set out in Indiana code. Those seeking waiver services for waivers based on NF eligibility must meet the following Indiana-specific medical necessity criteria:

Per http://www.in.gov, to be eligible for HCBS Waiver services in Indiana, an applicant must have:

- An unstable, complex medical condition that requires direct assistance from others for the following conditions: decubitus ulcers, comatose condition, or management of severe pain

- Need for direct assistance from others for medical equipment, such as ventilator, suctioning, tube feeding, central intravenous access (I.V.)

- Need for direct assistance for special routines or prescribed treatments from others, such as tracheotomy, acute rehabilitation conditions, administration of continuous oxygen

- Need for medical observation and physician assessment due to a changing, unstable physical condition

- Other substantial medical conditions

Other Indiana waivers, and any future waivers to be considered by FSSA may include additional medical necessity criteria. Maximus will work closely with FSSA to implement the four critical tasks listed above for any waivers whose eligibility criteria or interpretation differs.

2.3 Population

2.3.1 Experience Working with Populations or Persons Who Receive LTSS and HCBS Through Medicaid Programs. In Particular, Describe Experience Addressing Specific Needs and Barriers of Aging or Disabled Individuals.

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FSSA can be confident we are prepared to successfully manage each RFP scope requirement and deliverable given both Indiana-specific population size and unique characteristics without sacrificing timeliness or quality of service.

2.3.1.1 Addressed Needs and Barriers of Aging and Disabled Individuals

Streamlined Beneficiary Experience

We specialize in helping states serve their most vulnerable populations, as we work with one out of every two Medicaid managed care beneficiaries across the United States. The individuals we interact with daily across our LTSS programs are often aging or have physical, cognitive, developmental, intellectual, or mental health conditions. To serve these individuals and beneficiaries well, we teach all staff to tailor their delivery of services to meet the unique needs of each person. Our person-first approach to adapting our interactions to individual needs applies to the way we:

- Talk with people through our helplines and call centers

- Explain program requirements and options and support informed choices

- Tailor scheduling with individuals

- Conduct phone and on-site assessments

- Explain next steps, facilitate warm handoffs whenever possible, and provide easy access to reconnect with us should help be needed

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2.4   Timeline

Maximus will meet the State's defined timelines because our components of our LOC solution for Indiana are already deployed and fully operational. We will build upon our existing foundation of NFLOC and PASRR excellence to support additional scope as your LTSS Enrollment Services vendor. Please refer to our proposal response in *Section 16: Incoming and Outgoing Transition Activities* for more detail.

2.4.1   Meet the State's Timelines for Readiness and Implementation

Stability Supporting Transformation

We are confident we will meet the State's defined timelines for readiness and implementation. ██ ███ ████████████████████████████████████

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2.5 Conclusion

FSSA can be confident in choosing Maximus to assist in the transformation of its LTSS programs for older adults, including launching a MLTSS program in 2024. We will use a person-centered approach, transition smoothly, and complete LOC determinations and handoffs efficiently and accurately. Our vast experience with PASRR services, waiver LOC, and populations who use HCBS, in addition to our collaboration with stakeholders, give us the expertise to assuredly provide a successful transformation.

3. **General Responsibilities (Section 2)**
   a. Confirm your acceptance of the requirements in Section 2 as written, and please describe your approach to meeting all the general requirements as defined in Section 2 of the Scope of Work. Specifically describe your approach to:
      o   Communicating with the State (Section 2.3)
      o   Ensuring staff does not coerce, entice, or force persons referred to or enrolled in any FSSA program included in Attachment k.1, Scope of Work A – Enrollment Services, to make decisions or choices against their will (Section 2.4)
      o   Ensure that staff does not abuse or discriminate against any person referred to or enrolled in any program covered by Attachment K.1, Scope of Work A – Enrollment Services (Section 2.4)
   b. Provide any experience in assisting the state or a member in the grievance and appeals process in the state of Indiana or another state (Section 2.5).

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 2 General Responsibilities as written.** Please see our detailed response to RFP Attachment F.1, Section 3 below.

3   General Responsibilities (Attach F.1 3; Attach K.1 2, 2.1, 2.2, 2.3, 2.4, 2.5)

Successful and thoughtful communication is the key to any transformative project. All stakeholders need to feel heard and have their needs addressed thoroughly and transparently. Through our communications, we will confirm our exemplary performance to the State, use person-centeredness to enable choice for applicants, and assist the State with appeals and grievances. Our responsive and transparent communications with the State will move stakeholder confidence forward while supporting a stable transformation. Through these strategies, we address the needs of all our stakeholders with thoughtfulness and efficacy.

3.1   Communication with the State (Section 2.3)

We maintain an open-door policy with State staff. This means we hold regular communications through both formal and informal channels to build and maintain a strong working relationship.

Your assigned program manager will serve as the primary point of contact to the FSSA. We are committed to maintaining consistent and transparent communications through informal channels, such as emails and calls, and formal channels, such as recurring meetings and written reports.

We will hold consistent contract meetings with FSSA, as well as clinical alignment meetings during implementations. Our objective is to proactively provide detailed information and analysis that helps you affirm program objectives are being met, understand and respond to program needs and trends, and successfully manage program performance. Your leadership team from Maximus will communicate with the Indiana-specific contact for that program if there is a case-specific question. We will schedule ad hoc conference call meetings to address issues for the continued success of the Indiana Scope A – LTSS Enrollment Services. We are committed to continue working in partnership with FSSA, promoting transparency of our operations and project successes as well as identifying issues and risks.

Additionally, our Helpline is available for routine issues, including password resets or provider billing issues.

⭐ Spotlight

OPEN-DOOR POLICY IN INDIANA

We established and continue to consistently hold a variety of routine and ad hoc meetings with Indiana stakeholders. These meetings included topics such as:

- System updates
- Policy changes
- Performance standards
- Tool updates

Our open-door policy facilitated effective project oversight and management following implementation of a new technology supported long-term services and supports (LTSS) Preadmission Screening and Resident Review (PASRR) and Level of Care (LOC) preadmission program from the historic decentralized, paper-based approach that had continued to use outdated and ineffective screening and assessment tools.

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[REDACTED] Please refer to our proposal response in *Section 14: Reporting Requirements* for further detail.

3.1.1 Ensure Our Staff Does Not Coerce, Entice, or Force Persons Referred to or Enrolled in any FSSA Program Included in Attachment K.1 Scope of Work A – Enrollment Services to Make Decisions or Choices Against Their Will (Section 2.4)

Change can be especially challenging for individuals seeking vital healthcare services. We plan appropriate resources to support full change management. Our carefully crafted communication and outreach plans focus on supporting applicants and members through all transitions and assuring they fully understand all available options.

The individual's right to choose is paramount to our person-centered service. We give individuals options without coercion, enticement, or force. [REDACTED]

3.1.2 Ensure Our Staff Does Not Abuse or Discriminate Against Any Person Referred to or Enrolled in Any Program Covered by Attachment K.1, Scope of Work A – Enrollment Services (Section 2.4)

Streamlined Beneficiary Experience

Our staff undergo multiple trainings and quality checks to confirm they never abuse or discriminate against any person referred to or enrolled in any assessment program. These trainings focus on interacting with applicants and members in a person-centered way.

We employ well-established training and methodologies to confirm staff at all levels approach their roles in a person-centered manner. Our goal is that every interaction is considered through the lens of each individual's needs; our actions consistently consider each individual's preferences and encourage self-advocacy. We conduct assessments in a professional and person-centered manner. This honors the dignity and agency of the individual assessed and significantly improves the accuracy of individualized assessment results. ███████████

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3.1.3   Conflict-free

As a supplementary way to help guard against abuse and discrimination against individuals enrolled in Scope A – LTSS Enrollment Services, we offer FSSA our reputation for delivering conflict-free, objective, and unbiased clinical assessments. FSSA will continue to benefit from our clear, conflict-free status. In addition to exceptionally strict requirements found within 42 CFR § 438.810 for absence of corporate conflicts, other regulations impacting waiver programs require important additional conflict-free protections on the part of the successful bidder.

We have policies, procedures, and infrastructure in place to deliver services and assessments that meet all Medicaid conflict free requirements, including 1915)c) HCBS, 1915(i), 42 CFR 431.301(c)(1)(vi), 42 CFR 441.730(b), 42 CFR 441.550(c), Section 1915(i)(1)(E) and Section 1915(i)(1)(H)(ii) of the Social Security Act, and in accordance with the CMS Letter to Medicaid Directors (SMDL #08-001).

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Please refer to our proposal response in *Section 12: Conflict of Interest* for full details.

3.2 Experience in Assisting the State or a Member in the Grievance and Appeals Process in the State of Indiana or Another State (Section 2.5)

We bring a depth and breadth of experience in preparing and participating in LTSS appeals. Additionally, we have a deep understanding with appeal assistance in a variety of state health and human services programs such as enrollment broker, health insurance exchange, and other PASRR assessment contracts. ██████████████████████████████████████

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We also bring to FSSA the broad experience of our organization. Maximus has 20 years of experience in hearings and appeals, including extensive experience managing appeal preparation and testimony on behalf of state customers. We support hearings and appeals activity in all our LTSS assessment projects as well as for many of our other health services contracts.

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3.2.1 Responding to Grievances

In virtually all our customer service centers serving public health insurance programs, we receive, document, and respond to client grievances and disputes. We facilitate and foster communication among affected parties throughout the process to reach the most expeditious and equitable resolution. ███

Spotlight

3.3 Conclusion

FSSA can be assured of our focus on successful communication to all stakeholders, including the State, applicants, and members. Our performance and project insights will be transparent and readily available to the State. We will employ choice counseling and person-centeredness, as well as use our conflict-free status to confirm applicants and members are treated fairly and without discrimination. We will also be responsive to the State when asked for assistance with appeal and grievances. Through these strategies, we address the needs of our stakeholders with thoughtfulness and efficacy.

4. **Nursing Facility Level of Care (NFLOC) Assessment Process (Section 3)**
Confirm your acceptance of the requirements in Section 3 as written, and please describe your approach to meeting all the requirements as defined in Section 3 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.
   a. **General Requirements (Section 3.1)**
      o Describe how you will ensure that individuals, who contact the LOC & Intake Contractor and who are unsure of their need for a LOC Assessment, are asked appropriate questions and referred to appropriate entit(ies) in alignment with the individual's preferences and needs.
   b. **NFLOC Assessment Requests (Section 3.2)**
      o Please describe your policies and procedures for receiving a LOC Assessment Request from an individual in need of a NFLOC or from an entity on an individual's behalf.
      o Describe how you will ensure that the entities listed in Section 3.2 have access to and an understanding of the methods for submitting LOC Assessment Requests.
      o Describe any additional information (if any) you will collect as part of LOC Assessment Requests beyond the minimum required information listed in Section 3.2.3.
   c. **NFLOC Assessment (Section 3.3)**
      o Describe your process for reaching out to individuals following a LOC Assessment Request to conduct face-to-face LOC Assessments.
      o Describe how you will incorporate person-centered practices and thinking into the LOC Assessment process.
      o Describe your policies and procedures for situations that may require elements of a long-form LOC Assessment submitted by a hospital or MCE to be validated or re-assessed prior to determination.
      o Describe your process for allowing individuals to request that their LOC reassessments be conducted face-to-face (Section 3.3.2.)
   d. **NFLOC Determination (Section 3.4)**
      o Describe your process for notifying individuals, their primary care physician, referring providers, and their MCEs (as applicable) of their LOC outcome (Section 3.4.1)
      o Describe your process for reviewing LOC denials and conducting denial-triggered LOC reassessments (Section 3.4.2).
      o Describe your policies and procedures for conducting minimum outreach and scheduling attempts in the event that an individual at risk of a LOC Assessment denial is unable to be reached for a follow-up reassessment (Section 3.4.2).

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 3 NFLOC Assessment Process as written. Please see our detailed response to RFP Attachment F.1, Section 4 below.

4   Nursing Facility Level of Care Assessment Process (Attach F.1 4; Attach K.1 3, 3.1, 3.2, 3.3, 3.4)

FSSA aims to improve care coordination for Hoosiers, especially those over age 60, by aligning state Medicare and/or Medicaid services. By rebalancing reliance on institutional settings, more Hoosiers will access, understand, and utilize community-based care. In support of FSSA, we will provide Indiana with oversight and management of nursing facility Level of Care (NFLOC) assessments. Maximus will manage Level of Care (LOC) assessments submitted by various stakeholders and administer on-site LOC assessments.

Throughout this section, we detail our approach to the NFLOC assessment process, which offers FSSA:

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■ **Smooth Transition for the State:** Programming International Resident Assessment Instrument (interRAI) presents a significant learning curve for a new vendor.

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Adjusting our current system to include this new scope will be a thoughtfully architected expansion upon a stable foundation built in partnership with the State. As a result, our focus is on the individual's experience. This increases stakeholder confidence and improves the quality of care for members as the State moves into Managed Long-term Services and Supports (MLTSS).

Stability Supporting Transformation

4.1   General Requirements (Section 3.1)

Indiana's families rely on accurate NFLOC for their loved ones to receive appropriate Medicaid LTSS in NFs, their homes, and in their communities. We will support FSSA's goal of accurate and equitable eligibility determinations for both NF and Home and Community-based Services (HCBS) Waiver services. As a point of entry for LOC referrals, we will receive LOC assessment requests and coordinate the face-to-face NFLOC assessment.

In *Exhibit 4.1-1: NFLOC Assessment Process Workflow*, we detail our overall process for receiving, scheduling, and conducting LOC assessments.
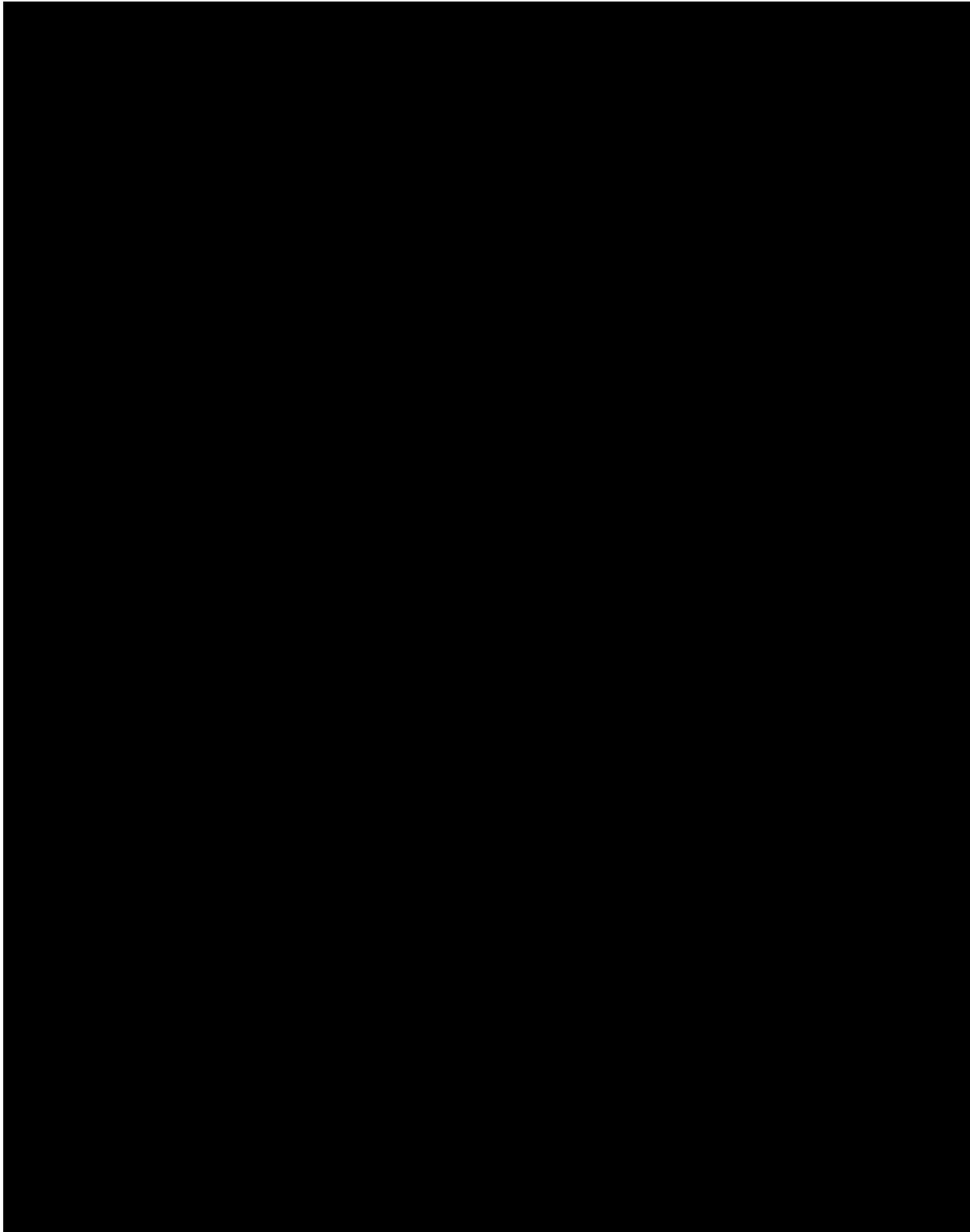
FSSA can continue to rely on Maximus for accurate, timely interRAI-based NFLOC assessments and determinations. ██ Below, we describe the role of our staff in the NFLOC assessment process. More information on our timelines for NFLOC

assessments can be found in *Section 4.3.1: Reaching Out and Conducting Face-to-Face LOC Assessments*.

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We bring Indiana conflict-free, equitable services. ████████████████████
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For each project, we match individuals with state-established service criteria.

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As described in *Section 13.7: Training Plans and Ongoing Training Policies, and Procedures,* we will train our staff in MLTSS, Program for All-Inclusive Care to the Elderly (PACE), the Aged and Disabled (A&D) Waiver, and the Traumatic Brain Injury (TBI) Waiver programs. Additionally, we will train staff on Indiana's Medicaid and Medicare service offerings. This will streamline referrals of individuals to appropriate entities. We train new staff upon hire and provide current staff annual renewal training. ████████████████
██ We also encourage staff to coordinate with their supervisors for any questions or concerns. This leads to optimal person-centered care for individuals.

4.1.1 Asking Appropriate Questions and Referring Individuals to Appropriate Entities

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At any point in the NFLOC assessment process, our staff is prepared to answer questions about State services. We will train staff to educate applicants and members on State services where appropriate. This will lead to person-centered, individualized assistance and referrals for unmet needs in alignment with FSSA's goals. Through collaboration with FSSA, we will incorporate information on state services into Helpline processes and in-person customer support materials. We will also work with FSSA to maintain a list of all approved entities and incorporate procedures for referrals into our training materials for assessors, CSRs, and intake counselors.

4.1.2 Understanding of InterRAI-HC Items and Indiana-specific LOC Criteria

Moving Stakeholder Confidence Forward

FSSA's expansion into assessment of eligibility for MLTSS, PACE, and HCBS waiver services benefits from a proven partner. We bring full understanding of interRAI-HC and Indiana's specific subset of InterRAI items. With a new vendor, FSSA would face a substantial time investment for an interRAI-based LOC screening system. Our system has the workflows, content, algorithms, outcome, and reporting requirements already in place. Maximus will partner with FSSA to quickly incorporate new LOC assessment requirements in support of the State's goal of full transition to MLTSS in the first fiscal quarter of 2024.

Our system's LOC module is shown in *Exhibit 4.1-2: AssessmentPro LOC Module Key Features and Benefits.* Through partnership with the State, our system already contains Indiana-specific decision algorithms, workflows, and rules regarding NFLOC determinations.
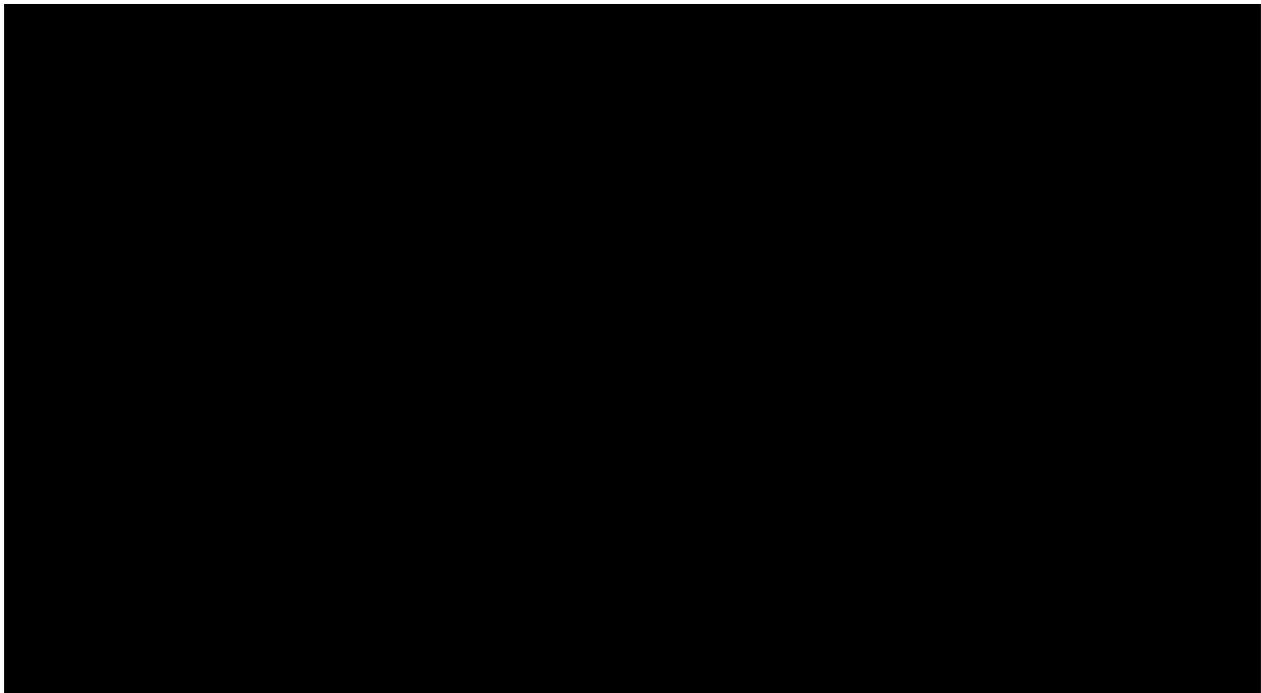
Indiana's state-specific criteria consists of a subgroup of interRAI-HC items and additional Indiana-specific medical necessity indicators. ██

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████ This analysis determines if the individual's needs meet Indiana's NFLOC criteria, including:

- Medical necessity for skilled NF placement determinants, which include:
  - Need for: catheter, tube feeding, intense wound care, high intensity IV medication, suctioning, tracheostomy and ventilator care, daily oxygen, registered nurse intervention for uncontrolled seizures, intensive occupational therapy, physical therapy, speech therapy treatment, and direct assistance for medication administration
  - Presence of severe: ulcers, intense consistent pain, pneumonia, difficulty clearing airways, coma, unstable physical condition requiring frequent physician review
- Intermediate nursing facility placement determinants, which include:
  - Need for supervision with: Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), personal hygiene, dressing, ambulation, transfer and mobility, toileting, eating, chemotherapy (recent), for positioning assistance (frequent), monitoring of fluid and food intake, assistance with range of motion, and 24 hour a day monitoring of health plan
  - Presence of moderate to severe cognitive impairments, significant difficulty communicating

For this new scope, Maximus LOC assessors will use this same NFLOC criteria unless changed by FSSA. LOC assessors will determine if an individual meets NFLOC for MLTSS, PACE, or A&D and TBI Waivers. Our assessors will synthesize information from multiple sources to determine functional eligibility and medical necessity for these care settings. We detail our face-to-face assessment process in *Section 4.3.1: Reaching Out and Conducting Face-to-Face LOC Assessments*.

4.2   NFLOC Assessment Requests (Section 3.2)

As part of the new Contract scope, Maximus will receive LOC assessment requests from individuals or from entities on the individual's behalf. ██
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4.2.1 Policies and Procedures for Receiving LOC Assessment Requests

Individuals or their representatives, physicians, community providers, NFs, hospitals, AAAs, PACE providers, and other entities will request LOC assessment. They will either submit a request or call the Helpline to make a LOC assessment request. Below, we detail our policies and procedures for receiving LOC assessment requests.

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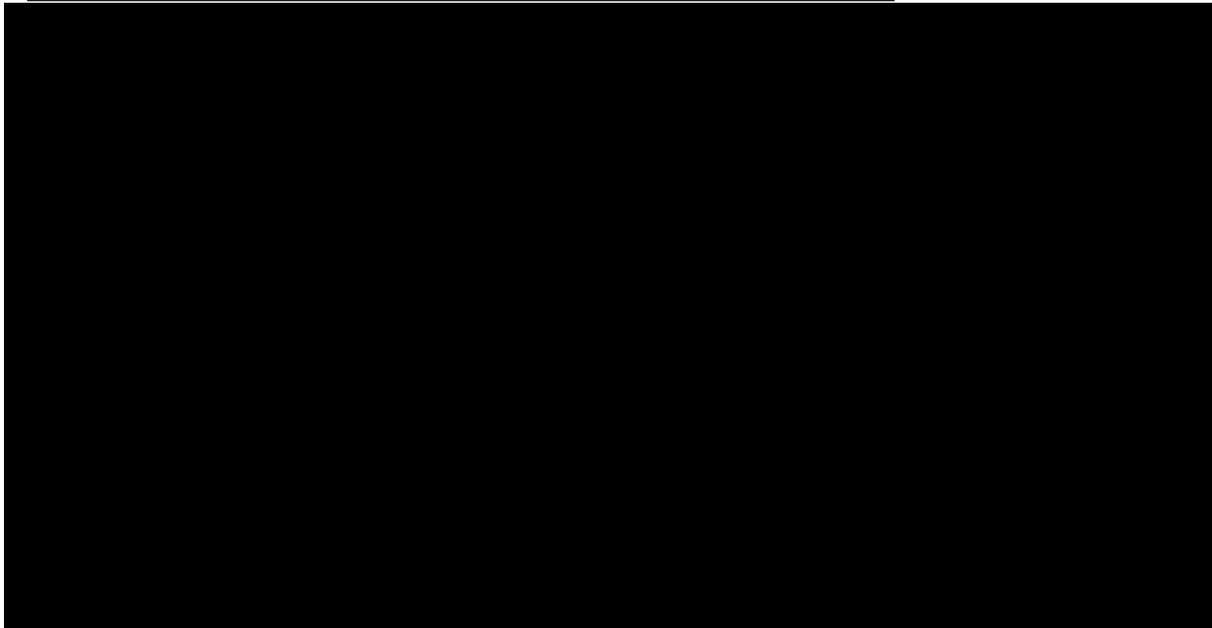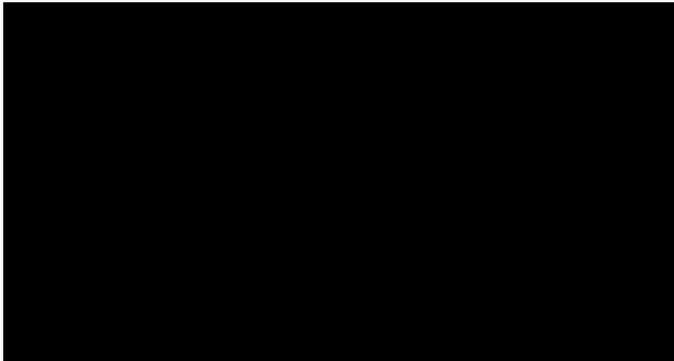
Whichever way the information is received, our CSRs collect pertinent information about the individual. They will use this information to begin the LOC referral and to schedule the LOC assessment.

4.2.2 Provide Entities with Access and Understanding of Submitting LOC Assessment Requests

Partnering with FSSA, we will conduct outreach to provide access to approved entities. ███████ ██ ███

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Providers across Indiana have found our

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4.2.3   Additional Information Collected as Part of LOC Assessment Requests

In similar LTSS assessment projects, we collaborated with states to add useful variables to the LOC referral request.

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The State may not choose to include this information within the LOC assessment request. If this is the case, our staff will gather information on these variables later in the process.

4.3   NFLOC Assessment (Section 3.3)

NFLOC assessments for the Indiana LTSS program will be completed two ways. █████████████
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Throughout this section, we detail how we schedule and conduct the on-site LOC assessment. We also detail how we incorporate person-centered and culturally competent practices, validate the LOC, and manage reassessments.

4.3.1   Reaching Out and Conducting Face-to-Face LOC Assessments

With an accurate determination of functional needs through the NFLOC, Medicaid applicants and members avoid denial of long-term care. Face-to-face LOC assessments allow our assessors the opportunity to gain a full picture of the individual's functional needs. We prioritize accuracy in both reaching out to and scheduling the face-to-face LOC assessment. This includes when completing the LOC assessment tool.

Conducting the Face-to-Face LOC Assessment: Once scheduled, our LOC assessors travel to the individual's primary residence to conduct the face-to-face LOC assessment. Through extensive training,

our LOC assessors identify and score an individual's functional needs relative to Indiana's NFLOC criteria. Below, we detail the steps our LOC assessors take to conduct the face-to-face assessment.

[REDACTED]

[REDACTED]

4.3.2 Person-Centered Practices and Thinking

From the initial request to the face-to-face assessment, we incorporate person-centered practices and thinking. The NFLOC assessment process involves interaction with many diverse individuals with different cultures, preferences, needs, and backgrounds. This is why we emphasize the importance of positive communication. We incorporate this with providers, the member or applicant receiving an assessment, and their families/legal representatives.

Our evaluation forms, instruments, training, and quality monitoring all put the individual, the individual's needs, and the factors most important to them in the center of our focus. Specifically, we:

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Our LOC assessors inspire confidence in the assessment and our services by using a person-centered approach to assessing an individual's needs and wants so we can accurately determine all eligible and relevant care options. ████████████████████████████████

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Our person-centered focus supports the individual, facilitates effective communication and an effective process. This, in turn, makes our assessments more accurate because communication is not a barrier to capturing the unique needs of each individual.

4.3.3   Policies and Procedures for Long-form LOC Assessment

Through partnership with FSSA, we have configured AssessmentPro to automatically queue predetermined subsets of Indiana's interRAI long form submissions for clinical review. We will update AssessmentPro's rules to reflect changed requirements related to queuing long-form interRAI LOC assessments for review.

Our assessors will complete all items of the interRAI LOC assessment within AssessmentPro, as is currently done by AAAs, hospitals, and NFs. AssessmentPro will validate that all items are complete before an assessment can be finalized. AssessmentPro offers hover over item definitions and scoring guides to support accurate interRAI assessment scoring.

4.3.4 Allowing Individuals to Request Face-to-Face LOC Reassessments

We acknowledge that residents of AAAs/DRCs, NFs, and other entities require NFLOC reassessments. Reassessments will alternate every other year between telephonic interview and record review, and onsite interview and record review. Each entity will submit a LOC request reassessment to initiate the

process. Individuals due for reassessment will receive a written, mailed notice that includes the option of having the LOC reassessment occur face-to-face.

As we schedule LOC reassessments, our CSRs will also offer face-to-face or telephonic options as part of our call scripts. We will readily accommodate each request for a face-to-face LOC reassessment.

4.4 NFLOC Determination (Section 3.4)

FSSA aims to rebalance cost distribution of institutionalized care and community-based care for Hoosiers over the age of 60. Knowing this, we will work to align our determinations with statewide service arrays and funding mechanisms to support this goal. We will collaborate closely with the State to align our determinations and facilitate community care settings for persons who meet PACE, MLTSS, or HCBS Waiver LOC. We acknowledge the State must have access to all LOC assessment results and reserves the right to make final LOC determinations.

In this section, we detail how we notify applicable parties of LOC outcomes, review LOC denials, and how we provide outreach if an individual cannot be reached for reassessment.

4.4.1 Notifying Applicable Parties of LOC Outcomes

When issuing LOC outcomes, we will:

- Issue LOC determination within four calendar days of receipt of a submission of a completed long-form LOC assessment from hospitals, MLTSS MCEs, and other qualified entities.

- Issue LOC determination within seven calendar days of receiving a LOC assessment request from an individual, an individual's representative, or an entity on their behalf.

We mail or email LOC outcome letters to individuals, along with their authorized representative, caregiver, or legal guardian, and primary care physician. If an individual has applied to but is not yet a MLTSS member, we will also email the outcome to the individual's selected MCE following enrollment. Outcome letters will include a copy of the completed Summary of Findings report, where applicable. We align with Indiana's due process and include a notice of the individual's appeal rights.

██. We monitor specified queues that indicate which cases/letters are ready for printing and processing. When they are ready to be mailed, we coordinate with a mailing service, such as the United States Postal Service.

4.4.2 Reviewing LOC Denials and Conducting Denial-triggered LOC Reassessments

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- [REDACTED]

Our assessors will conduct a reassessment within three days of any outcome where the algorithm indicates a LOC denial.

4.4.3 Policies and Procedures for Conducting Minimum Outreach and Scheduling Attempts

If an individual at risk of a LOC assessment denial cannot be reached for a follow-up reassessment, we will try a minimum of three outreach attempts. These outreach attempts will occur on different days and at different times. If needed, we will also attempt to contact the individual's provider, guardian, authorized representative, or caregiver (if provided) within 10 business days. [REDACTED]

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In addition, we track, analyze, and report on cancellations so we can target the causes of cancellations and work to decrease them.

4.5 Conclusion

[REDACTED], we bring FSSA a stable and seamless transition to modernized LTSS services. Our person-centered NFLOC assessments will support informed, equitable, and accurate decisions for appropriate care settings. This leads to more LTSS members and applicants in supportive home or community-based settings. With Maximus, FSSA will continue to receive accurate NFLOC assessments as the State transitions to MLTSS services.

5. **Pre-Admission Screening and Resident Review (PASRR) (Section 4)**
   Confirm your acceptance of the requirements in Section 4 as written, and please describe
   your approach to meeting all the requirements as defined in Section 4 of the Scope of Work
   A – Enrollment Services. Specifically describe your approach to the items in the following
   sub-sections.
   a. **PASRR Responsibilities Overview (Section 4.1)**
      o Describe your policies and procedures for conducting PASRR Level I
         assessments and determining the need for follow-up LOC assessments and
         PASRR Level II assessments for individuals who are seeking admission to
         nursing facilities.
   b. **PASRR Level I Assessment Tool (Section 4.2)**
      o Describe how you will ensure that your web-based software achieves the CMS
         mandate for Level I sensitivity to the potential presence of PASRR conditions.
      o Describe how your web-based application will meet the needs of submitting
         providers, in terms of ease of use, functionality, and availability.
   c. **PASRR Level II Responsibilities (Section 4.3)**
      o Describe how you will work with BDDS and DMHA to ensure that individuals with
         a Mental Illness (MI) and/or Intellectual Disability (ID) are appropriately screened
         and referred according to their needs and the State's policies.
   d. **PASRR Level II Assessment (Section 4.4)**
      o Describe how you will ensure that individuals and legal respresentatives have the
         option to include the individual's family in the PASRR Level II assessment
         process. Describe how you will schedule Level II assessments at times and
         locations or modes convenient to the individual and legal representative and the
         individual's family (as applicable).
      o Describe how you will incorporate person-centered practices and thinking into the
         PASRR Level II assessment process.
      o Describe how you will ensure that PASRR Level II evaluations are adapted to
         culture, language, and ethnic origin and conducted in the means of
         communication used by the individual being evaluated.
   e. **Turnaround Times (Due Dates) (Section 4.5)**
      o Confirm your acceptance with the requirements in Section 4.5 as written.

**Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 4 PASRR as
written.** Please see our detailed response to RFP Attachment F.1, Section 5 below.

5 Preadmission Screening and Resident Review (Attach F.1 5; Attach K.1 4, 4.1, 4.2, 4.3, 4.4, 4.5)

Indiana currently benefits from Maximus' industry leading and compliant proprietary Preadmission Screening and Resident Review (PASRR) assessment tools, which have been tried and tested for over 20 years in PASRR programs throughout the country. Centers for Medicare and Medicaid Services (CMS) has often referred states to our Level I screening tool and Level II comprehensive assessment tool as benchmarks of robust, effective, and compliant PASRR tools. Similarly, CMS has long endorsed the screen-review-apply categoricals-refer to Level II structure we developed and helped multiple states put in place.

At-A-Glance

Having this strong foundation already in place and in use across Indiana significantly reduces one burden on FSSA for heavy PASRR implementation oversight, and stakeholder and vendor management during implementation of Managed Long-term Services and Supports (MLTSS). Similarly, providers are well familiar and satisfied with the current PASRR system and processes reducing the number of stressors providers may experience as MLTSS rolls out and requires adaptations to providers' day-to-day workflows.

Stability Supporting Transformation

FSSA can be confident that our well-honed processes and person-centered approaches produce accurate, defensible, and meaningful assessments that result in timely, individualized recommendations, informed intake counseling, and streamlined services that make a difference in the lives of Hoosiers.

In *Sections 5.1-5.6,* we provide detailed descriptions of our Level I and Level II PASRR tools, workflows, and review processes along with the incorporation of any needed Level of Care (LOC) assessments and/or intake counseling. This is a testament to how our deep bench of knowledge is engrained throughout our services and contained within a single system. We also demonstrate our continued commitment to supporting Indiana's paradigm shift and alignment with current and future CMS rules.

5.1 PASRR Responsibilities Overview (Section 4.1)

[redacted]

In the following sections we detail: our application's ease of use, functionality, and availability; Level I and II tool content and methodologies; our approach to person-centered processes; ongoing compliance with CMS mandates; and how will meet identified turnaround times.

5.1.1 PASRR Policies and Procedures

Throughout this and other sections, we describe policies and procedures for PASRR Level I screenings and how we determine the need for follow up LOC and PASRR Level II assessments for individuals seeking admission to a NF.

FSSA knows our partnership includes a history of collaboration and the availability of materials documenting our work processes, including workflow, information and instructions for internal and

external users, the identification of both decision and proof points and evolving guidance based on CMS requirements, and national best practice experience and in accordance with State expectations.

Moving Stakeholder Confidence Forward

At-A-Glance

██ ables states to tie NF payment to assurances that PASRR was completed prior to admission.

5.2   PASRR Level I Assessment Tool (Section 4.2)

5.2.1 Compliance with CMS Mandate for Level I Sensitivity

It is vital for compliance with federal requirements that PASRR Level I tool and algorithm combinations properly identify all individuals who have a PASRR condition. PASRR screens that are not sensitive enough to the presence of PASRR conditions will miss individuals, denying them the opportunity for evaluation and recommendations to meet their disability-related needs in the least restrictive settings.

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5.2.2   Maximus Level I Tool Compliance

Not only does our Level I tool sensitivity align with PASRR regulations, the content has also been deemed complaint and comprehensive by CMS. [REDACTED]

5.2.3   Strategy for Maintaining Level I Compliance with CMS Rule Changes

PASRR regulations at 42 CFR Subpart C defines criteria for PASRR conditions and processes. Our maintenance of close connection with CMS and the PTAC keeps us abreast of evolving guidance and education by both. It has also allowed for close partnership and collaboration, such as:

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We are committed to keeping our approach, processes, and tools in alignment with CMS guidance and potential rule changes. In such case CMS, in response to public comments, promulgates rules other than those presented in the NPRM, we would retrace the actions above given the final regulations and would create and activate our plan to implement regulatory changes in an orderly, timely manner. Should the NPRM become regulation as is, we stand ready to rapidly update our tools, system, and processes to align.

5.2.4   Application Ease of Use, Functionality, and Availability

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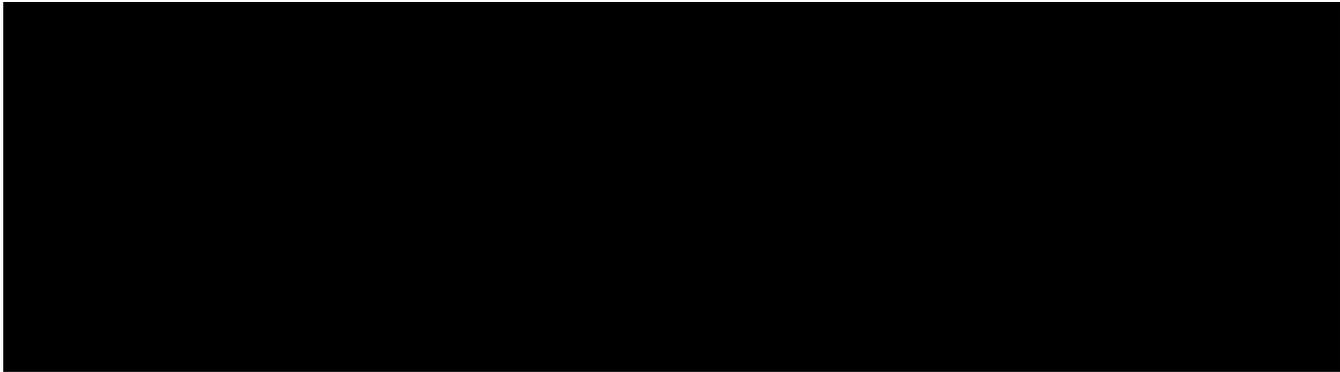
5.2.5 Completing a PASRR Level I Screen

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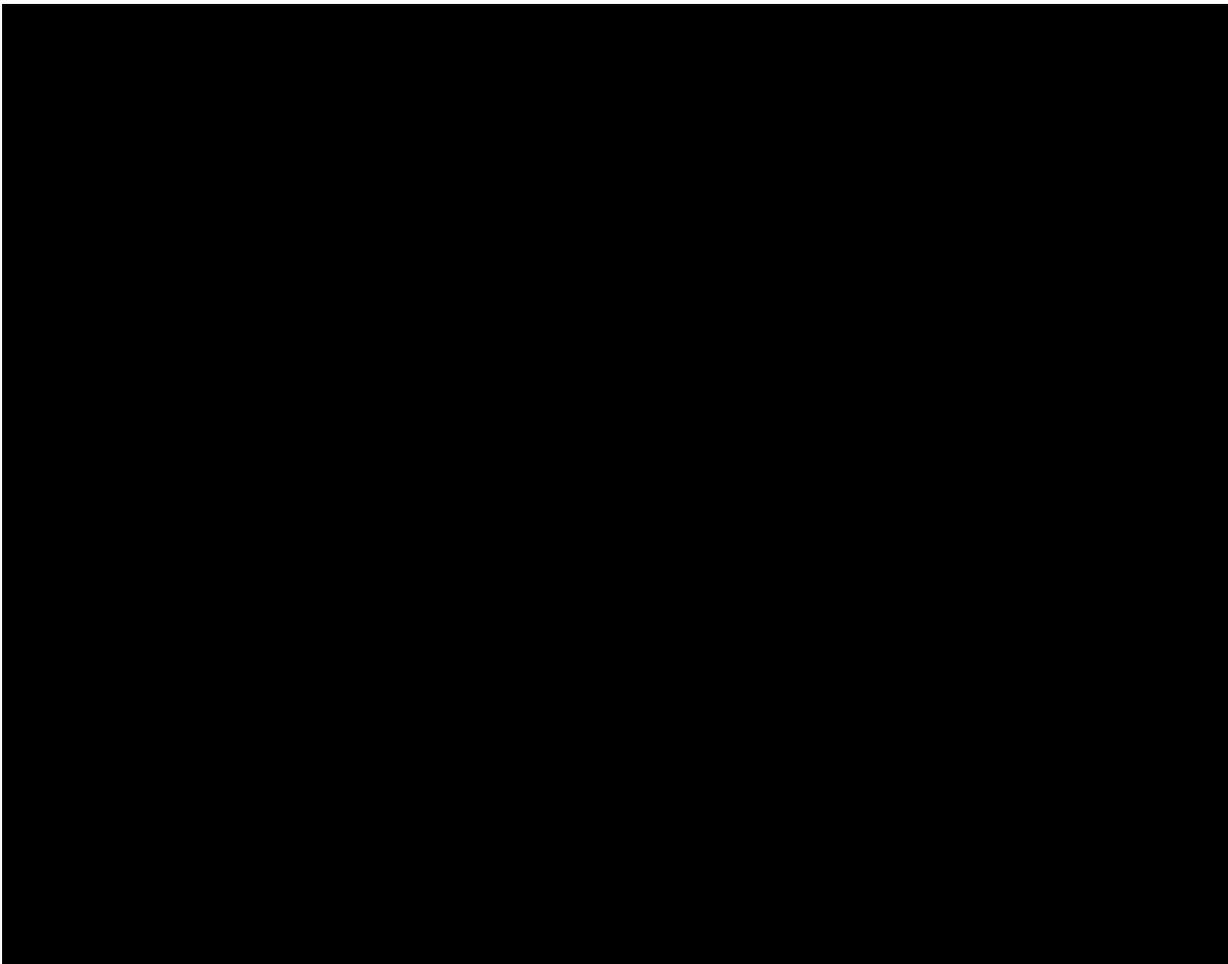
In the following sections, we walk through this process,

5.2.5.1 Maximus Proprietary Level I Clinical Algorithm

With Maximus, Indiana can trust that we provide the most federally compliant, most provider friendly, and most robust Level I screening tool, highly sensitive algorithm, and review combination in the nation. Accurate and appropriate algorithmic formulas balance efficiency and sensitivity, identifying the appropriateness of automatic approvals for those without disability indicators as well as persons federally required to receive Level II activity.

5.2.5.1.1 Clinical Reviewer Completes Level I.5 Review

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5.2.5.1.2   Status Change and Resident Reviews

Maximus is well versed in identifying when status change requests can be halted and when they require Level II evaluation. Whenever a significant change in a resident's physical or mental status is identified, the NF is federally required to notify the designated PASRR entity of the potential need for a PASRR Level II evaluation. ██

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5.3   PASRR Level II Responsibilities (Section 4.3)

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5.3.1   Coordination with BDDS and DMHA

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5.4   PASRR Level II Assessment (Section 4.4)

Maximus' Level II assessments are conducted for individuals who, through the Level I screen, are identified as having a suspected or known PASRR condition. Our Level II process involves meeting the individual and caregivers for a face-to-face assessment and obtaining comprehensive information to inform development of an accurate, comprehensive, and descriptive summary of the individual and their needs along with determinations indicating appropriate placements and PASRR service needs.

Our assessment process is directed at obtaining and producing accurate information:

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5.4.1   Inclusion of Family and Legal Representatives in the Process

Maximus verfies individuals and their legal respresentatives have the right to be included in the Level II PASRR assessment. As desired, they may also choose to include other partcipants, such as family, in the process. ███

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5.4.2   Incorporating Person-centered Practices and Thinking into the PASRR Level II Assessment Process

Our work is grounded in the customer journey and person-centered approaches such as:

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5.4.2.1   PASRR Level II Assessment Tool

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Streamlined Beneficiary Experience

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5.4.2.2 Strategy for Maintaining Level II Compliance with CMS Rule Changes

With Maximus, Indiana has federally compliant Level II tool ██████████████████████████ █████████████████████████

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5.4.3 Adaptation of PASRR Assessments to Individual the Individual's Needs

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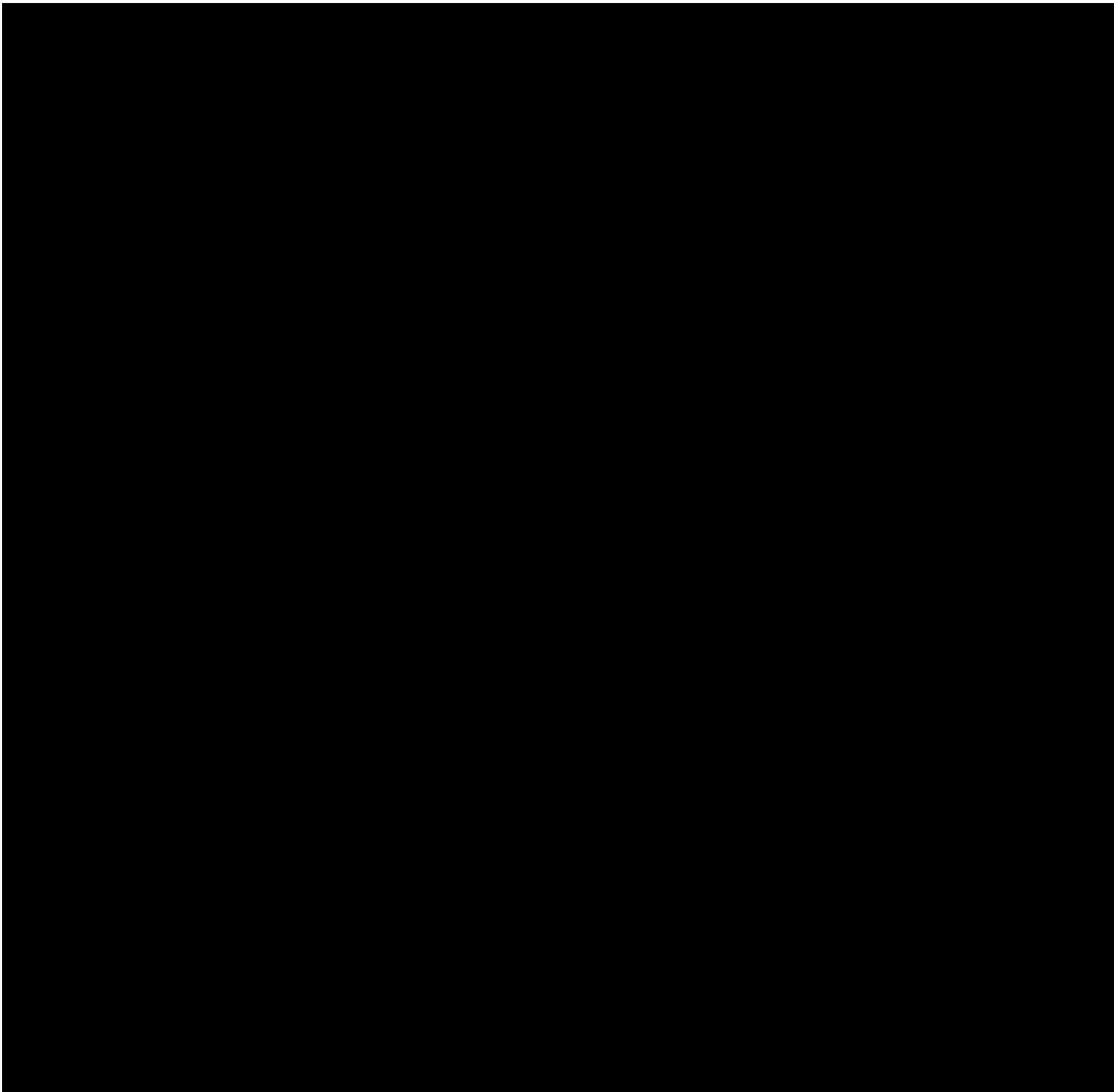
5.4.3.1 Steps to Complete a Level II Assessment
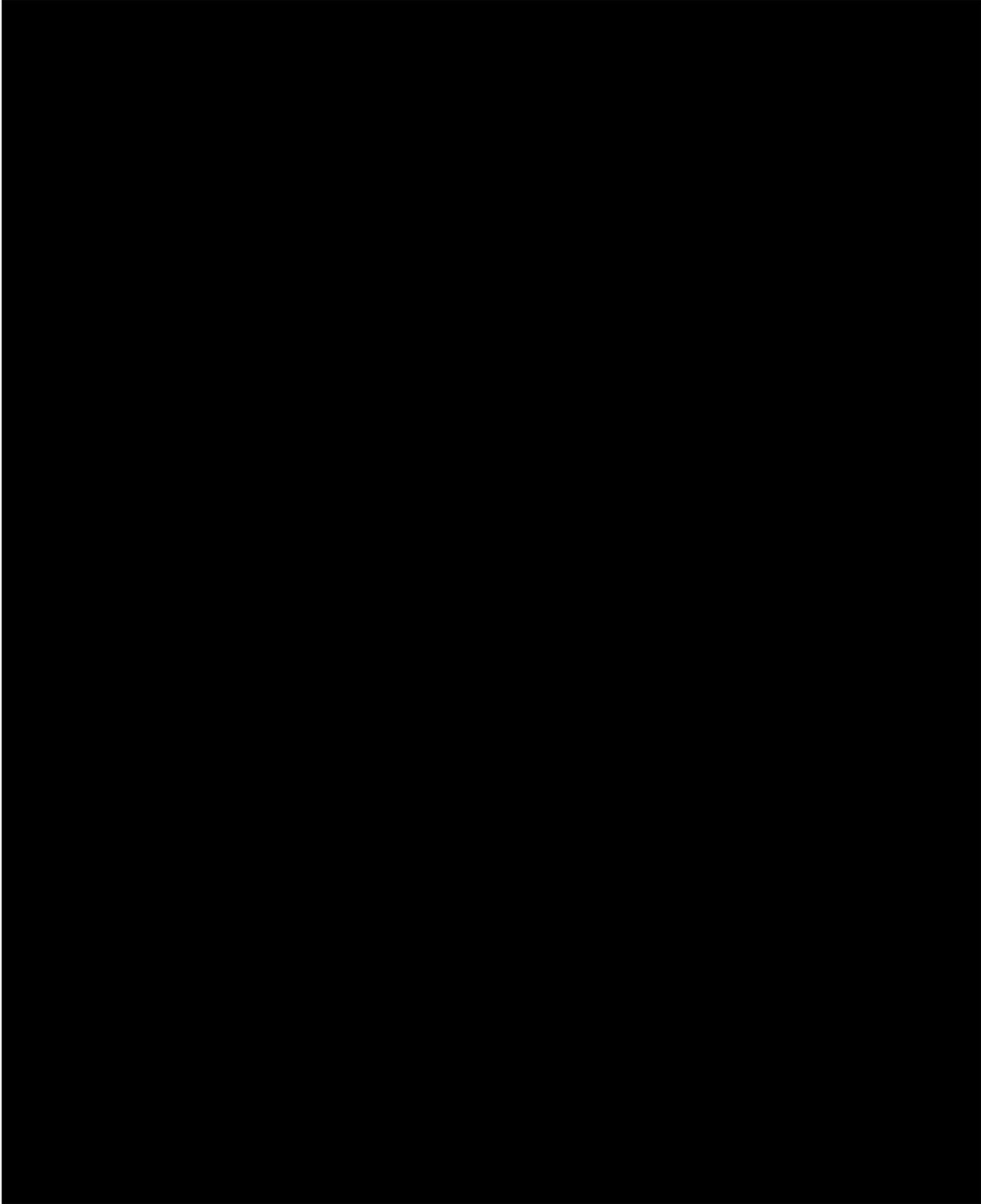
Below we provide a more in-depth step-by-step approach to completing PASRR Level II assessments. The following sections highlight the key components of our workflow and how our Level II PASRR assessment will increase the effectiveness and efficiency of the PASRR process.

Exhibit 5.4-5: Content for a Cohesive Story. *These six questions seek to answer why the individual is being*

SoF Example - Excerpt

Includes a pre-programmed intro about the evaluation purpose

Begins with the placement decision

Is the choice of care in a nursing home setting permitted for you now?
You may choose nursing home care now but should return to a setting in the community once your medical condition improves. The reason for that decision is below.

Why did this Pre-Admission Screening and Resident Review [PASRR] (the evaluation) occur?
We were contacted about you because diagnoses, symptoms, or other signs of a mental health, intellectual, or developmental condition were listed on a screening tool. The purpose of the screening tool was to flag anyone going to or living in a Medicaid certified nursing home that may have a mental health, intellectual, or developmental condition. If those conditions are found, an evaluation must occur to decide whether a nursing home is the best place to receive healthcare services right now and to name any needed services and supports. The requirements for the PASRR evaluation are explained in the attached letter. We gathered the information in this report through review of your medical information and interviews with two of your case managers. We learned that:

- You live at home with your mother and siblings. You are currently 31 years old.
- You were admitted to XYZ Rehab after fracturing your ankles on 7/27/18. You fractured your ankles when you jumped off the porch in response to the voices that you hear.
- You were admitted to a psychiatric unit on 9/26/18 from XYZ Rehab after smearing feces on wall of the nursing home and experiencing symptoms such as "hearing voices of God".
- Nursing home care is being considered because you need physical rehabilitation for your ankle fractures to heal. You currently need a wheelchair to get around.
- You are unable to return home at this time. You need to be able to climb a staircase to return home. You are unable to climb a staircase at this time.

Second person, bulleted, layperson sentences; follows a content formula that aligns with goals and objectives of the summary

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5.5 Turnaround Times (Due Dates) (Section 4.5)

At Maximus, timeliness and consistency are top priorities.

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5.6   Conclusion

Maximus has an established history of being at the forefront of the PASRR and LOC assessment evolution and transformation. We have developed and implemented streamlined, compliant, and clinically meaningful PASRR Level I screens and Level II, as well as LOC, assessments. This success is due to the importance of optimizing an individual's placement, service recommendations, successful treatment, and ultimately, an individual's quality of life. With our trauma-informed, person-centered policies and procedures in place, we are prepared to assist FSSA quickly adapt to upcoming the MLTSS transformation. We offer FSSA a seamless transition, while we continue to deliver accurate, efficient assessments for better health outcomes for Hoosiers.

6. Intake Counseling (Section 5)

Confirm your acceptance of the requirements in Section 5 as written, and please describe your approach to meeting all the requirements as defined in Section 5 of the Scope of Work A – Enrollment Services. Specifically describe your approach to:

    a. Provide any experience you have counseling persons about health care options and specifically about long-term care options offered through Medicaid and Medicare.

    b. Describe your knowledge of and experience with the HCBS Waiver services, managed long-term services and supports, and aging and disability community resources in Indiana or other states.

    c. Describe your process for ensuring that all individuals who qualify for intake counseling are offered intake counseling unless they specifically opt out of receiving intake counseling.

    d. Describe your person-centered approach to intake counseling.

    e. Describe how you will leverage your knowledge of aging and disability community resource networks to ensure that individuals are able to make informed choices and access programs in alignment with their needs, preferences, and eligibility status.

    f. Describe any additional information (if any) you will collect as part of intake counseling beyond the minimum required information listed in Section 5.5.

    g. Describe how you will help connect individuals to other entities, including but not limited to the enrollment broker, PACE providers, MLTSS MCEs, AAA/CBOs, SHIP, and DFR, through warm hand-offs. In the event that a warm hand-off is not possible, please describe your process for ensuring that individuals have the appropriate contact information and support to be able to make the connection on their own.

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 5 Intake Counseling as written. Please see our detailed response to RFP Attachment F.1, Section 6 below.

6 Intake Counseling (Attach F.1 6; Attach K.1 5, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6)

Hoosiers who qualify for intake counseling require services from a vendor who understands the interconnectedness of services, agencies, resources, providers, Area Agencies on Aging (AAAs), and community advocacy organizations. Coordinating and communicating with these agencies and resources is vital to support a person-centered, comprehensive community of care and ultimately better outcomes for individuals. Quality intake counseling allows applicants in need of long-term services and supports (LTSS) to transition smoothly into or remain within their communities, their families, and in control of their own healthcare choices.

At-A-Glance

Streamlined Beneficiary Experience

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6.1   Experience Supporting Independent Choice Counseling

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Through daily collaboration with FSSA, we apply the complex details of the waiver programs into our processes and education materials. We currently provide all the necessary application and enrollment support including select screening and referrals to additional programs and organizations.

We will continue to use the following strategies to exceed expectations for general responsibilities:

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6.2 Experience with HCBS Waiver Services, LTSS, Traumatic Brain Injury, and Aging and Disability Community Resources

With Maximus, FSSA receives a vendor who understands the importance and lasting impact of connecting individuals to the correct resources based on a complete picture of their history. Indiana can rely on Maximus' experience having delivered successful HCBS Waiver services in similar projects. We

also offer FSSA our experience in managed LTSS, as well as our knowledge and understanding of the aging and disability community resources in Indiana. We have trained our staff to understand the needs of Hoosiers who apply for HCBS Waiver services. They are knowledgeable in LTSS services, and our staff provide accurate and trauma-informed services aligned to specific needs. We connect individuals who have traumatic brain injuries (TBIs), and other major considerations in their health history, to the appropriate resources. Our staff can easily refer members to resources available for those in the aging and disability community.

6.2.1   HCBS Waiver Services

We provide HCBS Waiver assessment services in Maine, Mississippi, New York, Tennessee, and Virginia. We also helped New York and Tennesee transfrom their Managed Long-term Services and Supports (MLTSS) services. As reported in FSSA's MLTSS report in February 2022, Indiana understands that natural rebalancing is projected to rise from approximately 1% to 1.5% per year. While under risk-based managed care, the percentage of LTSS population members in community settings is projected to increase between 2% and 4% per year. This gradual increase over the next six years will depend on Indiana's efforts to support HCBS, the efforts to grow the HBCS provider workforce, and the effectiveness of contracted risk-based managed care entities (MCEs). These projections are in line with states who have recently moved to MLTSS. In Tennessee, we supported the MLTSS transformation where they experienced HCBS enrollment increase from 17% to 44% (ADvancing States).

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6.2.2   Supporting LTSS

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6.2.3   Understanding TBIs

We understand individuals with traumatic brain injuries (TBIs) or acquired brain injuries (ABIs) may experience complex symptoms and needs that require specialty services. We offer Indiana an established approach to providing person-centered, trauma-informed intake counseling to members with TBIs and ABIs. Our approach incorporates evidence-based practices and industry standards to inform and tailor services to each member.

6.2.4   Working with Aging and Disability Community Resources in Indiana

Since 2016, we have established and maintained connections with resources for Hoosiers in vulnerable communities such as the aging and disabled. Understanding their complex needs is integral to a successful future for applicants, and Maximus has the knowledge having supported similar communities in 15 PASRR and 22 LTSS projects across the country.

We also understand the unique needs for traumatic brain injury survivors. Our experience serving veterans, as well as in Maine serving TBI Wavier participants combines with our partnerhsips including organziations like the Brain Injury Association of Indiana. We know how to identify, refer to and monitor new services for brain injury survivors now and in the future. Our approach to connecting members to resources has been refined throughout our years of support. Our staff are trained to actively listen and

gather as much information needed to identify which resource would best fit the member's needs for an easy transition and minimized risk.

6.3 Offering of Intake Counseling

Intake counseling is important because it is person-centered and trauma-informed. It empowers members and advances their quality of life. ███████████████████████████████

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6.4 Person-Centered Intake Counseling Services

Our approach to delivering person-centered intake counseling begins from the moment a referral is requested. Gathering the right information about a member has major impacts to the information and services they receive. From the moment we contact each individual to gathering their information, Maximus trains our staff to be as accurate and thorough as possible. This is important to understand a more a holistic and accurate picture of the needs and preferences of the individual. We achieve person-centered intake counseling through:

- In-depth interviews and information gathered during screening and assessments inform our decision to invite a member for intake counseling

  - Each member has differing needs, and staff are trained to capture their needs clearly and accurately

  - Interactions are documented so members will not have to repeat themselves, especially when they have already had challenging conversations

- Offer the member the choice to decline intake counseling, and still provide them with contact information on how to receive intake counseling should they change their mind

- Offer the member the choice of receiving services over the phone or in-person

- Culturally competent and trauma-informed intake counseling practices

- Informed warm handoffs to appropriate resources

We value members' time, so we strive to accurately capture and refer them to the correct services. Our staff are trained to be knowledgeable on Hoosier needs and services available, so members trust the information they receive to produce the most impactful results.

6.5   Working and Understanding Aging and Disability Community Resources in Indiana

We work with one out of every two Medicaid managed care beneficiaries across the United States. We support individuals who are aging and/or disabled in our LTSS programs. Members we work with often are aging and/or have physical, developmental, intellectual, or mental health conditions. Our staff is trained to consider each person's unique and complete background and tailor how we deliver services. We understand being person-centered means we must adapt our interactions with each individual to facilitate their assessments, as well as the next steps they need to take to secure a healthier future.

We employ several strategies to facilitate successful communication with persons who are aging or have disabilities.

Our person-centered approach to working with members who are in the aging and disability communities includes scheduling. We describe these considerations to respect a member's desire while aligning with their needs in *Section 2.3.1.2: Addressed Needs and Barriers of Aging and Disabled Individuals.*

6.6   Additional Information for Intake Counseling

Part of delivering person-centered services means we must align the services we provide to the needs of a member and consider whether their desires align with their healthcare needs. Our staff are trained to gather all information that may impact their services and their lives, beyond what is described in Section 5.5 of the RFP as part of intake counseling.

[REDACTED]

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

    [REDACTED]

- **[REDACTED]**

If they decline our recommendations, we provide an alternative route and provide contact information in case they change their minds. This empowers them to easily start the intake counseling process again.

We work with members to confirm we align members' needs to their services, so they make sound decisions on their health setting themselves up for the future. Maximus acknowledges decisions made as a result of intake counseling shall be made by the individual or the individual's surrogate decision-maker. The intake counselor shall respect the individual's right to make decisions that entail a certain amount of risk and shall take action to prevent an individual from engaging in risky behavior consistent with legal requirements. We provide alternate referrals if the member is not in agreement with primary referrals made, this allows for more autonomy while further informing them.

6.7   Connecting Individuals to Community Resources

Program staff are trained on available resources and can easily connect or refer the individual to the appropriate agency or organization through a warm handoff. We are knowledgeable on aging and disability community resource networks, and we collaborate with the State to assure we provide the most current information on these resources.

To connect members to the correct community resources, we use:

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

Our staff is trained to connect each individual with the right information. We will verify warm handoffs occur by calling individuals and verifying they receive it. We also leave a message and callback information, if necessary. In this way, in the event a warm handoff is not possible, individuals have the appropriate contact information and support to be able to make the connection on their own. We document these interactions and decisions made by the member in AssessmentPro.

6.8   Conclusion

We continue to offer FSSA our support to continue to serve the growing aging community in a manner that aligns Hoosiers' desires with marketplace incentives. FSSA can rely on Maximus to adapt the program as MLTSS services evolve as we have done for decades. Maximus will continue to adapt and build on the program's robust foundation, so services are aligned to the growing population's needs.

7. **Medicaid Application Assistance (Section 6)**
   Confirm your acceptance of the requirements in Section 6 as written, and please describe your approach to meeting all the requirements as defined in Section 6 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.
   a. Describe your approach to screening for and offering Medicaid Application Assistance to individuals entering the LOC assessment process.
   b. Describe your understanding of and approach to providing the activities listed in Section 6. Describe how you will coordinate with individuals to understand their Medicaid Application Assistance needs and provide assistance and activities specific to the individual's needs and preferences. Please describe any additional activities that you would offer or anticipate providing.
   c. Describe your policies and procedures for receiving and recording appropriate authorization to take Medicaid application actions on behalf of individuals upon their request.
   d. Describe how you will coordinate with individuals to conduct Medicaid Application Assistance in a mode, setting, and time convenient to the individual and individual's circle of support and reflective of the individual's expressed preferences.
   e. Confirm your understanding that Medicaid Application Assistance is an optional component of Scope of Work A – Enrollment Services and the State may or may not choose to contract for this service based on pricing and budget.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 6 Medicaid Application Assistance as written.** Please see our detailed response to RFP Attachment F.1, Section 7 below.

7   Medicaid Application Assistance (Attach F.1 7; Attach K.1 6)

Many Hoosiers aged 60 years or older have multiple conditions and physical disabilities requiring complex care. Navigating forms and gathering personal financial and health information may present challenges for these individuals. To support FSSA's goals of incentivizing quality care for aging Hoosiers, we act as a guide to help them navigate the Medicaid application process.

Moving Stakeholder Confidence Forward

[content redacted]

★ Spotlight

[content redacted]

Throughout this section, we detail our:

- Ability to screen and offer Medicaid application assistance to interested individuals who meet screening criteria

- Understanding of the assistance required by older Hoosiers and our approach to meeting their application needs

- Policies and procedures we take in accordance with Health Insurance Portability and Accountability Act (HIPAA) to obtain an individual's authorization to perform Medicaid application actions on their behalf

- Coordination with individuals in an accessible, culturally competent, and linguistically appropriate manner throughout the application process

- Statement of acknowledgement on Medicaid application assistance as an optional component of Scope A

Hoosiers deserve unbiased support in a patient, person-centered, and needs-oriented manner. With Maximus, the State gains trained, competent navigators ready to assist individuals who request Medicaid application assistance. We will partner with FSSA to educate and enroll more aging individuals in Medicaid to support the State's goal of quality care.

7.1 Approach to Screening for and Offering Medicaid Application Assistance

As part of our intake counseling approach described in *Section 6: Intake Counseling*, our intake counselors obtain the "whole picture" of individuals 60 years or older who enter our NFLOC assessment process. The intake counselor will document the individual's needs and preferences using State-approved screening criteria in AssessmentPro. This screening includes potential Medicaid financial eligibility. We will train our intake counselors to identify whether an individual may match Indiana Medicaid eligibility criteria. This includes if the individual is:

- 60 years of age or older

- Not currently enrolled in an Indiana healthcare plan

- Considered likely to meet Medicaid financial eligibility based on the screening criteria

At the end of the intake counseling session, the intake counselor will introduce Medicaid benefits and offer Medicaid to the individual. For instance, the individual will learn about the Aged and Disabled Waiver program offered through Medicaid, or if they are employed, our navigator will introduce MED Works. If the individual expresses an interest in applying for Medicaid, our intake counselor will offer to schedule application assistance with a navigator by phone or in-person.

7.2 Understanding of and Approach to Medicaid Application Assistance

As part of FSSA's goal to transition to Managed Long-term Supports and Services (MLTSS), care coordination for members is a vital concern.

7.3 Policies and Procedures to Take Medicaid Application Actions

To safeguard personal health information and personally identifiable information, we maintain appropriate authorization in accordance with HIPAA guidance. If an applicant requests a navigator to take Medicaid application actions on their behalf, we obtain a release of information (ROI). Similar to the ROI used by assessors, we will tailor a ROI form specific to Medicaid application assistance. We will use two methods to obtain ROI:

- The navigator will ask the individual to sign the ROI. The individual will be able to sign an electronic form or a physical form depending on their needs and preferences.

- There may be cases where the applicant has a physical disability and finds signing the ROI difficult or challenging. In these cases, we will obtain verbal authorization and have a witness from their circle of support sign the ROI.

Our navigators will only start to take application actions after recording the ROI. Once received, our navigators will record the signed ROI in AssessmentPro in the applicant's case profile.

7.4 Coordinating with Individuals to Conduct Medicaid Application Assistance

Streamlined Beneficiary Experience We train our staff, including navigators, on how to treat the individual in a person-centered manner. This training includes understanding how to use person-first language, showing patience and respect, and independent living philosophy. These behaviors instill within our staff the ability to coordinate with applicants on their terms. Navigators prioritize sensitivity to individual choice, including expressed preferences for where and when assistance takes place.

As we work together with individuals throughout the application assistance process, we speak with them in their preferred language and use the contact method they prefer. We also provide the applicant the option to include their circle of support, including their guardian, family members, authorized representative, or caregiver.

7.5　Statement of Understanding

Maximus confirms that we understand that Medicaid application assistance is an optional component of the Scope of Work A – LTSS Enrollment Services. We acknowledge that the State may or may not choose to contract for this service based on pricing and budget.

7.6　Conclusion

If the State chooses to implement Medicaid application assistance, we stand ready to support individuals with Medicaid enrollment. Navigators provide culturally competent, linguistically appropriate, and disability accessible application assistance. In support of Indiana's MLTSS transition, we will provide Hoosiers aged 60 or older access to and an understanding of Medicaid services.

8. **Helpline Services (Section 7)**

   Confirm your acceptance of the requirements in Section 7 as written, and please describe your approach to meeting all the requirements as defined in Section 7 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

   a. Describe your experience operating a call center in Indiana or another state.
   b. Describe how you plan to timely answer all calls and provide access to a live operator.
   c. Describe how you will ensure that calls are routed appropriately based on whether the caller is a user of the web-based software or an individual seeking a LOC Assessment or intake counseling.
   d. Summarize how customer complaints, compliments and other service-related comments/suggestions and protocol will be handled, as well as complaint follow-up.
   e. Describe your plan for understanding and attempting to refer individuals to the appropriate entity as possible when individuals calling the helpline are seeking to fulfill a need not covered by this Scope of Work A – Enrollment Services.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 7 Helpline Services as written.** Please see our detailed response to RFP Attachment F.1, Section 8 below.

8   Helpline Services (Attach F.1 8; Attach K.1 7, 7.1, 7.2, 7.3, 7.4)

Maximus has been operating person-centered contact centers across the country for over four decades. Our expert staff and strategic integration of technology allows us to provide every individual who calls our Helpline with a single point of contact, offering a seamless experience and high-quality care.

Our combination of a culturally competent, trauma-informed, person-centered approach and robust technology integration means Hoosiers will receive personal service and accurate information — not complicated phone trees, long hold times, and escalations to supervisors.

Stability Supporting Transformation
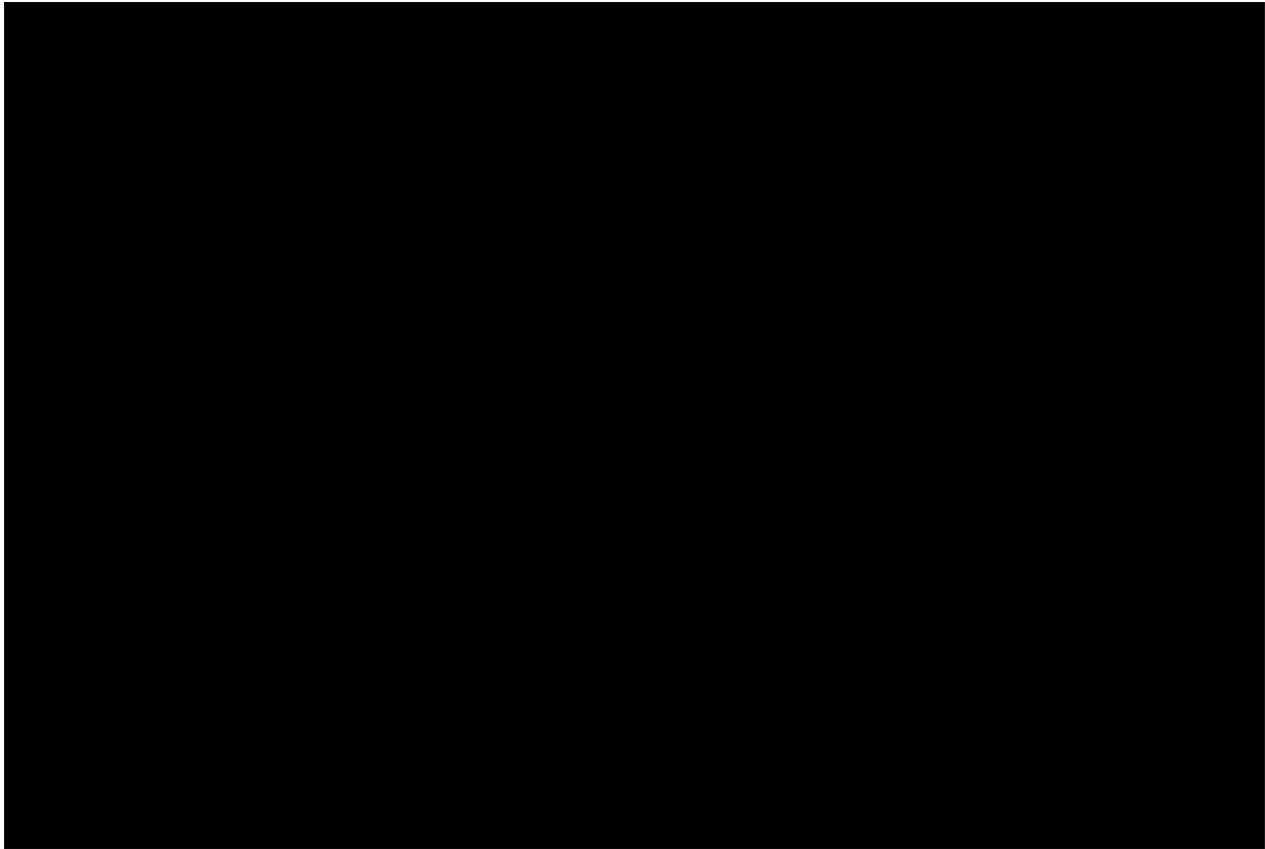
The success of our call centers is rooted in a robust contact center platform and skilled, highly trained Helpline customer support representatives (CSRs). ███████████████████████████████████

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8.1   Experience Operating Call Centers in Indiana and Other States

The complexity of operating a multifaceted call center demands a high level of experience and expertise, as well as a contractor who is trustworthy, responsive, and puts the needs of its customers first. We have over 40 years of experience staffing, managing, and operating call centers that assist, inform, guide, and provide customers access to government services. ███████████████████████████████████ ██ ████████

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Maximus has successfully supported the evolution of LOC, PASRR, LTSS, and home and community-based services (HCBS) programs across the country. We know first-hand that although federal regulations may set specific requirements and standards, no two programs are exactly alike. We take a person-centered approach, leveraging our multi-state expertise, gold standard technology, and proven clinical approach to design processes that meet each caller's goals and address their specific barriers. We offer the State the benefit of our direct experience in successful call center implementation and management to deliver accurate information and high-value outcomes. With this experience, coupled with our technology and staff, we will provide Hoosiers with a single point of contact to help them navigate a complex system.

8.2 Answering Calls and Providing Access to a Live Operator

Streamlined Beneficiary Experience

Every day, our government partners across the country and in Indiana rely on Maximus to deliver call center services supporting critical government programs. When individuals call our call center, they deserve to be connected with a live voice without sitting through an endless list of IVR options. Our approach to answering calls and meeting the State's performance standards starts with our telephony system and staffing.

Spotlight

[REDACTED]

8.3 Routing Calls

A well-balanced mix of human interaction and automated self-service options enhances customer service and provides callers with flexibility and convenience. We have numerous IVR deployments in call centers that serve similar programs and populations, and we will use this specific insight to design and customize IVR features that are user-friendly and provide smooth transitions for Hoosiers.

Maximus understands that two groups of people will likely call into the center: individuals and their guardians/representatives and providers. [REDACTED]

[REDACTED]

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- [REDACTED]

[REDACTED]

8.4   Approach to Handling Customer Complaints and Compliments

While we take every measure to satisfy callers and avoid complaints, we recognize that even with the best customer service standards, proven processes, and expert staff, there may be issues we need to resolve. Customers can submit a compliant through phone, email, or through the survey we offer after each assessment. ███

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8.5 Referring Individuals to the Appropriate Entity

Sometimes the individuals who contact us will need assistance outside of our Helpline's scope. To make the caller's experience as streamlined and seamless as possible and promote better outcomes for Hoosiers, we will train our staff to be aware of all the resources available in the caller's area, as well as throughout the State of Indiana. We will maintain the current information for all applicable entities and make that available to all Tiers of CSRs.

8.6 Conclusion

It is likely that each Hoosier we serve in the course of this project has complex care needs. Our combination of LTSS, PASRR, and call center operations experience, robust technology, and well-trained helpline staff will provider callers a single point of contact and a seamless experience. We commit to providing everyone who calls with timely, quality, and person-centered care during each and every interaction. Our goal is to serve Hoosiers well and provide services that help individuals rapidly access the LTSS services they need and are eligible to receive.

9. **Communication Requirements (Section 8)**
   Confirm your acceptance of the requirements in Section 8 as written, and please describe your approach to meeting all the requirements as defined in Section 8 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.
   a. Describe your plans to provide oral interpretation services including non-English services and sign language interpretation services for members who are hearing impaired; in addition, describe how you intend to notify members of the availability of these services and how to obtain these services.
   b. Describe your plan for monitoring non-English calls for quality.
   c. Describe how you will inform individuals that information is available upon request in alternative formats and how individuals can obtain information in alternative formats.
   d. Describe your plans for addressing the digital divide-accessing and using technology in areas of the State and for eligible populations with limited internet and cell-based service availability to ensure consistent and efficient level of care assessments along with intake counseling and related documentation as well as a high level of consumer satisfaction.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 8 Communication Requirements as written.** Please see our detailed response to RFP Attachment F.1, Section 9 below.

9 Communication Requirements (Attach F.1 9; Attach K.1 8, 8.1, 8.2, 8.3, 8.4, 8.5)

As one of the nation's leading providers of person-centered health and human services, Maximus prides itself on treating each individual we serve with dignity and respect. On all our projects, Maximus offers and promotes a variety of services, including language and physical accommodations and alternate material and communication formats.

⭐ Spotlight

9.1 Providing Interpretation Services

The populations we work with are diverse in languages used, accommodations needed, and disabilities represented. Maximus is committed to providing the support individuals need to participate fully in their assessments. We recognize that providing culturally, linguistically, and disability-sensitive and informed services, through all communications channels and stakeholder interactions is central to this commitment.

[BLACK REDACTED BLOCK]

Many of the individuals we serve live with one or more disabilities, some of which may require accommodations or supported communication and all of which require appropriate, professional, and sensitive attention during each interaction. Our methodology and training include active listening, recognizing, and adapting communication strategies to the range of communication styles, interpreting both verbal and nonverbal communication cues.

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[BLACK REDACTED BLOCK] familiar with the language and cultural needs of the individual. We strive to hire bilingual or multilingual assessors whenever possible. In some communities, we engage local community services when authorized by the individual.

All our interpretation services will be clearly advertised on our website and each customer service representative (CSR) will be trained to make everyone who calls aware of the services available to them.

9.2   Monitoring Non-English Calls for Quality

Call monitoring is a key aspect of our quality management approach. We record 100% of inbound and outbound helpline calls, both in English and Spanish, for monitoring purposes and conduct live call monitoring of calls in progress. Our Helpline platform has call monitoring and recording functionality to facilitate quality reviews for both live and recorded calls, as well as email and webchat communications.

Call recordings and call control reside in our cloud infrastructure. All recordings are encrypted for maximum security. Our project supervisors can search and retrieve recordings based on a variety of

selection criteria including inbound number dialed, date/time range, CSR, and call duration. Our system provides search and replay capabilities, which we use to retrieve recorded calls for playback.
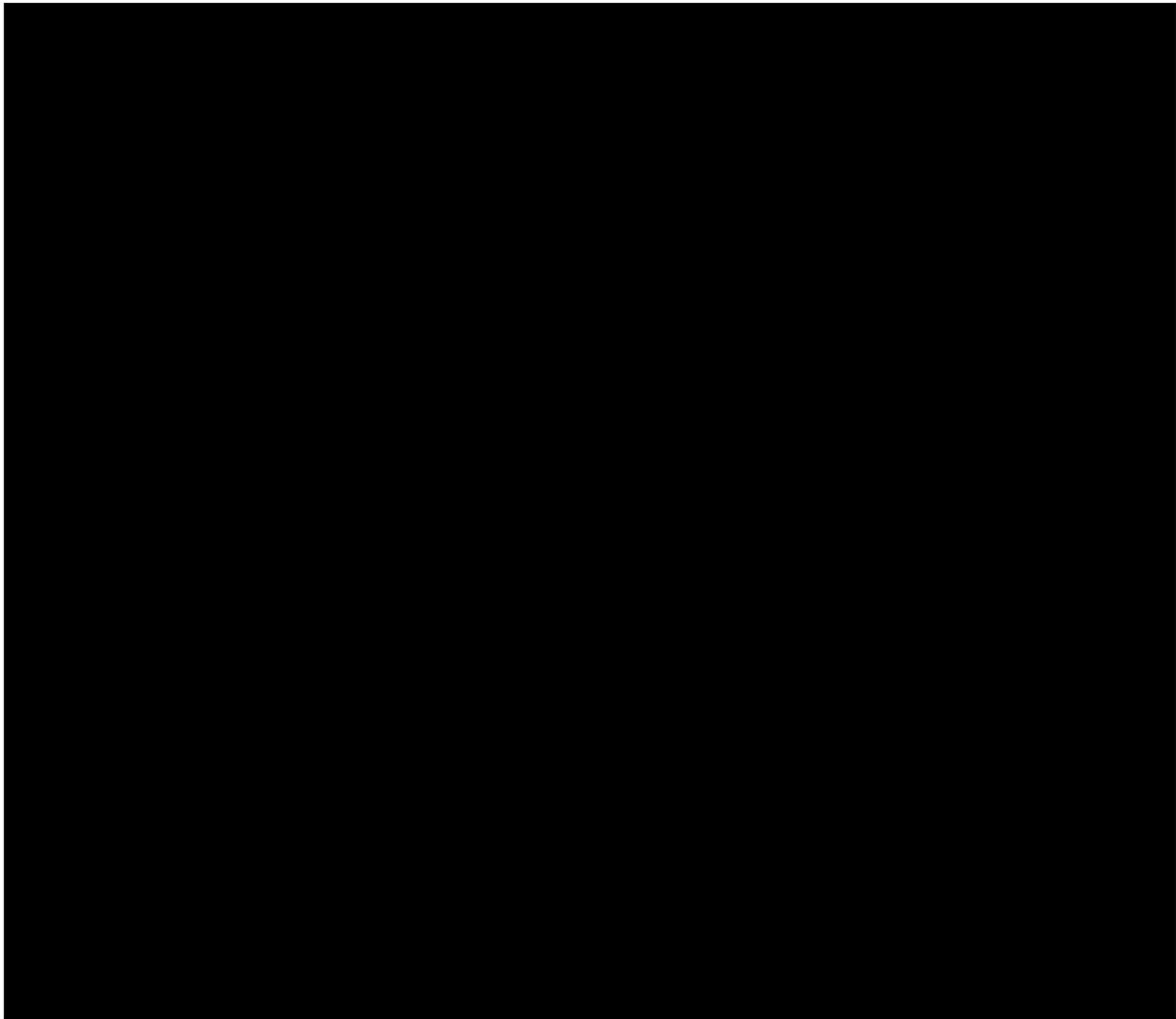
9.3   Information in Alternate Formats

To promote inclusivity and increase accessibility to services, Maximus provides information in a variety of formats, including but not limited to braille, large font letters, audiotape, additional languages, and verbal explanations of written materials.

To make sure customers are aware of the alternate formats we offer, we will make it clear on our website through announcements, easy to understand visual graphics, and links to one-page instructional PDFs.

9.4   Addressing the Digital Divide

Maximus understands that some people live in areas with limited service and not everyone's home is equipped with wireless internet. Regardless, everyone deserves consistent and efficient LOC assessments and intake counseling. ██

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██. Our goal is to increase health equity by providing everyone, regardless of device, and easy and straightforward way to access program information.

9.5   Conclusion

Effective, transparent, and accessible communication is a vital component of the success of this project. As this program grows and evolves, Maximus will consistently provide applicants, members, and other stakeholders with all the resources they need to be confident in the services they receive.

10. **Technology**

Confirm your acceptance of the requirements in Section 9 as written, and please describe your approach to meeting all the requirements as defined in Section 9 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. **Technology Requirements (Section 9)**
   o Describe your plan for creating, accessing, transmitting, and storing health information data files and records in accordance with the Health Insurance Portability and Accountability Act's mandates.
   o Describe how you will maintain a system with capabilities to perform the data receipt, transmission, integration, management, and assessment tasks described in the RFP and support provider electronic submission of LOC Assessment Requests, PASRR Level I assessments, and LOC assessments.
   o Provide a general IT systems description and an IT systems diagram that describes how each component of your IT systems will support and interface with the major operations functions involved in managing programs.

b. **PASRR and Level of Care Assessment Software (Section 9.1)**
   o Provide any experience of creating or using proprietary health care software for services delivered for Indiana or another state.
   o Describe how you will provide users with the option to submit LOC Assessment Requests, PASRR Level I assessments, and long-form LOC Assessments (if qualified) and supporting documentation through your web-based software. Describe any additional functionality (if offered) users will have access to beyond the submission of requests and assessments.

c. **Customer Relationship Management (CRM) System (Section 9.3) and Workflow Tracking System (Section 9.4)**
   o Describe how any software or systems that you will use for tracking customer calls, emails, and complaints and provide reports to FSSA regarding timeliness, outcomes, and types of referrals received.
   o Provide any experience using a workflow tracking system.

d. **Call Center Disaster Recovery (Section 9.5)**
   o Describe your plan for transferring call center operations to a remote work model, including providing all necessary equipment and technology for call center staff to work outside the call center, and policies for performing the work in such a scenario

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 9 Technology Requirements as written. Please see our detailed response to RFP Attachment F.1, Section 10 below.

10 Technology (Attach F.1 10; Attach K.1 1.9, 1.9.1, 1.9.2, 1.9.3, 1.9.4, 1.9.5)

Stability Supporting Transformation

As a trusted partner to FSSA, our supportive technology systems, Preadmission Screening and Resident Review (PASRR) and Level of Care (LOC) assessment software, customer relationship management (CRM), and call center business continuity and disaster recovery (BCDR) plans are already in place in Indiana. Today, 11,226 providers across the state log into our systems for key LOC assessment and PASRR functions. In the midst of transformative program change, Maximus' long-term services and supports (LTSS) technology represents stability and familiarity — for stakeholders and FSSA.

Throughout this section, we describe:

- How our technology solution meets your requirements

- Our proprietary PASRR and LOC assessment software

- Our CRM and workflow tracking system

- BCDR processes for transferring call center operations to a remote work model

Importantly, all the tools we propose for the LTSS project are currently in use in Indiana for existing Maximus projects. By bringing known, tested tools to this opportunity, we minimize the risks associated with program transitions and implementing large-scale projects.

Experienced, Collaborative Partnership

Exhibit 10-1: Technology Solution Integration. *Maximus brings proven systems to Indiana that will provide integrated services, IT infrastructure security, and support.*

Maximus will work with Indiana to specify LOC assessment technology integration requirements and support agreement for MCEs. We will collaborate with the state and MCEs to develop a LOC assessment technology integration schedule and will define technology requirements for MCEs according to that schedule. Technology integration is examined in a test environment according to the integration schedule. Following the go-live date, we will continue to support integration with MCEs in test and production environments.

10.1 Technology Requirements

Our solution for the LTSS project includes proprietary and third-party systems to fully meet your technology requirements. See *Exhibit 10.1-1: Maximus Solution: Systems, Functionality, and Benefits* of our modules.

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Exhibit 10.1-1: Maximus Solution: Systems, Functionality, and Benefits. *Our solution includes a human-centric approach bringing industry-leading technology to deliver reliable, secure access to services and efficient processing.*

These systems are described in greater detail throughout this section. As the LTSS contractor, we will continue to build relationships with the state to deploy meaningful technology solutions that support program success.

10.1.1 Creating, Accessing, Transmitting, and Storing Data in Accordance with HIPAA

Security and compliance are core competencies for Maximus. We work hard to uphold the trust placed in us by our state partners and the individuals we serve. Customers depend on us to safeguard systems, confidential state information, individual protected health information (PHI), and personally identifiable information (PII). We incorporate these components into our security strategies. Our proposed solutions fully comply with HIPAA standards.

Maximus has a strong understanding of security requirements, laws, and regulations issued by federal and state government. These requirements prescribe how we must handle, host, and exchange program and member data. Across our contracts, we developed, deployed, and managed a diverse range of systems and operational processes that handle sensitive and confidential records. Our comprehensive approach to privacy and security safeguards the confidentiality, integrity, and availability of the data entrusted to us.

We design our policies and procedures to handle and transmit confidential individual records in accordance with HIPAA, Maximus privacy and security requirements, and other federal mandates

including the Health Information for Technology Economic and Clinical Health Act (HITECH). We also confirm that our policies and security strategy comply with the state's own security policies and other state mandates, such as the Information Security Framework, State of Indiana Information Resources Policy and Practices issued by the Indiana Office of Technology.

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In the event of a security breach where unauthorized acquisition, access, use, or disclosure of PHI is disclosed, we will coordinate with FSSA and notify everyone whose information has been, or is reasonably believed to have been, accessed, acquired, or disclosed because of such a breach.

In addition to HIPAA-compliant technology solutions, all staff complete training on appropriate handling and disclosure of confidential information. Employees are required to complete compliance training upon hire, including confidentiality and HIPAA policies, and complete regular refresher and annual compliance training to reinforce the importance of compliance.

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██rivilege, and separation of rights practices; system locking; website blocking; and access monitoring.

In addition, Maximus brings a comprehensive approach to security to each of our project locations and a long history of implementing security policies with protocols that in turn cover physical and electronic access to confidential information. Our solutions reflect our understanding of physical and data security

along with protection of confidential information from unauthorized access. It is our business to understand HIPAA requirements, the need for confidentiality, the rights of individuals, and associated privacy and security laws and regulations. We will use this knowledge and experience to provide a secure operating environment for the Indiana, affording the state a high level of confidence that the services being provided meet applicable regulatory requirements and the needs of Indiana citizens.

10.1.2 Maintaining a System to Support Program Requirements

Experienced, Collaborative Partnership
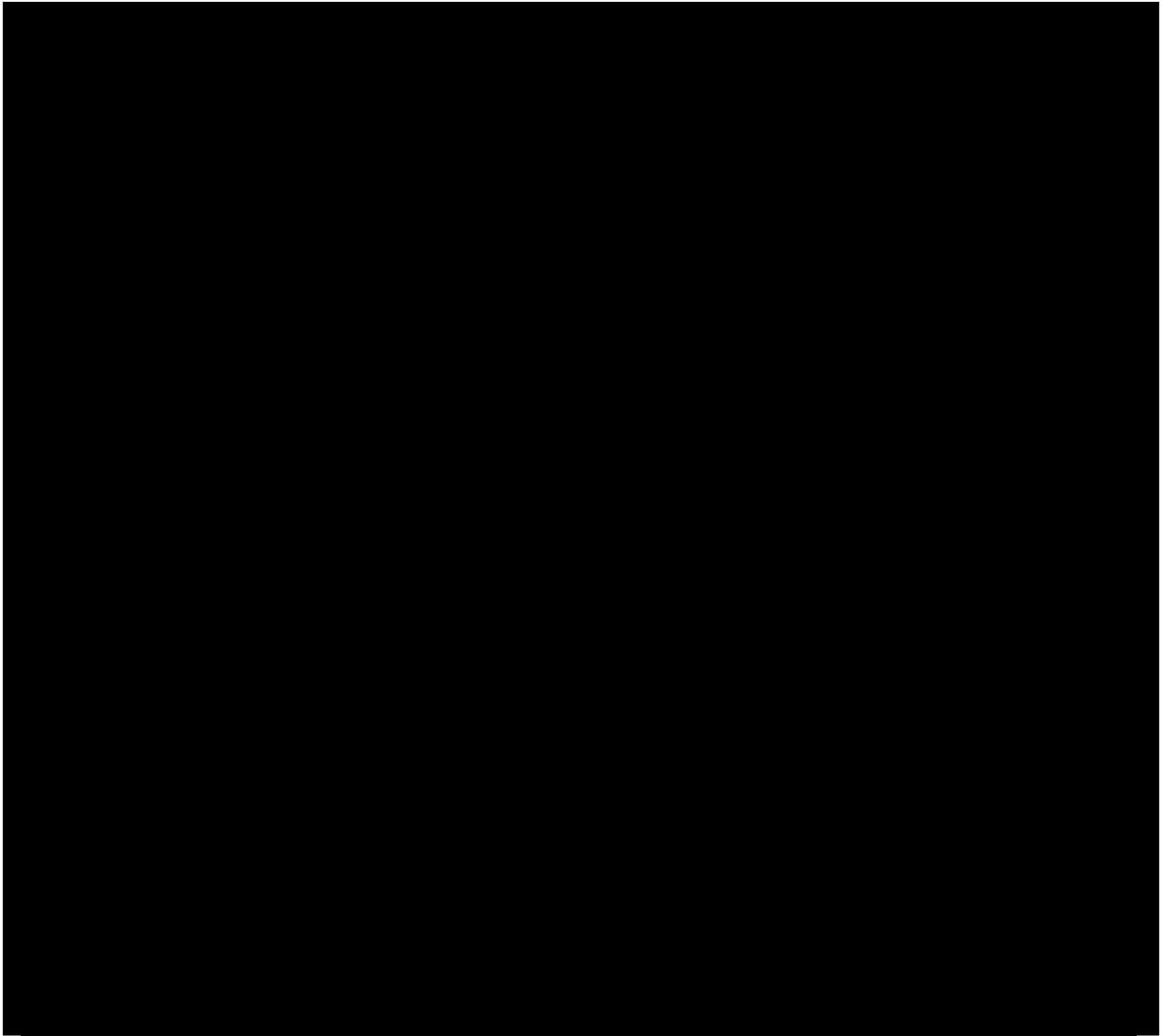
Exhibit 10.1-3: Maximus IT Systems Diagram depicts how each component of our IT systems will support and interface with the major operations functions involved in managing programs.
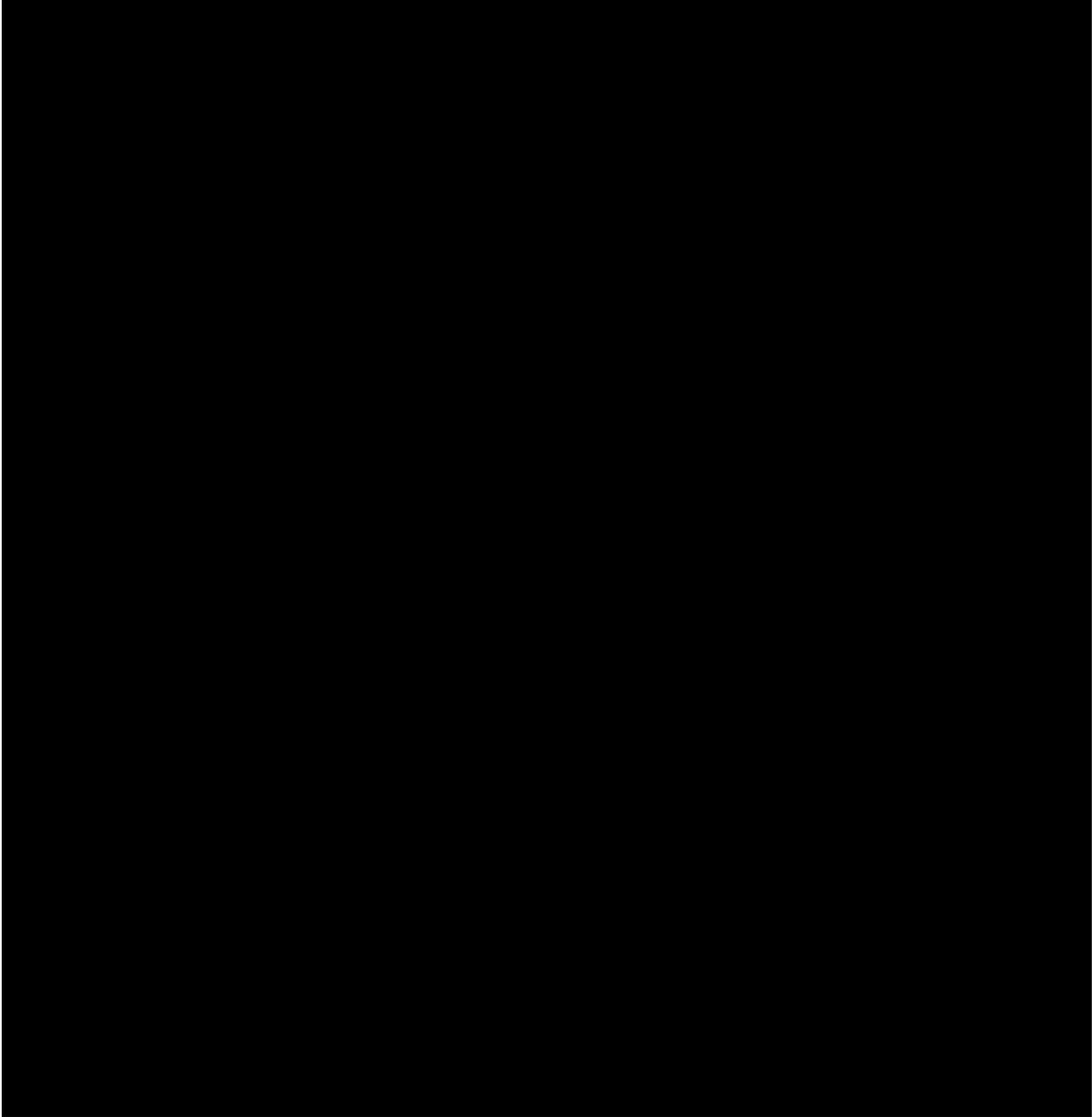
10.1.3 IT Systems Description and Diagram
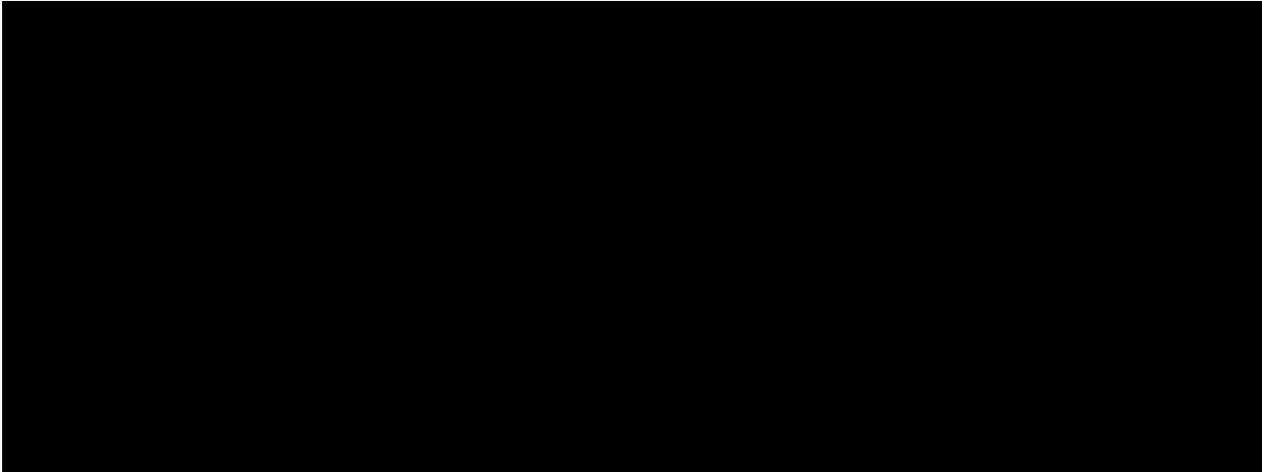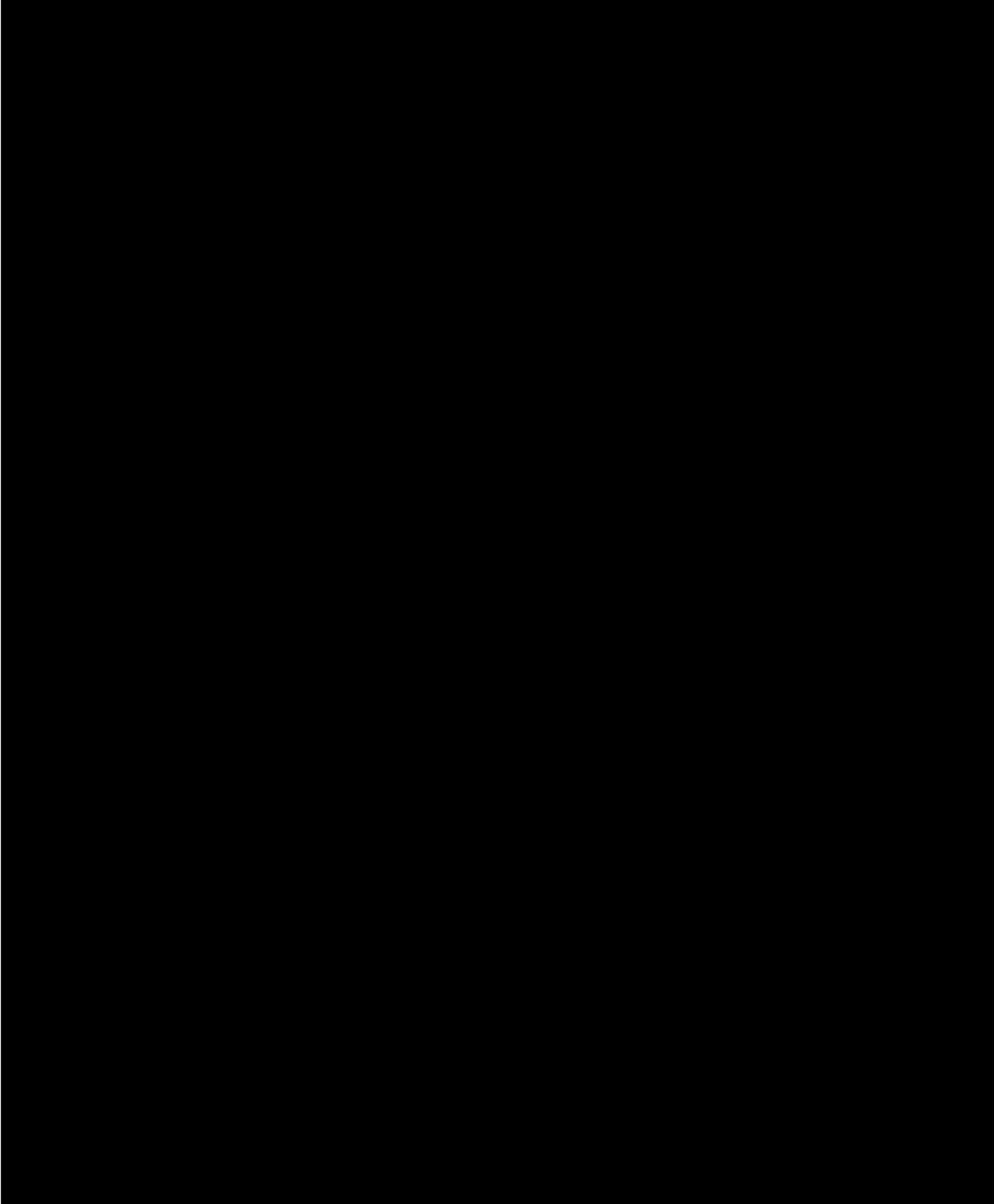
our ability to meet processing time requirements. Panviva makes it easier for staff to access the right content and resources at the right time.
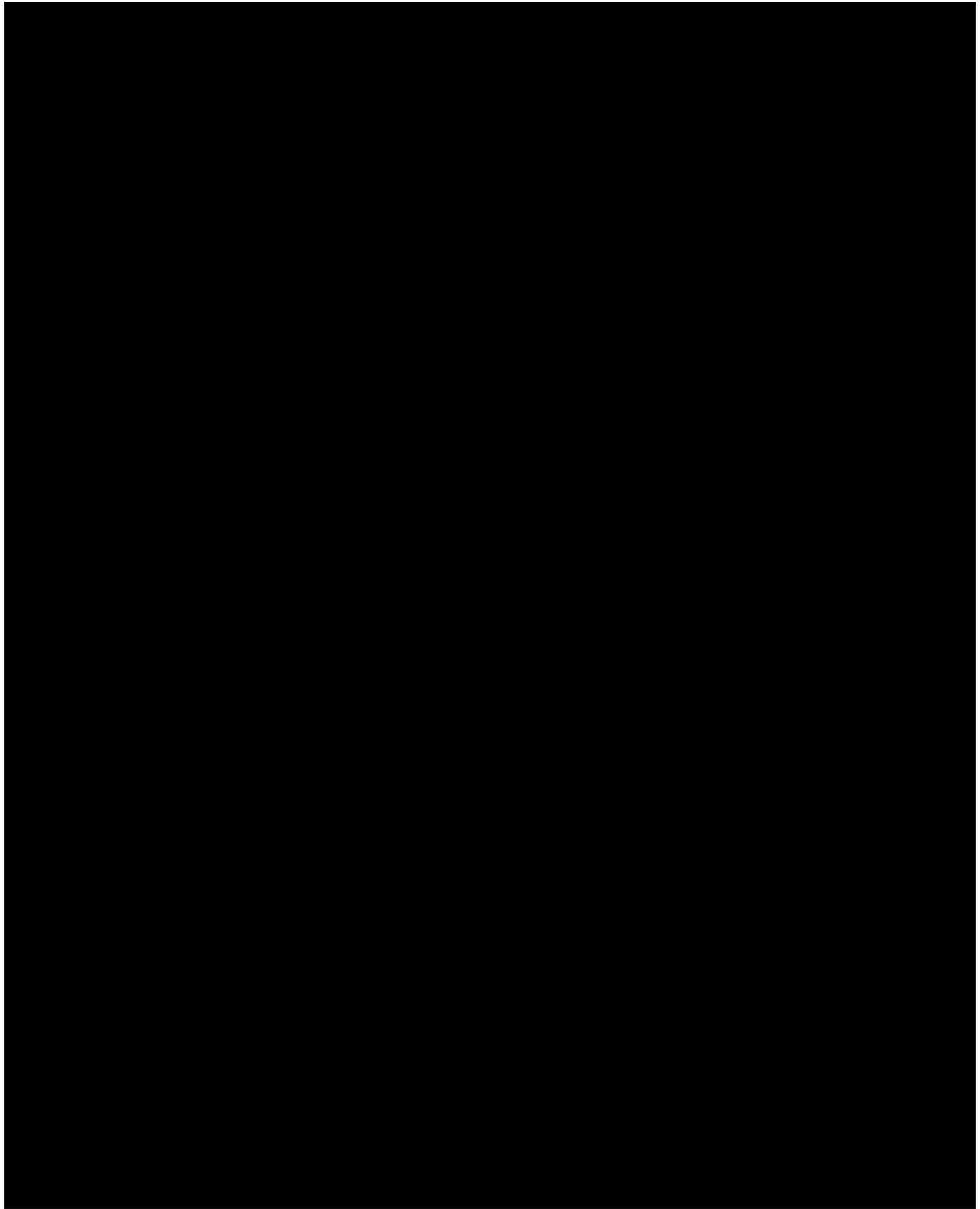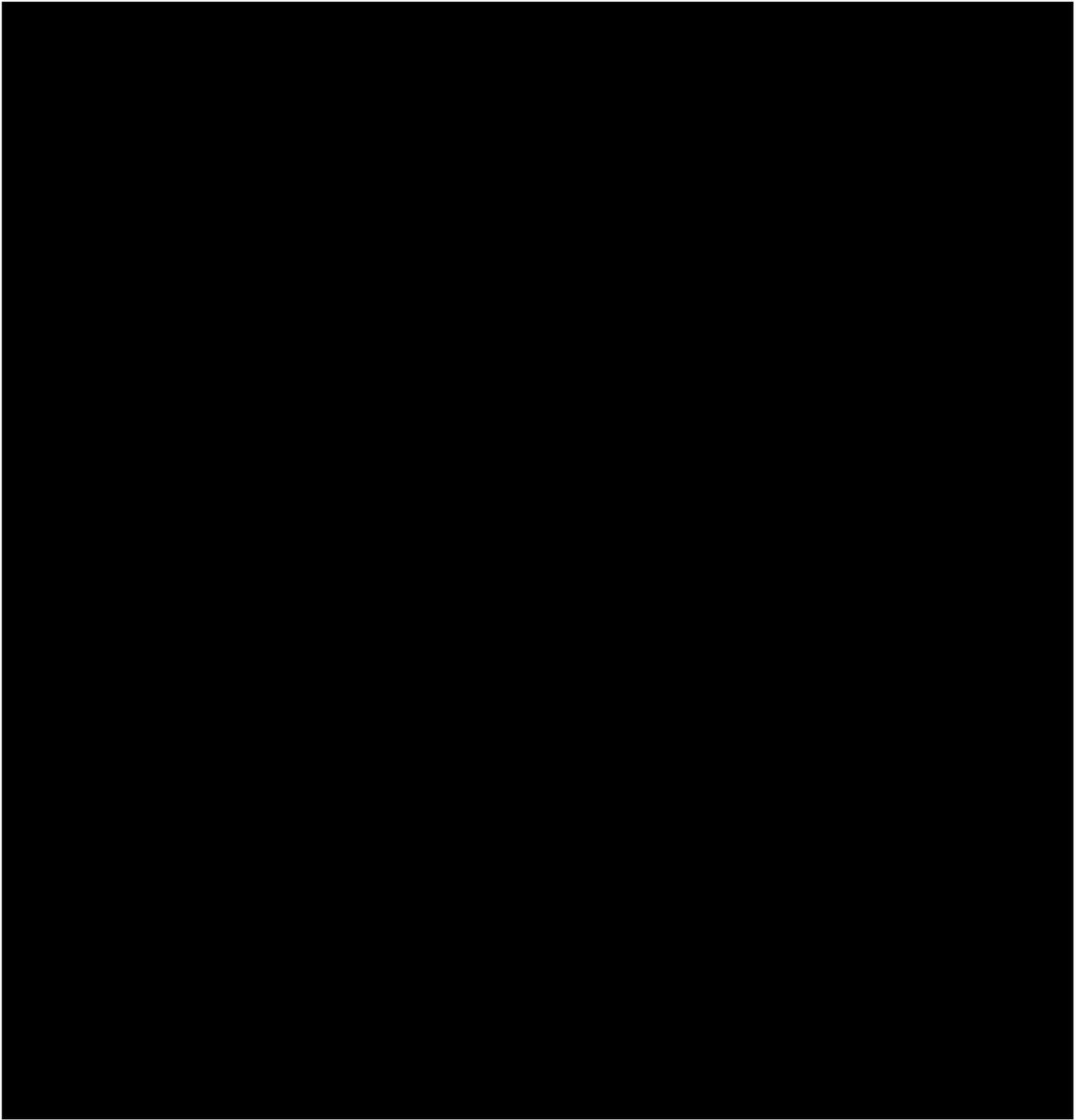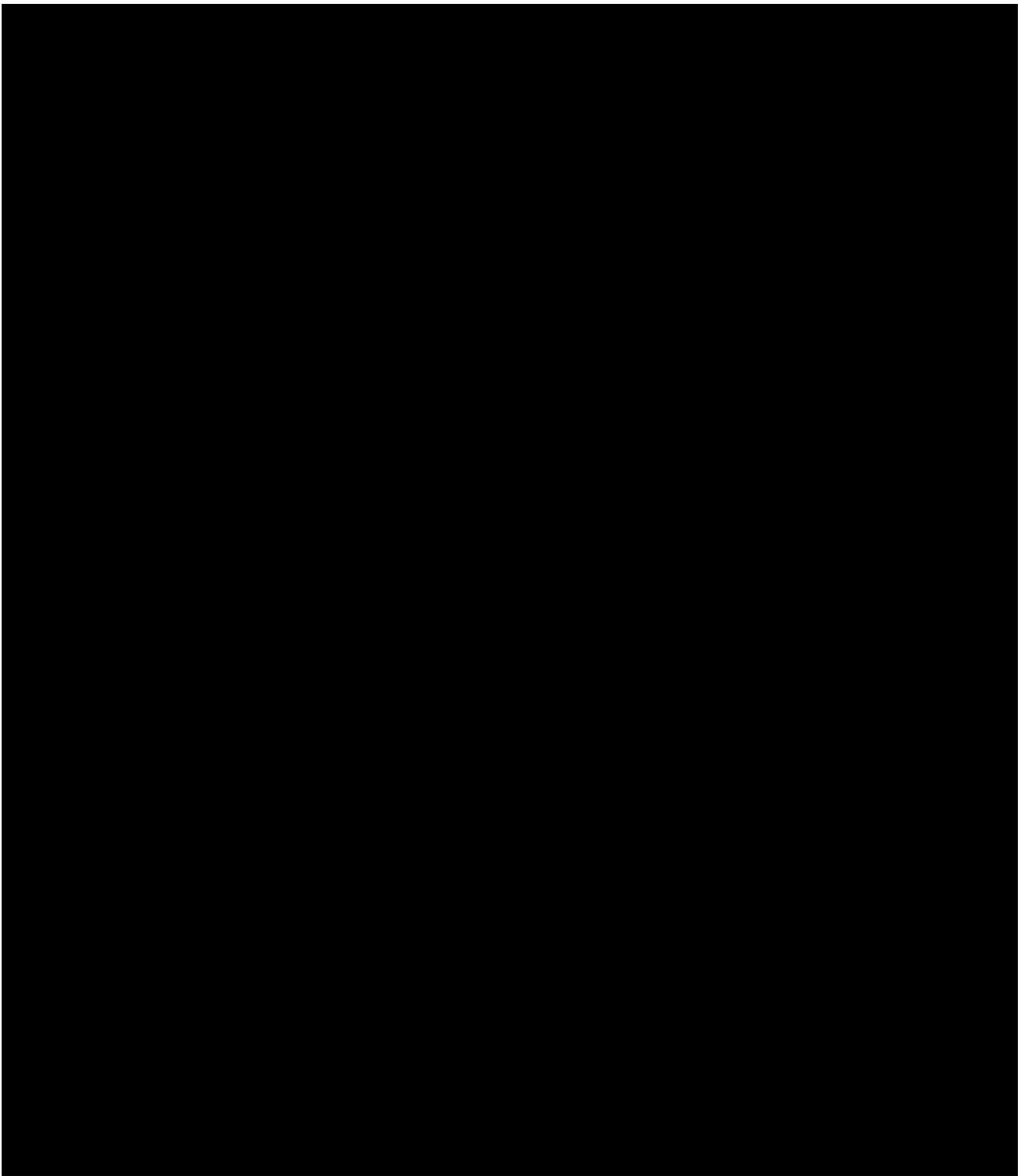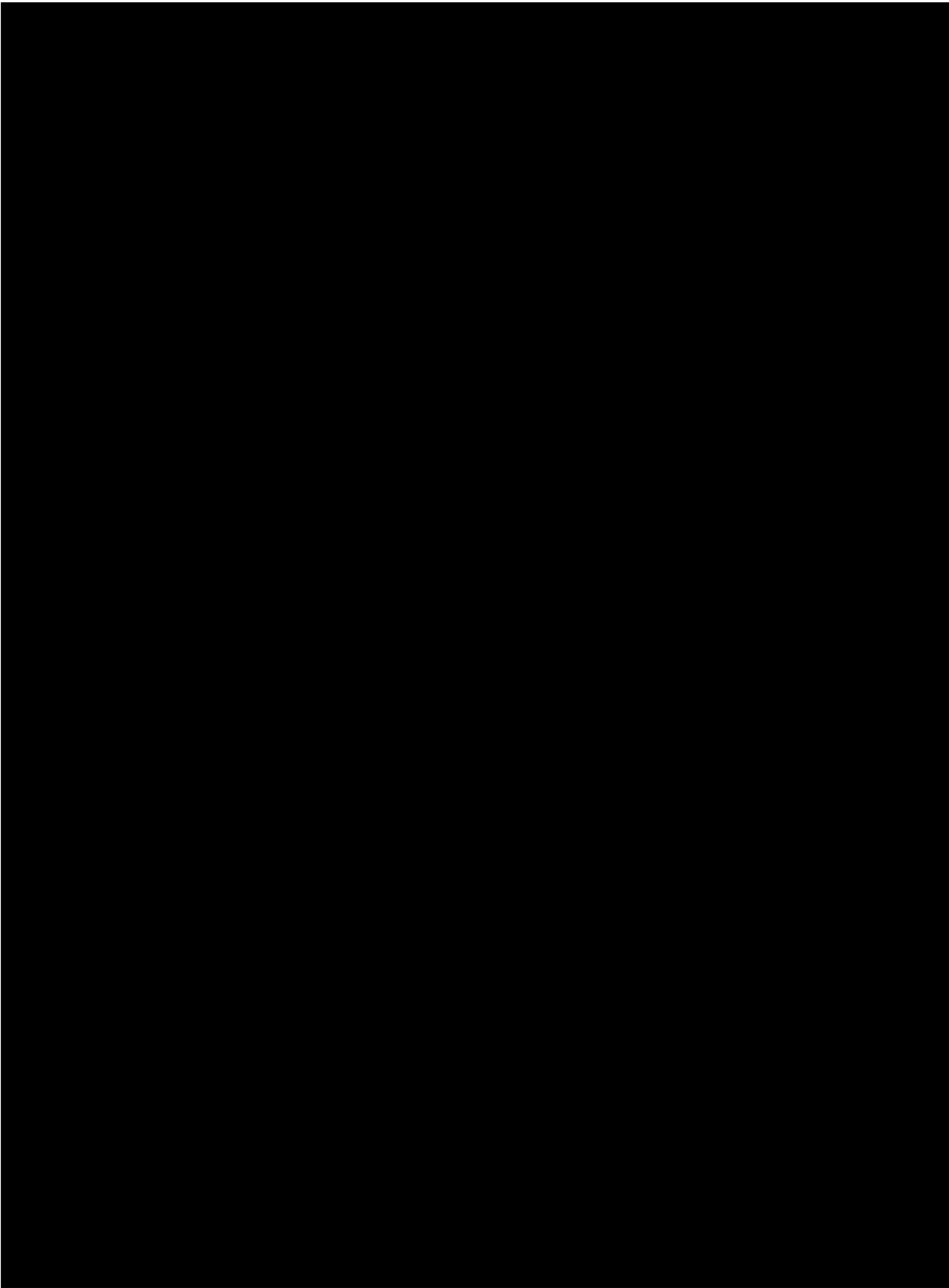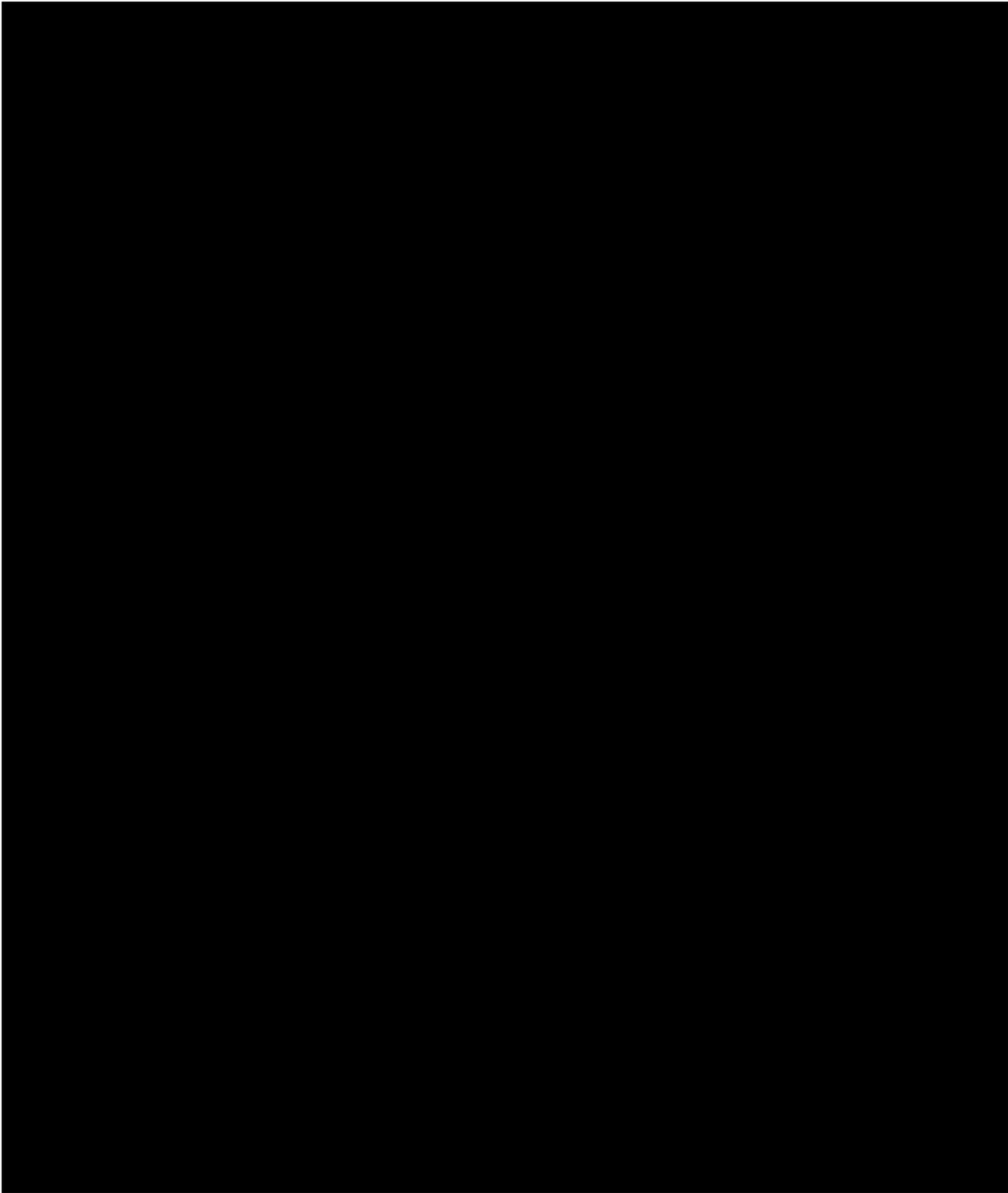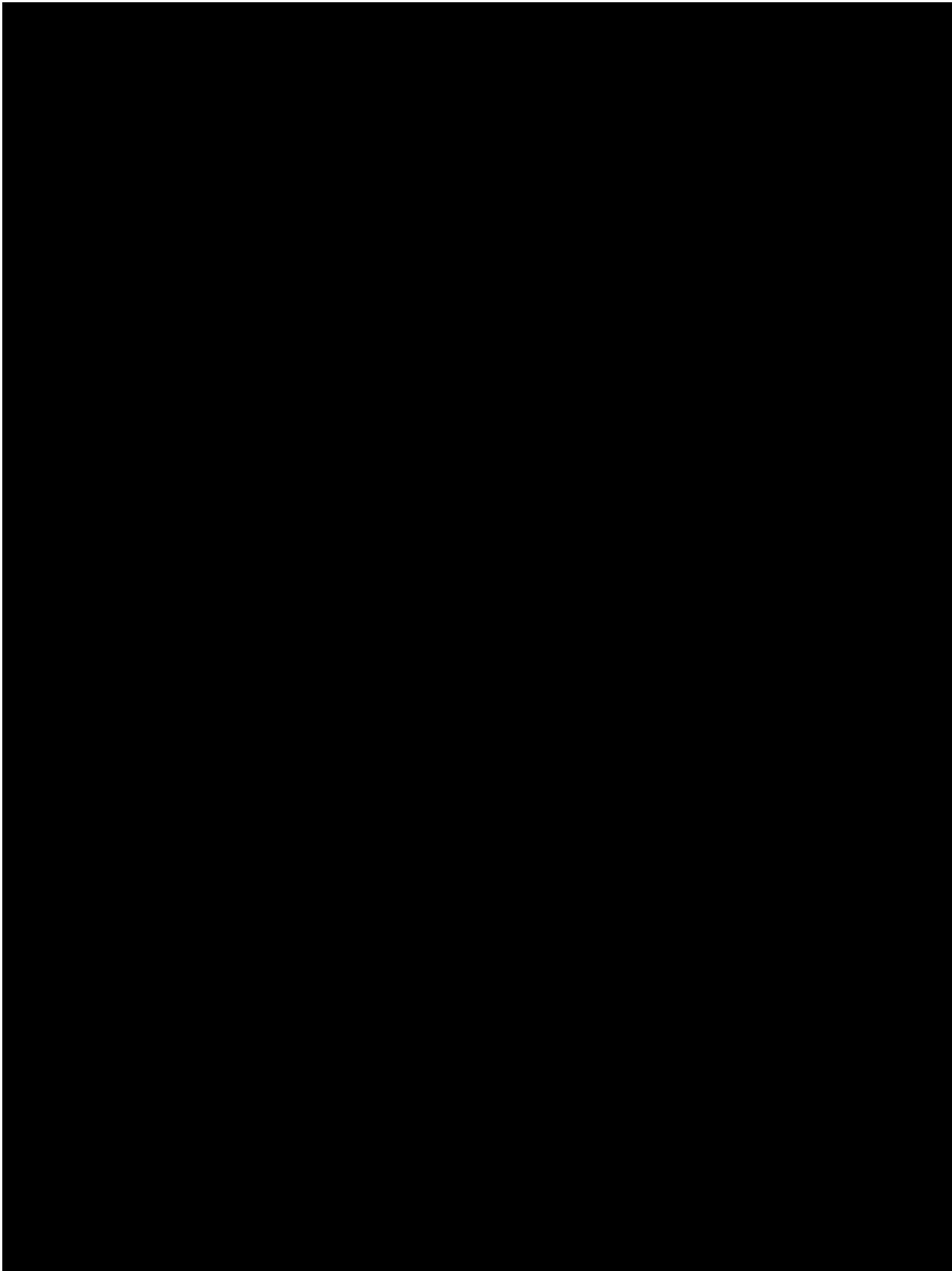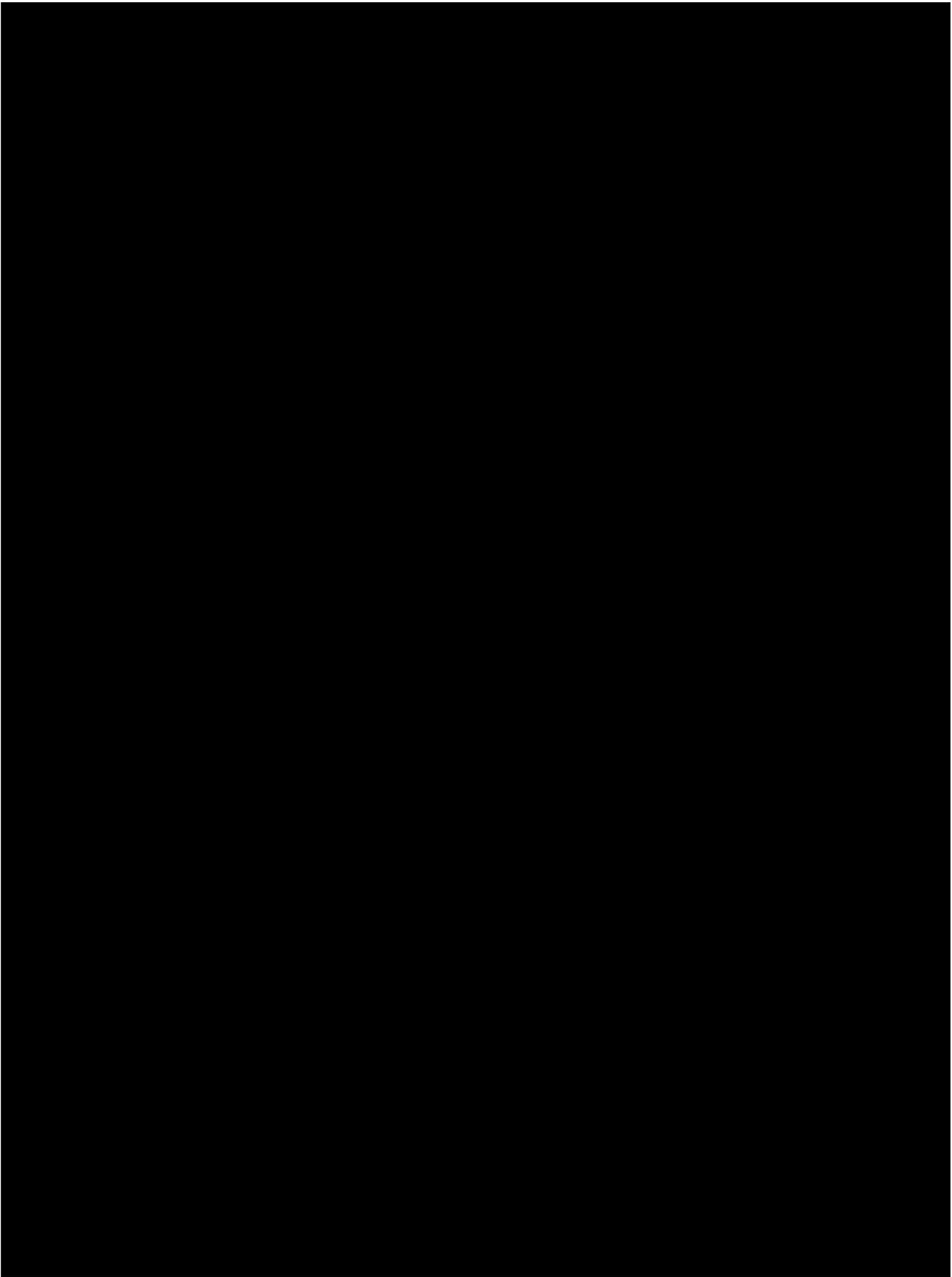
10.2 PASRR and Level of Care Assessment Software

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Experienced, Collaborative Partnership

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10.2.1 Experience with Proprietary Healthcare Software

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10.2.2 Submitting Requests, Assessments, and Documentation through Web-based Software

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10.3 CRM System and Workflow Tracking System

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10.4 Call Center Disaster Recovery

Indiana will benefit from a detailed, tested, and well-established BCDR program for the contact center and the business operational processes common to our LTSS enrollment and assessment services projects. We will customize our standard BCDR plan template to the specific needs of the LTSS Enrollment Services project ██ ████████████████ For more information on our BCDR plans see *Section 15: Information Technology (IT) Systems, Business Contingency and Disaster Recovery Plans, and Systems Outages, Breaches, and Disaster Recovery Notification.*

10.4.1 Transferring Operations to a Remote Work Model

As a vendor providing services to vulnerable populations and persons with disabilities, we must mitigate disruptions in services. Maximus' BCDR plan includes processes to prevent any delay or disruption with the assessment decisions that determine the placements and services individuals receive. We take this responsibility very seriously. In the event of a natural disaster or crisis, we must have the ability to continue work without interruption. We will submit the customized, updated plan during project implementation.

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Exhibit 10.4-1: Disaster Recovery Plan Creation and Maintenance Steps highlights the basic steps and process for putting in place and maintaining the BCDR plan for Indiana.
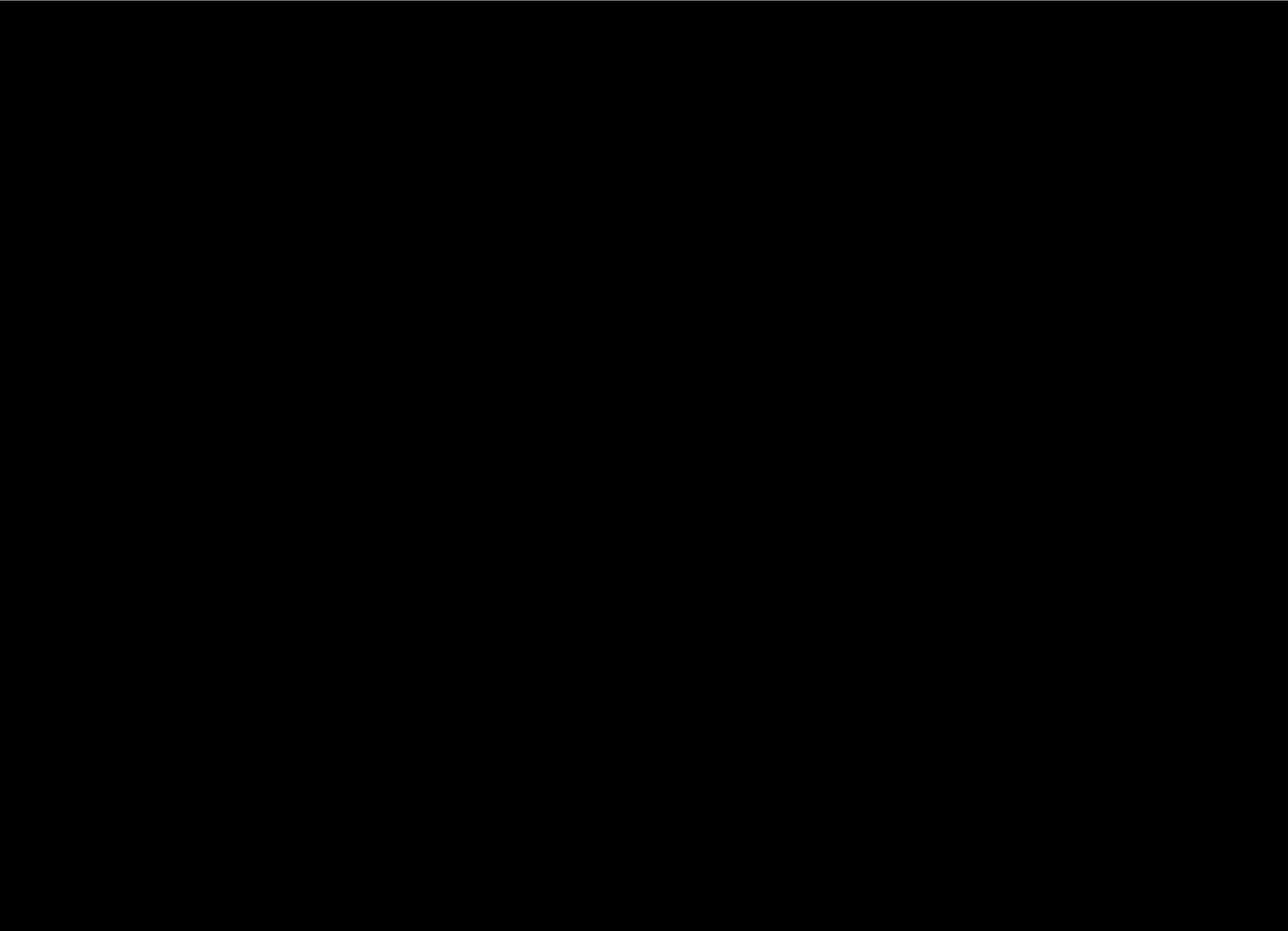
Maximus will also provide annual training and copies of relevant BCDR plan sections to user groups including facilities, agencies, state user groups, Maximus employees, and independent contractors. For all employees working in Maximus facilities, we provide emergency response training based on the Federal Emergency Management Agency (FEMA) Emergency Management Guide's suggested training drills and exercises.

BCDR Plan System Contingency
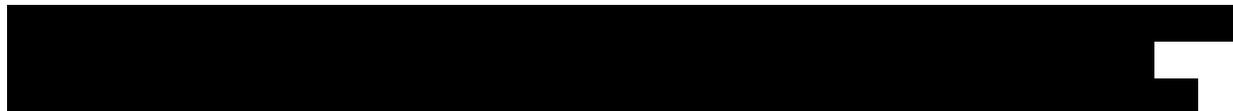
[redacted]

10.4.2 Policies for Performing Call Center Work Remotely

Should a forced shutdown or involuntary staffing reduction affect our contact center, we will implement plans to resume core operations quickly. These plans include numerous available alternate sites and backup staff to maintain service levels and perform call center work remotely.

[redacted]

10.5 Conclusion

Maximus' full suite of tools will support and interface with the major operations functions involved in managing programs for Indiana. ███ ██ ██. Together, this provides a comprehensive view of individual data and a seamless assessment and Helpline experience to individuals. Maximus brings known, tested tools to Indiana minimizing the risks associated with program transitions and implementing large-scale projects.

11. Communication and Education (Section 10)

Confirm your acceptance of the requirements in Section 10 as written, and please describe your approach to meeting all the requirements as defined in Section 10 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

 a. Describe your experience in developing and presenting educational materials including but not limited to webinars and newsletters offered to individuals, health care providers, and/or other health care entities.

 b. Describe your plans for training of end users of the web-based referral and assessment tool, including hospital staff, AAAs, NF staff, and state government users.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 10 Communication and Education as written.** Please see our detailed response to RFP Attachment F.1, Section 11 below.

11 Communication and Education (Attach F.1 11; Attach K.1 10, 10.1, 10.2, 10.3)

Delivering thorough, accurate, and timely assessments helps connect individuals with the right services in the most appropriate setting at critical junctures in their lives. FSSA needs person-focused, culturally sensitive provider training that supports assorted adult learning styles. By providing extensive outreach, training, and informational support, we equip providers and other stakeholders with the knowledge they need to understand these programs. We fully recognize their role in supporting accurate and timely assessments and have confidence in the results of employed tools and assessment approaches. We develop communications tailored to address any anticipated concerns and educational tools that respond to all training needs.

11.1 Assessment Tool Training for End Users

Experienced, Collaborative Partnership

Partnerships are important in any project to demonstrating alignment, onboarding providers, and successfully circulating change information to stakeholders. While change is often difficult and requires an adjustment period, we already have an established, successful relationship with the State and are prepared to handle the expanded scope of this contract.

Exhibit 11.1-2: Provider Training identifies the set of training courses we will deliver to providers.

Exhibit 11.1-2: Provider Training. *Training courses for providers with customized modules for each training program.*

11.2 Ongoing Training for End Users

The end user population changes frequently. The most efficient way to keep all end user staff well-informed of any necessary program changes post-implementation is a combination of targeted communications and accessible training. ███████████████████████████████████████

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11.3 Development of Training Materials

We continually refine our training materials to address provider feedback and identified compliance issues, acquired through training evaluations and survey data administered to training attendees and FSSA. Our provider-informed approach to education creates a network of engaged providers who continue to grow professionally while simultaneously improving the integrity of the assessment process and instilling confidence in beneficiaries and the advocacy community. When needs assessment identifies issues, we address them proactively and add appropriate additional training content to training materials. In addition, we will incorporate new state and federal requirements as needed when directed by FSSA.

11.4 Training Delivery Methods

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11.4.1 Webinar Training Content

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Using Constant Contact, an online marketing

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11.4.2 Newsletter Distribution

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11.5 Maximus Resource Library

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11.6 Conclusion

FSSA can rest assured that the extensive outreach, training, and informational support Maximus utilizes for providers and other stakeholders will give them the knowledge needed to understand the programs and emphasize a person-centered and culturally sensitive approach. We already have an established, successful relationship with the State to build upon and successfully to handle the expanded scope of this contract.

12. Conflict of Interest (Section 11)

Confirm your acceptance of the requirements in Section 11 as written, and please describe your approach to meeting all the requirements as defined in Section 11 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections:

a. Describe your plan to ensure that there will be no conflicts of interest in your organization in accordance with Section 11 of this RFP.

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 11 Conflict of Interest as written. Please see our detailed response to RFP Attachment F.1, Section 12 below.

12 Conflict of Interest (Attach F.1 12; Attach K.1 11)

In the evolving environment of Medicaid and other care delivery systems, stakeholders share concerns about choosing a contractor that remains conflict-free. FSSA needs a partner for the long-term services and supports (LTSS) project that will remain entirely free of any perceived and actual conflicts of interest in all aspects of the scope of work.

Maximus is your right choice for a conflict-free partner for this role. As the nation's leading provider of high-quality, conflict-free assessment services, we offer our unmatched reputation for delivering objective clinical assessments to support FSSA's project goals. In this section, we discuss our:

- Conflict-free policies

- Conflict-free staff hiring and onboarding

- Scheduling of conflict-free assessments

12.1 Conflict-Free Policies

Maintaining independence from conflicts of interest is a central Maximus tenet across a range of Medicare and Medicaid programs. We bring proven experience and internal controls to prevent conflicts of interest among our staff, independent contractors, and subcontractors. Despite many opportunities in the private sector, we have limited our business to contract exclusively with government agencies. Because we limit our practice, FSSA benefits from our clear, conflict-free status and sole focus on delivering reliable, accurate assessments.

Maximus takes our conflict-free status very seriously.

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12.2 Conflict-Free Staff Hiring and Onboarding

We are diligent in our staff hiring and onboarding processes to prevent any appearance of a conflict of interest or an actual conflict of interest. We thoroughly screen all persons engaged to provide services under this contract, verifying they can perform their duties with no bias, either directly or inadvertently.

When we hire staff, we follow a series of checks and best practices to verify there are no actual or prospective conflicts of interest. We:

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12.3 Conflict-Free Assessment Scheduling

We strictly enforce against conflicts of interest at the outset of the assessment cycle. Assessors must understand and acknowledge they may not interview an individual with whom they have a current relationship. They may also not have been assigned to work directly with the individual for a period of at least one year prior to the assessment.

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[REDACTED]

[REDACTED]

12.4 Conclusion

Because of our established and road-tested processes for preventing conflicts of interest, FSSA can have confidence we are conducting objective assessments and our employees are not improperly benefiting from any of the services they provide. With a proven history of conducting conflict-free assessments for numerous state Medicaid programs over 20 years, we are the contractor best-suited as your partner in delivering the program's scope of services.

13. Staffing (Section 12.1)

Confirm your acceptance of the requirements in Section 12 as written, and please describe your approach to meeting all the requirements as defined in Section 12 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. Describe in detail your recruitment plan, staffing plan, and expected staffing levels, making sure to include all vital persons indicated in Section 12.1 and Section 12.3, and describe how this plan will enable you to fulfill all RFP requirements and deliver high quality, operationally efficient services.

b. Provide a comprehensive staffing chart listing.

c. For staffing positions proposed in your staffing plan, provide job descriptions that include the responsibilities and qualifications of the position such as, but not limited to: education, professional credentials, work experience and membership in professional or community associations.

d. For Key Staff, provide resumes or if the position if unfilled, job descriptions, that include the responsibilities and qualifications of the position such as, but not limited to: education, professional credentials, work experience and membership in professional or community associations.

e. Describe your plans to address and minimize staff turnover and processes to solicit staff feedback.

f. Describe your process for ensuring all staff have the appropriate credentials, education, experience and orientation to fulfill the requirements of their position (including subcontractors' staff).

g. Describe in detail your staff training plans (including subcontractors' staff) and ongoing policies and procedures for training all staff.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 12 Staffing as written.** Please see our detailed response to RFP Attachment F.1, Section 13 below.

13 Staffing (Attach F.1 13; Attach K.1 12, 12.1, 12.2, 12.3, 12.4)

Experienced, Collaborative Partnership

FSSA can be confident that its members will receive exceptional service and the State will meet its performance objectives through high quality personnel with the education, credentials, skills, and experience to meet all Scope A – Long-term Services and Supports (LTSS) Enrollment Services requirements. We built our staffing approach on deep and broad program experience and proven recruitment strategies that attract and retain high performers. Our staffing structure includes expert corporate oversight, the right combination of key personnel and project staff, and access to extensive shared services resources for additional support.

███ From this experience, we developed a robust staffing approach that helps our state partners deliver exceptional patient-centered services that meet the needs and promote the wellbeing of their members.

13.1 Approach to Meeting all Requirements Defined in Section 12
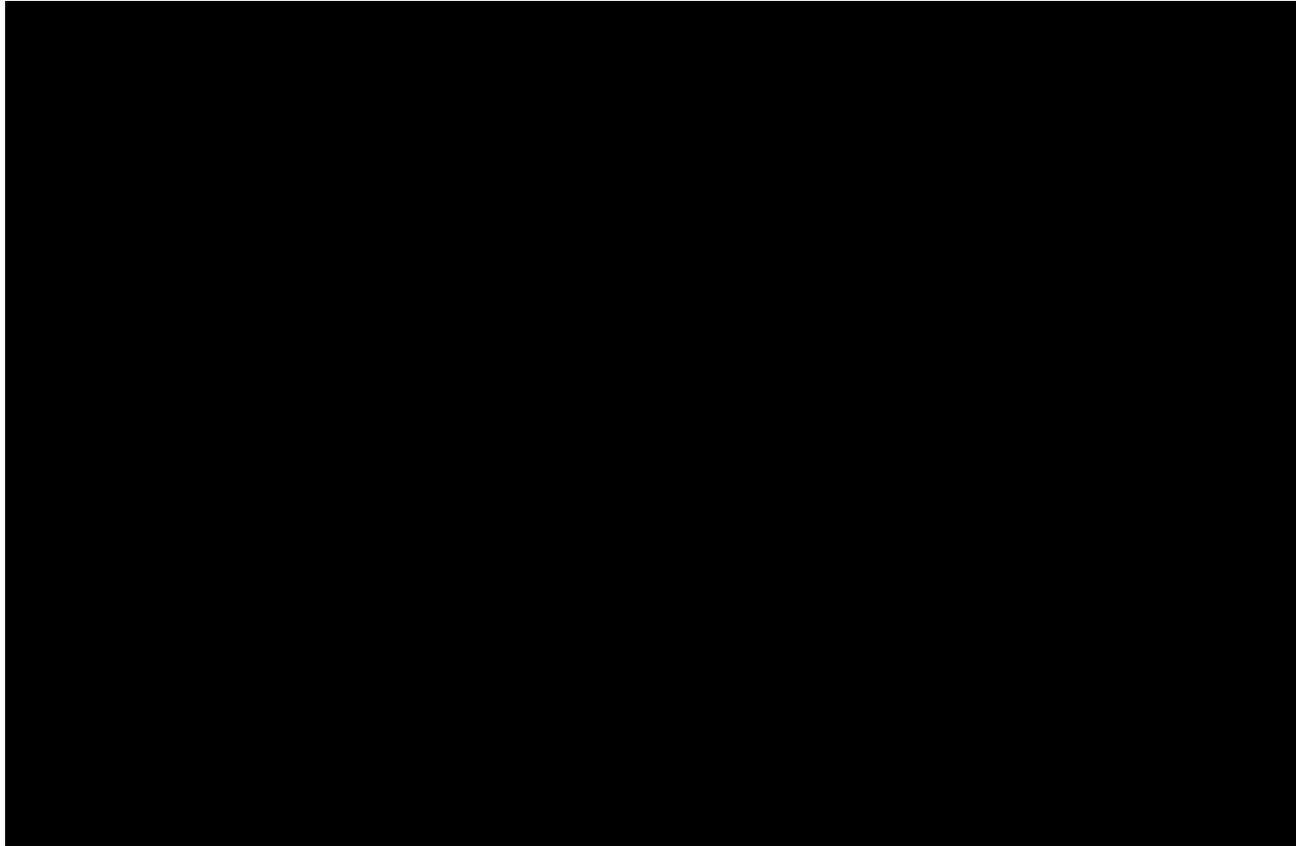
13.1.1 Recruitment and Staffing Plans

13.1.1.1 Recruitment Plan

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Our recruitment team will use best practice, industry-leading strategies to provide experts with the right combination of experience, education, credentials, clinical knowledge, and compassion to meet the needs of FSSA's members and all service levels and performance requirements.

13.1.2 Staffing Plan and Staffing Levels

Moving Stakeholder Confidence Forward

Our staffing plan fosters timely and accurate completion of all referrals and assessments and enables a responsive call center. In addition, it provides robust and thorough support through effective recruiting, hiring, training, retention, and performance oversight with the flexibility to shift priorities as needed. Our experience supporting similar, complex LTSS programs nationwide and the strength of our operational infrastructure allow us to propose strategic staffing for optimal efficiency and high-quality outcomes.

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We demonstrated experience recruiting, hiring, and retaining personnel with the precise mix of skills and abilities needed to perform assessment services with excellence. We will leverage our national clinical experience, MLTSS transformation experience, corporate capacity, and local staffing resources to deliver high quality, operationally efficient services to FSSA.

Expected Staffing Levels

Our project team is structured to provide agile supervision of day-to-day operations and responsiveness to FSSA needs as shown in *Exhibit 13.1-5: LTSS Staffing Levels*. We propose a staffing mix that includes expert executive oversight, key personnel, and the right combination of project support staff to meet all requirements.

Exhibit 13.1-5: LTSS Staffing Levels. *We provide a committed statewide team dedicated to meeting the needs of FSSA and its members.*

13.2 Staffing Chart

FSSA and the members we serve will benefit from the strength of our organizational structure and the expertise of our leadership and supplemental shared services support teams that surround our LTSS project staff. Our staffing approach incorporates an experienced team of frontline personnel, supervisors, managers, and corporate resources with expertise in PASSR and LOC and the capability to help improve the health and wellbeing of FSSA's program members. We provide optimal coverage with staff in our Indianapolis-based office as well as in the field.

We designed our staffing structure to enable our local project manager to accomplish contract requirements in the most efficient and effective manner. Therefore, we include key and non-key personnel positions cited in the RFP as well as additional positions, such as an operations manager, a reporting and analytics analyst, a knowledge management specialist, quality clinicians, and a dedicated program director. ██████████████████████████

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To support project success, we will bring the full breadth of our resources including a skilled and accessible division leadership team with direct experience serving Indiana's members; highly qualified key personnel and field support staff with proficiency in customer support, PASRR, and LOC; and our expansive shared services resources.

13.3 Job Descriptions

We provide comprehensive job descriptions in *Exhibit 13.3-1: LTSS Job Descriptions* that include the responsibilities and qualifications for positions proposed in our staffing plan.

Exhibit 13.3-1: LTSS Job Descriptions. *Our job descriptions and staffing mix reflect our understanding of the experience and qualifications needed to adequately support Indiana's complex LTSS enrollment services contract.*

13.4 Key Personnel and Resumes

Our key personnel will bring specialized management experience and expertise in providing LTSS enrollment services that result in high customer satisfaction, performance excellence, and quality service delivery. All key personnel will reside in Indiana. Currently, we work with nearly 150 Indiana licensed and credentialed medical professionals and will focus our recruiting efforts on Indiana-based clinical and non-clinical staff.

13.5 Retention Strategies

Our approach to retention involves strategic actions that keep employees motivated and engaged so they elect to remain employed and fully productive. Our comprehensive employee retention program attracts and retains key employees and reduces turnover and its related costs.

13.5.1 Minimizing Staff Turnover
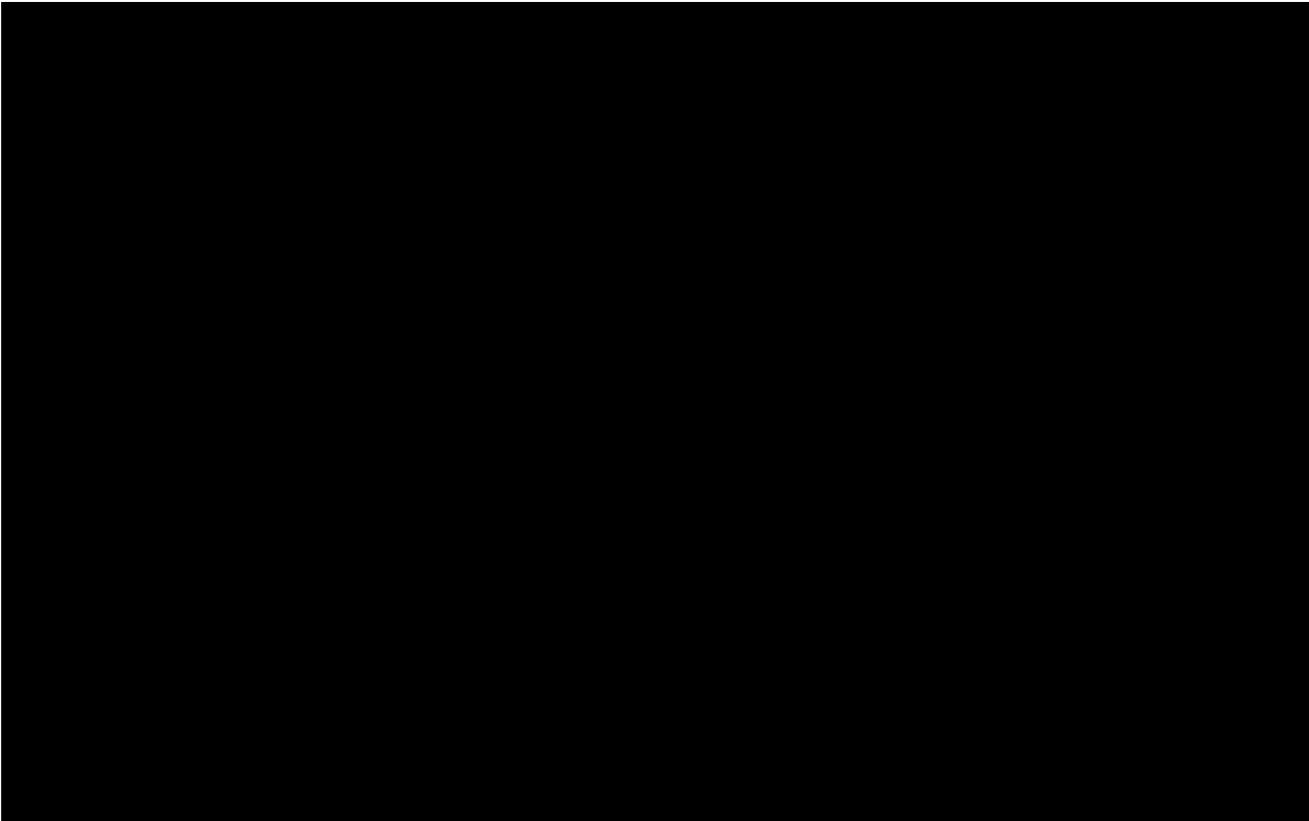
13.5.2   Soliciting Staff Feedback

goals, challenges, and/or issues encountered. The intent is to proactively solicit feedback across the project to encourage transparency and promote operational effectiveness.

13.6 Ensuring Proper Credentials, Education, and Experience of Staff

Our R&C team employs rigorous screening and credentialing processes including confirming licensure in Indiana and that all candidates, including subcontracted staff, meet or exceed educational requirements. Verifying the applicant's education and experience confirms they meet required qualifications and are free of any disciplinary actions or sanctions.

13.7 Training Plans and Ongoing Training Policies, and Procedures

Person-centered service is central to providing care that promotes high-quality health outcomes for FSSA's members. To support this end, Maximus customized training plans for our assessment operations and customer support teams. Our tailored training enables us to confirm our staff performing these assessments approach the process through the lens of each member's needs.

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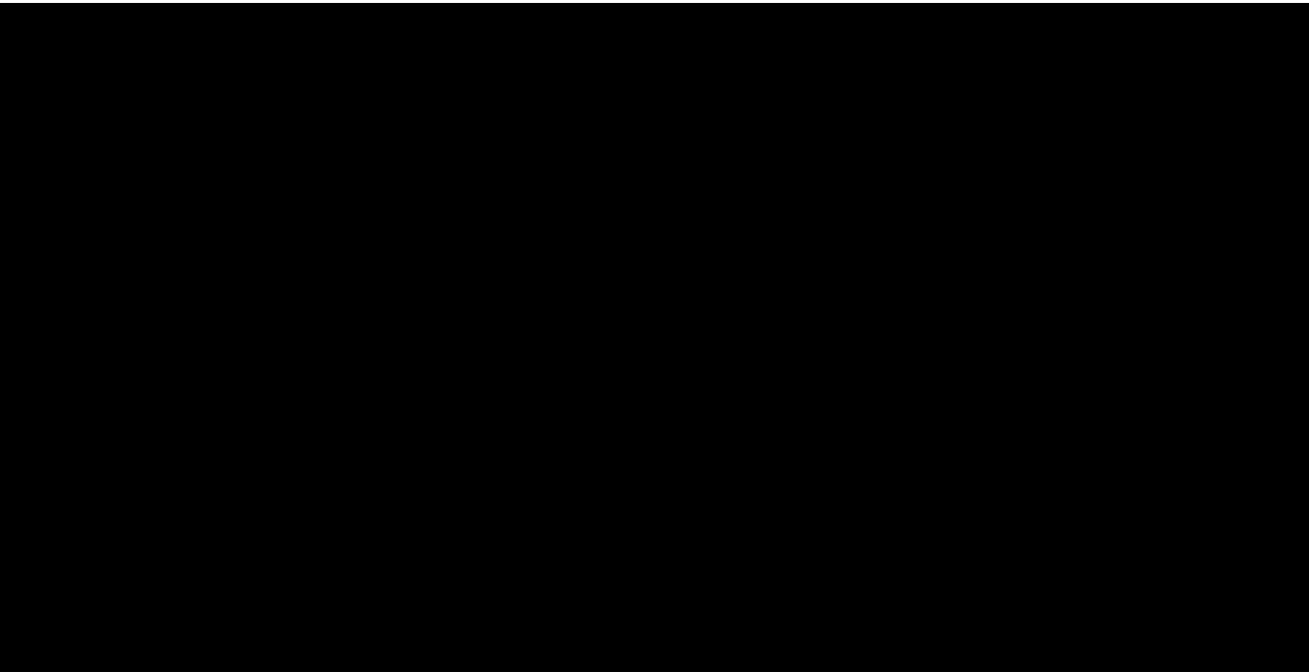
13.7.1 Staff Training

Maximus deploys a performance-based training approach, shown in *Exhibit 13.7-2: Performance-based Training*, that builds on adult learning principles by incorporating different types of active learning styles to keep trainees engaged. Additionally, by linking quality monitoring to ongoing development, we facilitate a continuous feedback loop between training and operational performance, identifying new training opportunities and ultimately resulting in consistent, high-quality services to Indiana's members.
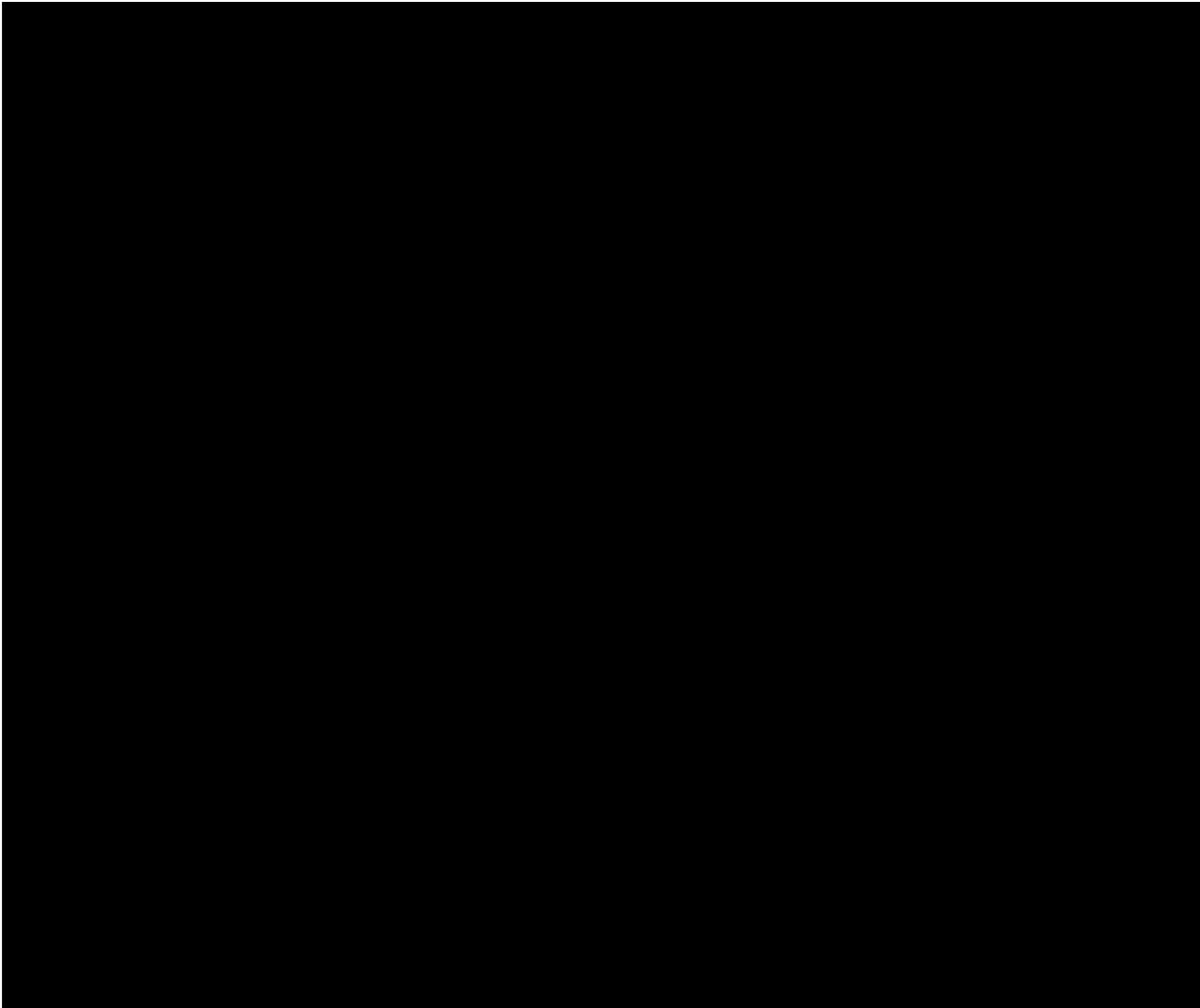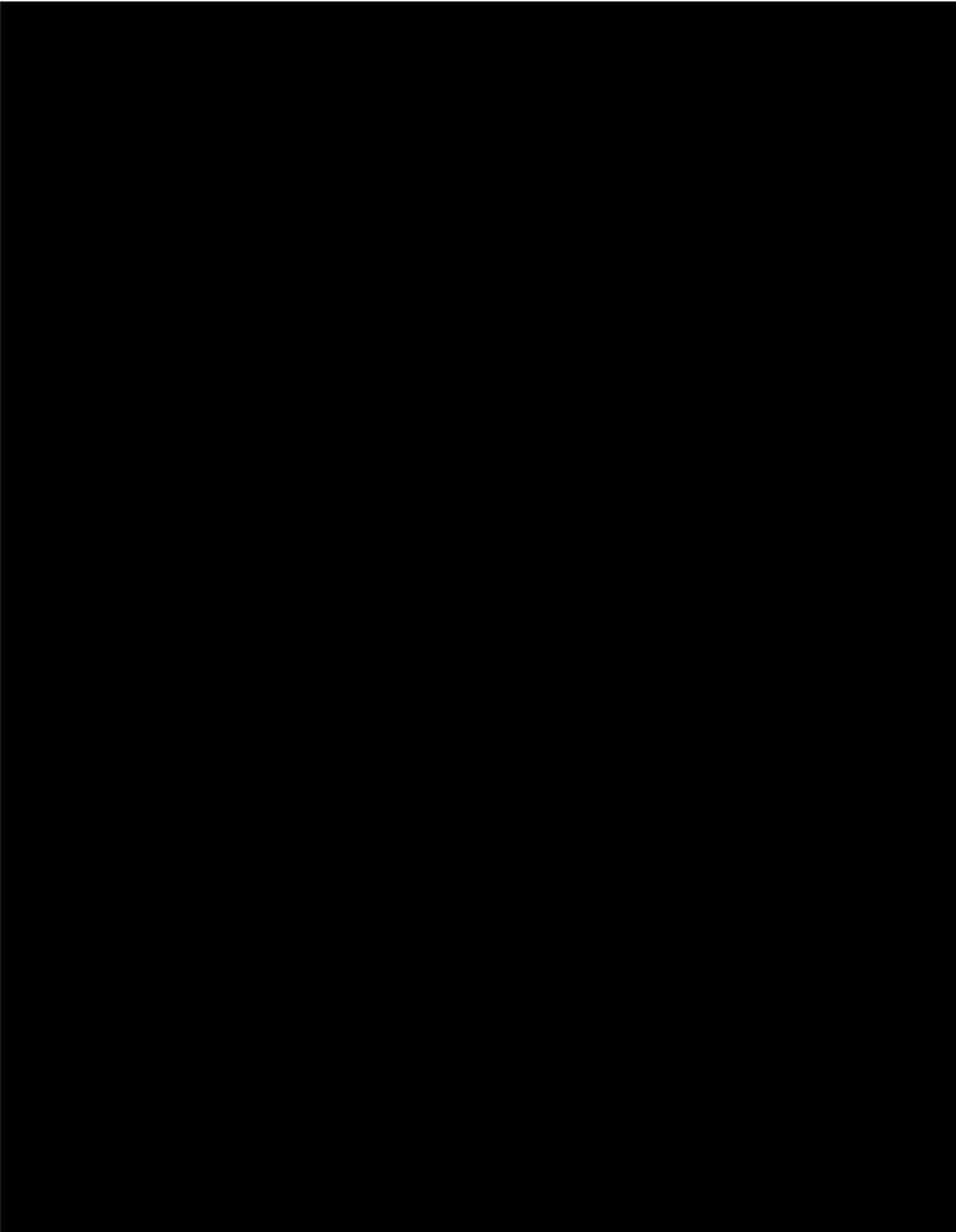
member confidence in assessment results. Intake counselors, LOC assessors, and staff who directly

We will supplement core modules with State-specific initiatives, so our PASRR assessors understand State expectations, goals, and definitions. Additionally, because our assessors interact with many types of stakeholders, we emphasize the importance of positive and person-centered communication with provider sources, the person receiving assessment, and their family/legal representatives. This allows for clearly understood values, expectations, goals, and project objectives.

13.7.2 Technology Staffing and Training

Maximus will dedicate resources to implement, train staff, and provide the training software in accordance with the State's requirements including:

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13.8 Conclusion

Given the impact our assessment services can have on Indiana's vulnerable populations, it is imperative that we deliver an effective and efficient staffing plan. We leveraged our experience supporting similar, complex health services contracts, as well as our understanding of Indiana's LTSS requirements to develop our staffing plan and our proposed staffing mix. Our plan includes proven recruitment, retention, and training strategies that reduce turnover, optimize performance, and maintain adequate staffing levels. This will result in high quality, operationally efficient services for FSSA and positive outcomes for its members.

14. Reporting Requirements (Section 13)

Confirm your acceptance of the requirements in Section 13 as written, and please describe your approach to meeting all the requirements as defined in Section 13 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. Describe your plan to provide the reports described in Section 13 of Attachment K.1, Scope of Work A – Enrollment Services.
b. Provide sample performance reports if available.
c. Describe in detail additional data/reports you are capable of providing that can help the State evaluate the success of the program.

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 13 Reporting Requirements as written. Please see our detailed response to RFP Attachment F.1, Section 14 below.

14   Reporting Requirements (Attach F.1 14; Attach K.1 13, 13.1, 13.2)

Our reporting approach aligns with Indiana's commitment to transparency and quality by combining State system data, customer support center data, and other project data to provide near real-time visibility into contract performance and access to meaningful, actionable information about trends impacting LTSS. It integrates business intelligence (BI) technologies and in-depth data analysis to drive informed decision-making and continuous program improvements for FSSA and enables Maximus to meet all reporting requirements.

Spotlight
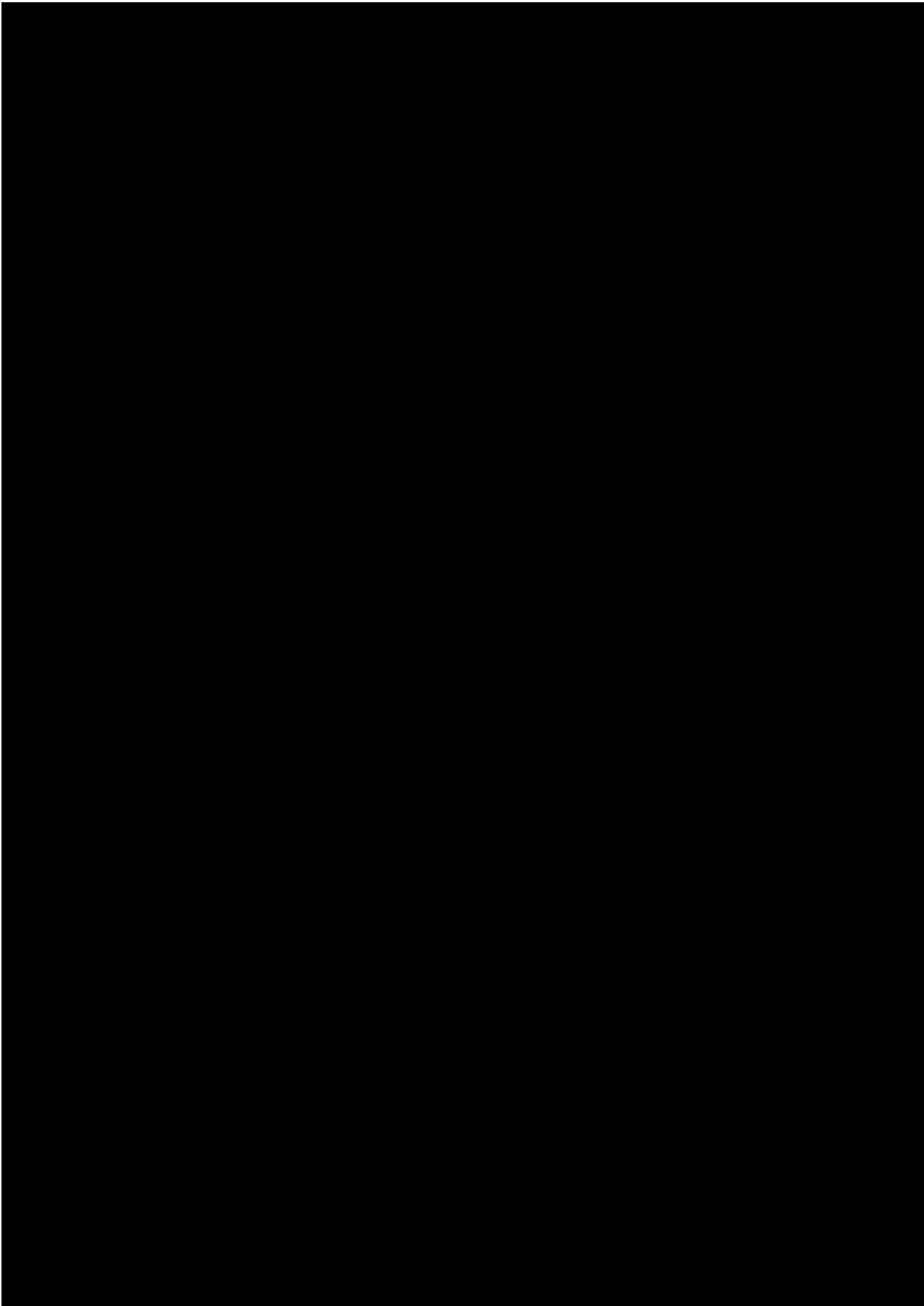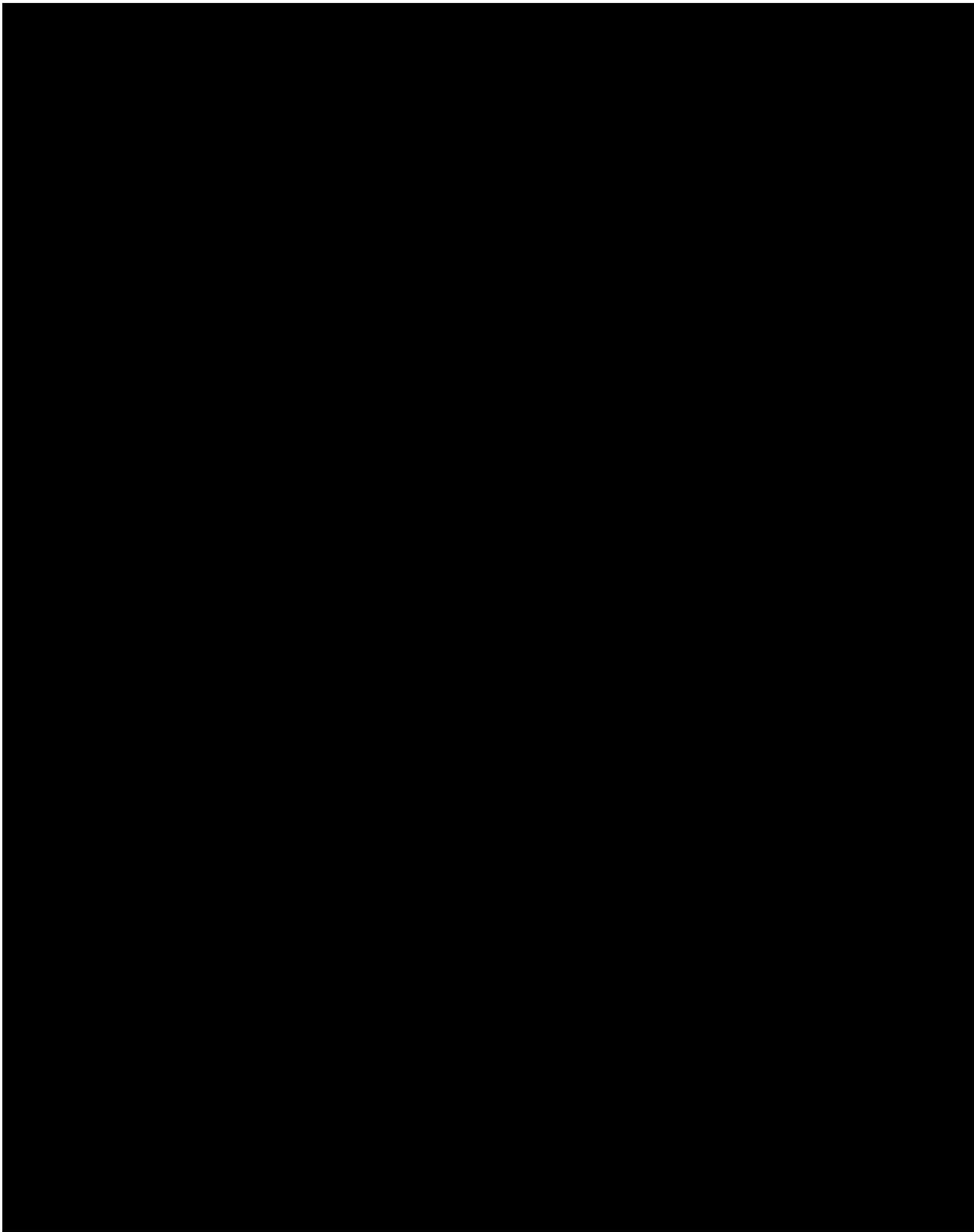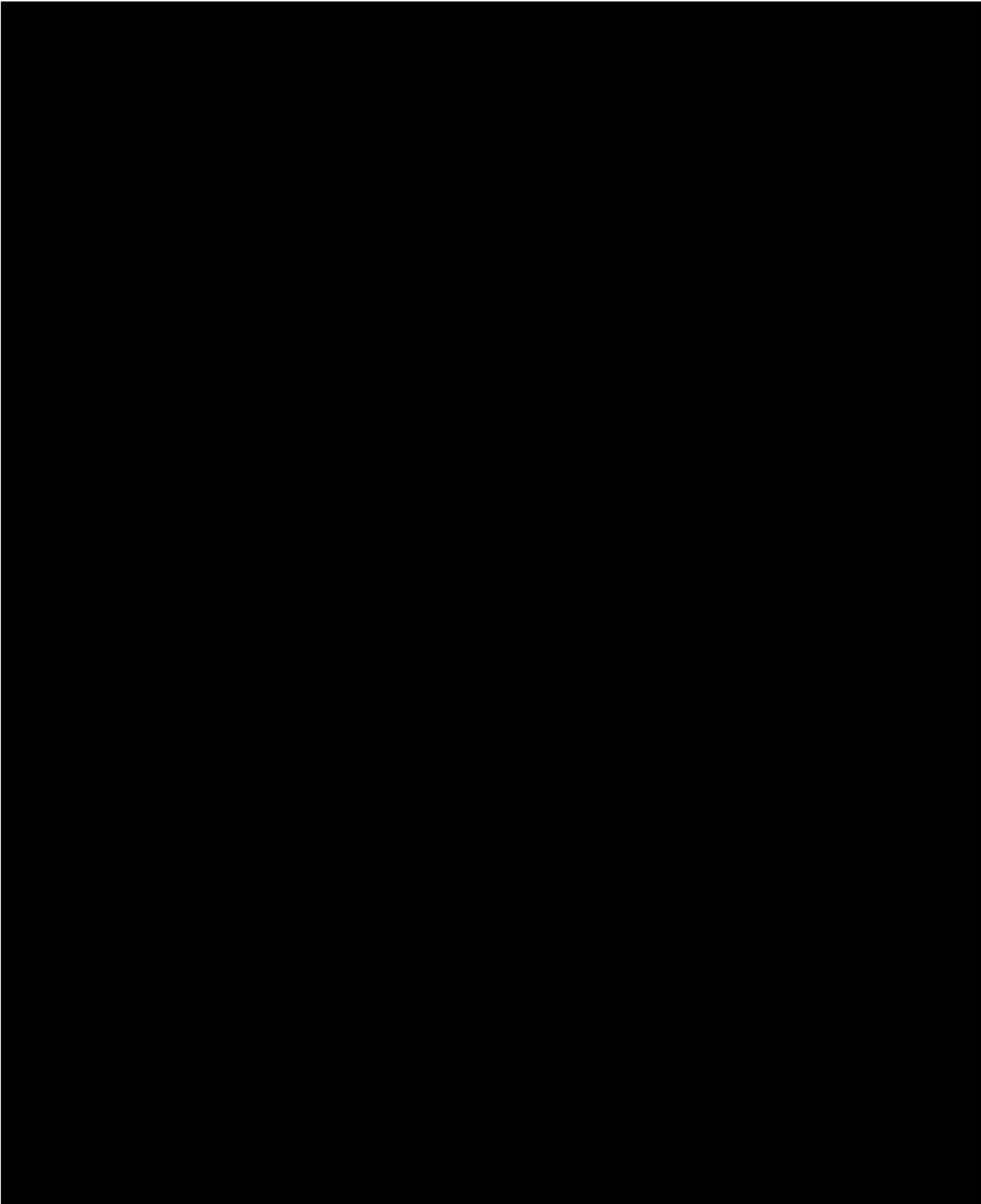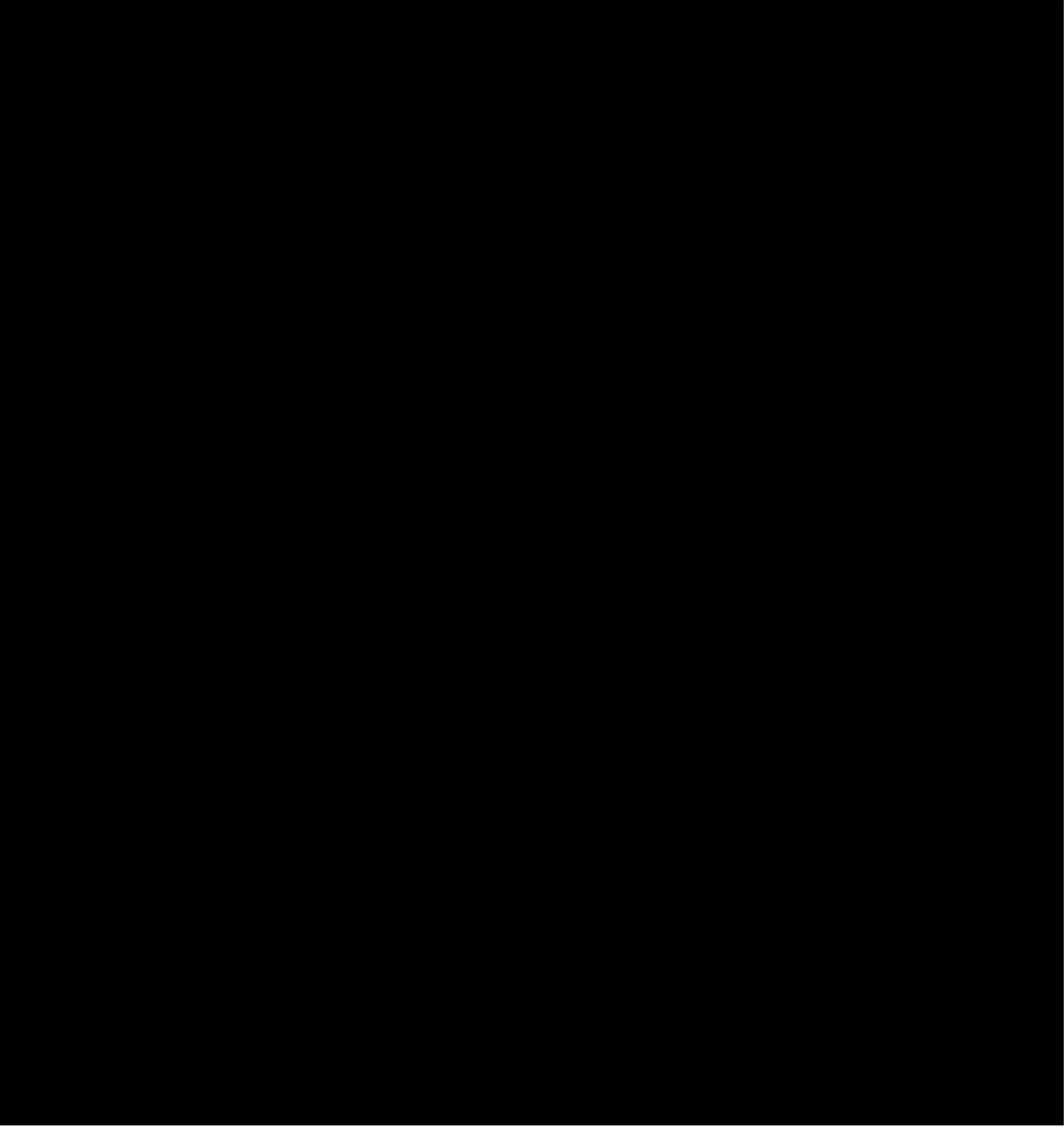
Our project leadership, with support from our quality and analytics teams, will work closely with FSSA and other relevant stakeholders to leverage the reporting capabilities of DecisionPoint and AssessmentPro for a comprehensive view of LTSS.

14.1.1 Plan to Provide Reports

Maximus will submit a list, in writing, of designated staff developing and/or submitting required reporting to FSSA at contract start and will provide an updated list annually or upon any major change. In addition, our team will communicate with the State by contacting the assigned contract manager electronically, by

mail, or telephone. ██
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Further, we agree to provide FSSA with any reports CMS requests and will facilitate the State's comprehensive PASRR, nursing facility (NF) LOC, and waiver LOC processes (including qualitative improvement and quality assurance processes). If FSSA requests information or reports and we cannot meet the stipulated timeline, we will notify FSSA immediately in writing and request approval for an extension. We will also collaborate with the State to develop a plan for prioritizing requests, so urgent requests get prioritized.

DecisionPoint and AssessmentPro can automate weekly, monthly, quarterly, and annual reports to promote timely delivery of information. Maximus will leverage this technology to produce accurate and comprehensive reports, as listed in *Exhibit 14.1-4: LTSS Required Reports,* within the State's designated timeframes.

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14.2 Sample Performance Reports

Consistent and timely status reports will provide stakeholders with critical information concerning LTSS progress.

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14.3 Additional Data and Reports

Maximus can create customized reports by leveraging a wide variety of individual and/or group variables and metrics, including any data points not standardly programmed. Most variables can be included within our routine reports. For example, we can tailor reports to reflect workflow variables such as turnaround times and outcome determinations filtered by key individual or group variables such as submitter type, individual demographics, or identified service needs. We can also customize formatting to meet FSSA's reporting preferences. In addition, we can generate additional reports to help the State evaluate the success of the program and fulfill its annual reporting requirements. Examples of other reports we can produce include:

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14.4 Conclusion

We continually monitor and track performance data monthly, weekly, and daily. Our key personnel will meet consistently to identify issues and implement solutions for issues raised (for example, engaging recruitment, training, IT, project management). These strategies will help identify challenges, mitigate risk, and prevent performance issues. With Maximus, FSSA will receive comprehensive reporting and data analytics that facilitate the success of Indiana's LTSS enrollment services and foster positive outcomes for its members.

15. Information Technology (IT) Systems (Section 14), Business Contingency and Disaster Recovery Plans (Section 15), and Systems Outages, Breaches, and Disaster Recovery Notification (Section 16)

Confirm your acceptance of the requirements in Sections 14 through 16 as written, and please describe your approach to meeting all the requirements as defined in Sections 14 through 16 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. Describe you process for the development, testing, and promotion of expected system changes and maintenance.

b. Confirm your acceptance of Indiana's Office of Technology (IOT) standards, policies and guidelines.

c. Describe you process for the development of Contingency plans, including Data Backup plans, Disaster Recovery plans and Emergency Mode of Operation plans. Provide sample plans.

d. Confirm your acceptance of the notification and disaster recovery requirements as written in Section 16 of Attachment K.1, Scope of Work A – Enrollment Services.

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 14 Information Technology (IT); RFP Attachment K.1, Section 15 Business Contingency and Disaster Recovery Plans; and RFP Attachment K.1, Section 16 Systems, Outages, Breaches, and Disaster Recovery Notification as written. Please see our detailed response to RFP Attachment F.1, Section 15 below.

15 Information Technology Systems, Business Contingency and Disaster Recovery Plans, and Systems Outages, Breaches, and Disaster Recovery Notification (Attach F.1 15; Attach K.1 14, 15, 16, 16.1, 16.2, 16.3, 16.4)

Moving Stakeholder Confidence Forward

FSSA can be confident Maximus has the experience and capability to provide secure and seamless LTSS Enrollment Services. Our information technology (IT) system, along with its development, testing, and maintenance processes, is already in place. As a result, we require a less intensive development efforts relative to other Respondents. Our business continuity and disaster recovery (BCDR) plan provides robust protection and facilitates timely communications with FSSA. If system outages, breaches or disasters occur, we safeguard LTSS assets, data, staff, and processes involved in serving Hoosiers.

In the following sections, we describe our approach to meeting all requirements of Sections 14 through 16 of Scope A – LTSS Enrollment Services.

15.1 Development, Testing, and Promotion of Expected System Changes and Maintenance

Maximus will establish detailed processes for the development, testing, and promotion of expected system changes and maintenance. We will share regular updates with FSSA for transparent insight into our activities, timeframes, and progress.

We will notify FSSA in advance whenever system changes are ready for release. In conjunction with the RFP definitions of minor and major updates, we agree to notify FSSA:

- At least 30 calendar days prior to the installation or implementation of minor software and hardware changes, upgrades, modifications, or replacements

- At least 90 calendar days prior to the installation or implementation of major software or hardware changes, upgrades, modifications, or replacements

Stability Supporting Transformation

15.1.1 Development

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15.1.2 Testing

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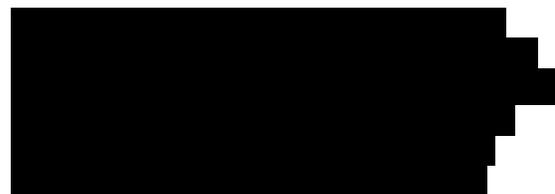
15.1.3 Approving Regular Releases for Production

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15.2 Compliance with Office of Technology Standards, Policies, and Guidelines

Maximus understands and agrees to comply with all applicable Indiana Office of Technology (IOT) standards, policies, and guidelines, which are available online at http://in.gov/iot/2394.htm. We agree that all hardware, software, and services provided to or purchased by the State will be compatible with the principles and goals contained in the electronic and information accessibility standards adopted under Section 508 of the Federal Rehabilitation Act of 1973 (29 USC 794d) and IC 4-13.1-3. If our policies or processes deviate from these architecture requirements, we will seek written approval from the IOT in advance.

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15.3 Contingency Plan Development Process

Through severe weather and public health emergencies, we have successfully maintained critical government services for vulnerable populations. Our BCDR plans provide robust procedures that maintain continuity of operations. We bring a road-tested approach to operating projects through contingency situations while still fulfilling contract requirements.

FSSA and Hoosiers will benefit from a comprehensive BCDR plan. Our BCDR plan for LTSS services incorporates complete data backup and an Emergency Mode of Operations plan. It aims to quickly restore operations and prevent major disruption of vital services for individuals and families.

In the following sub-sections, we describe our approach to developing a robust BCDR plan. Our BCDR plan is a project-specific document. It incorporates all the elements of a data backup, disaster recovery, and Emergency Mode of Operations plan into one complete guide. A draft copy of the Indiana LTSS BCDR Plan is available in *Appendix 4: Indiana Preadmission Screening and Resident Review (IN PASRR) Business Continuity Disaster Recovery (BCDR) Plan,* within our Business Proposal. We will provide a complete working copy of the plan to FSSA within 90 days of contract award.

15.3.1 Business Contingency and Disaster Recovery Plans

The teams on some of our projects have managed disasters that substantially hindered operations. They have always done so efficiently, effectively, and quickly. In each case, we safeguarded property, client data, project data, and staff safety.

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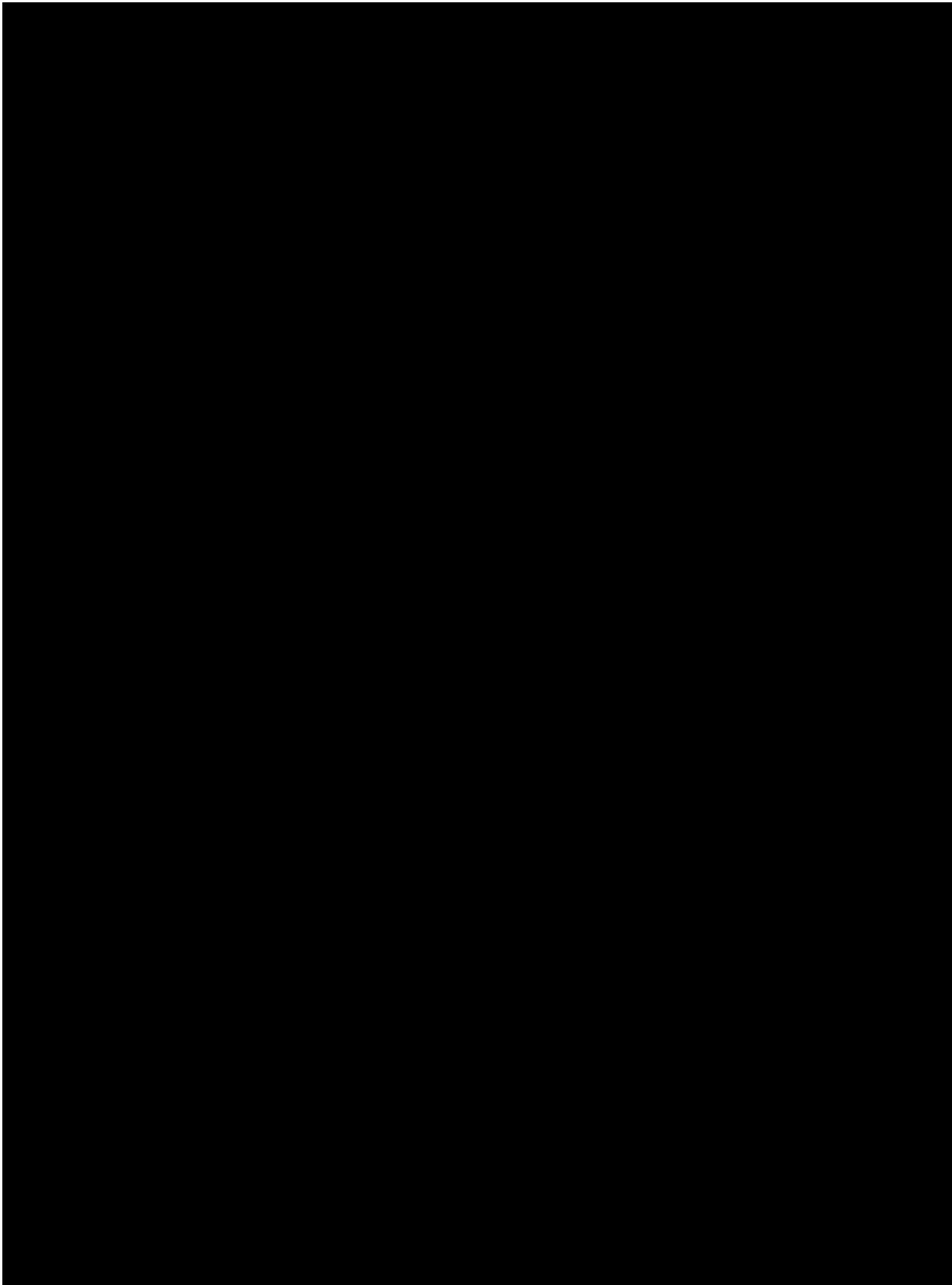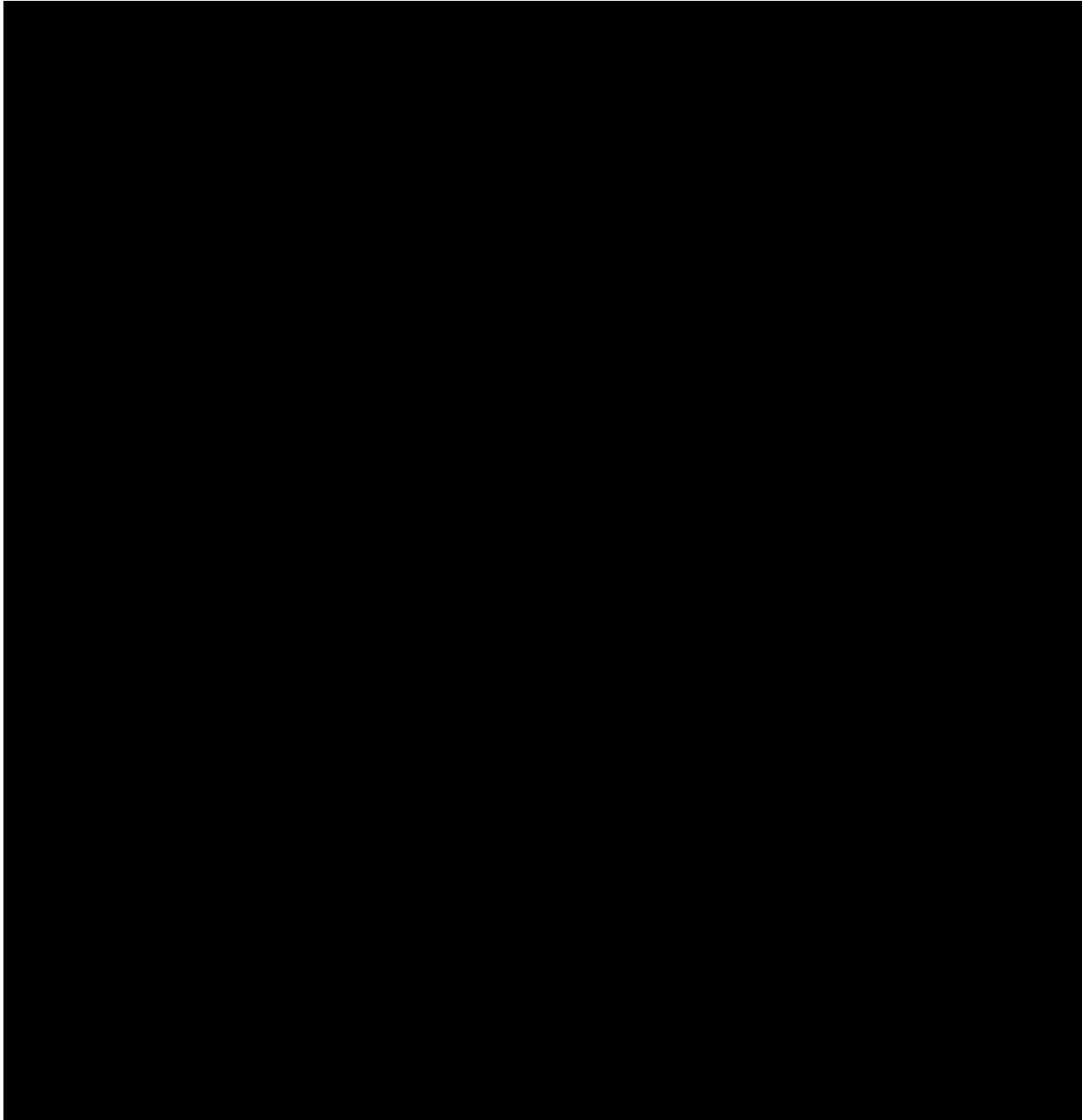
15.3.2 Maximus Information Security Office – BCDR Team

15.3.3 BCDR Plan Framework

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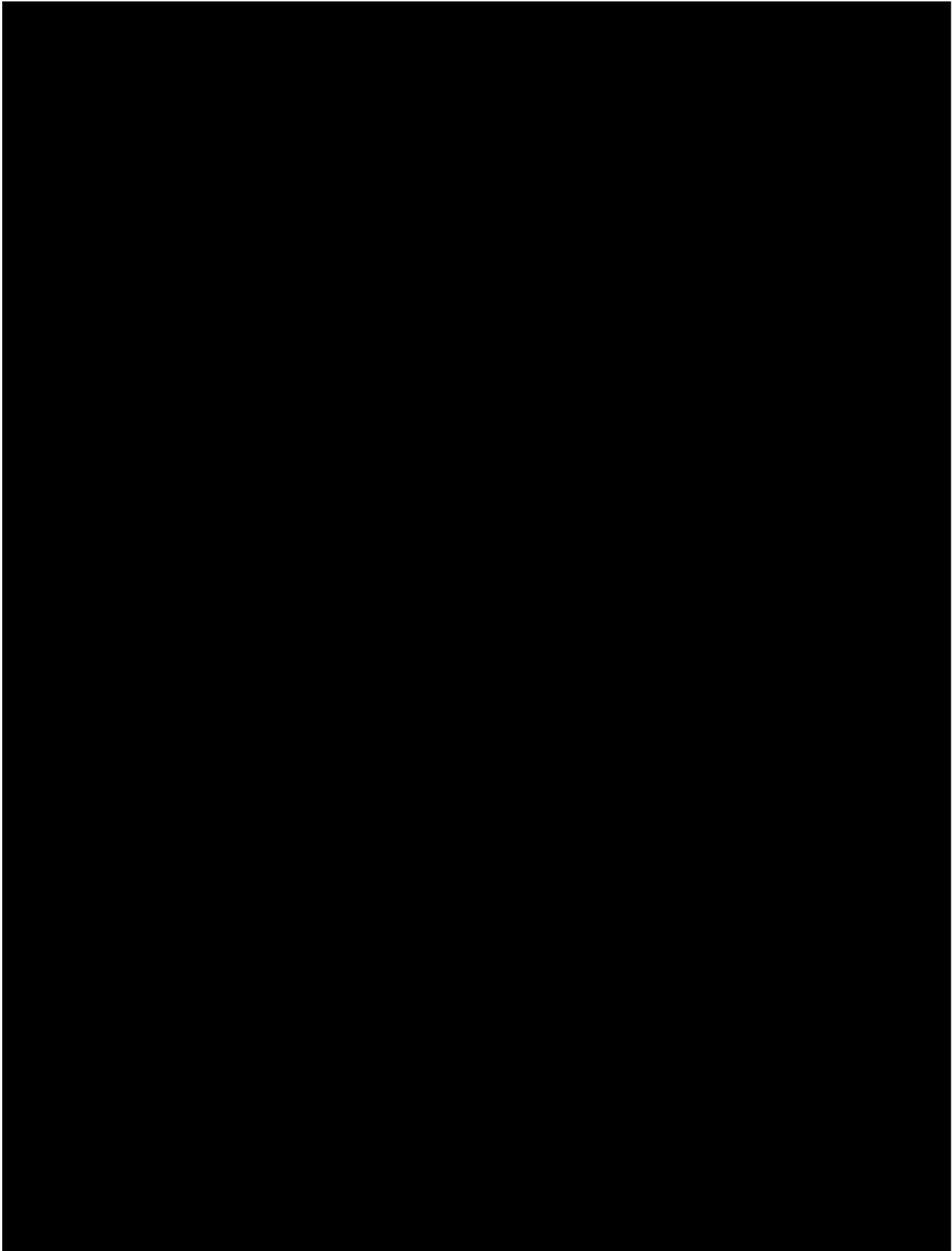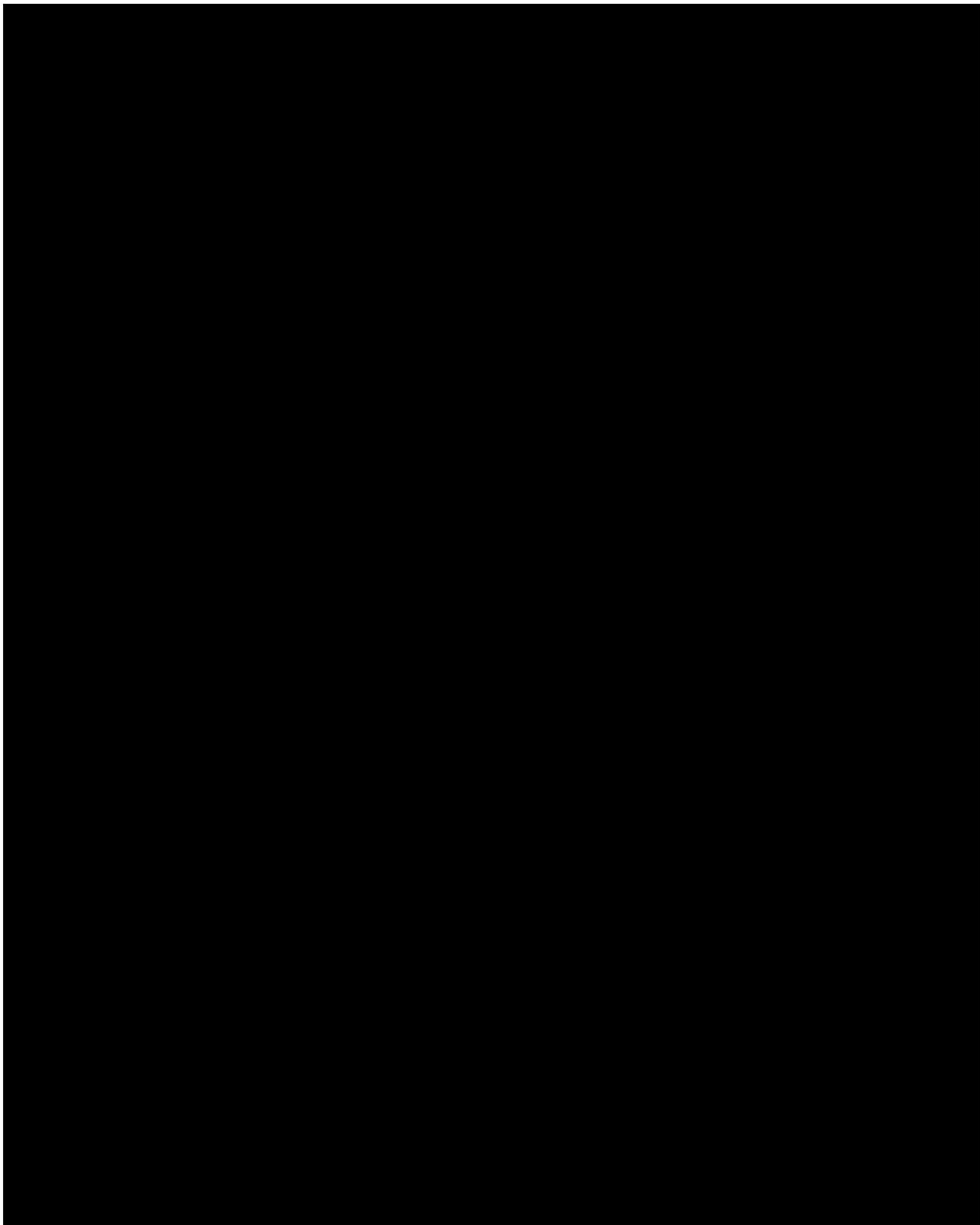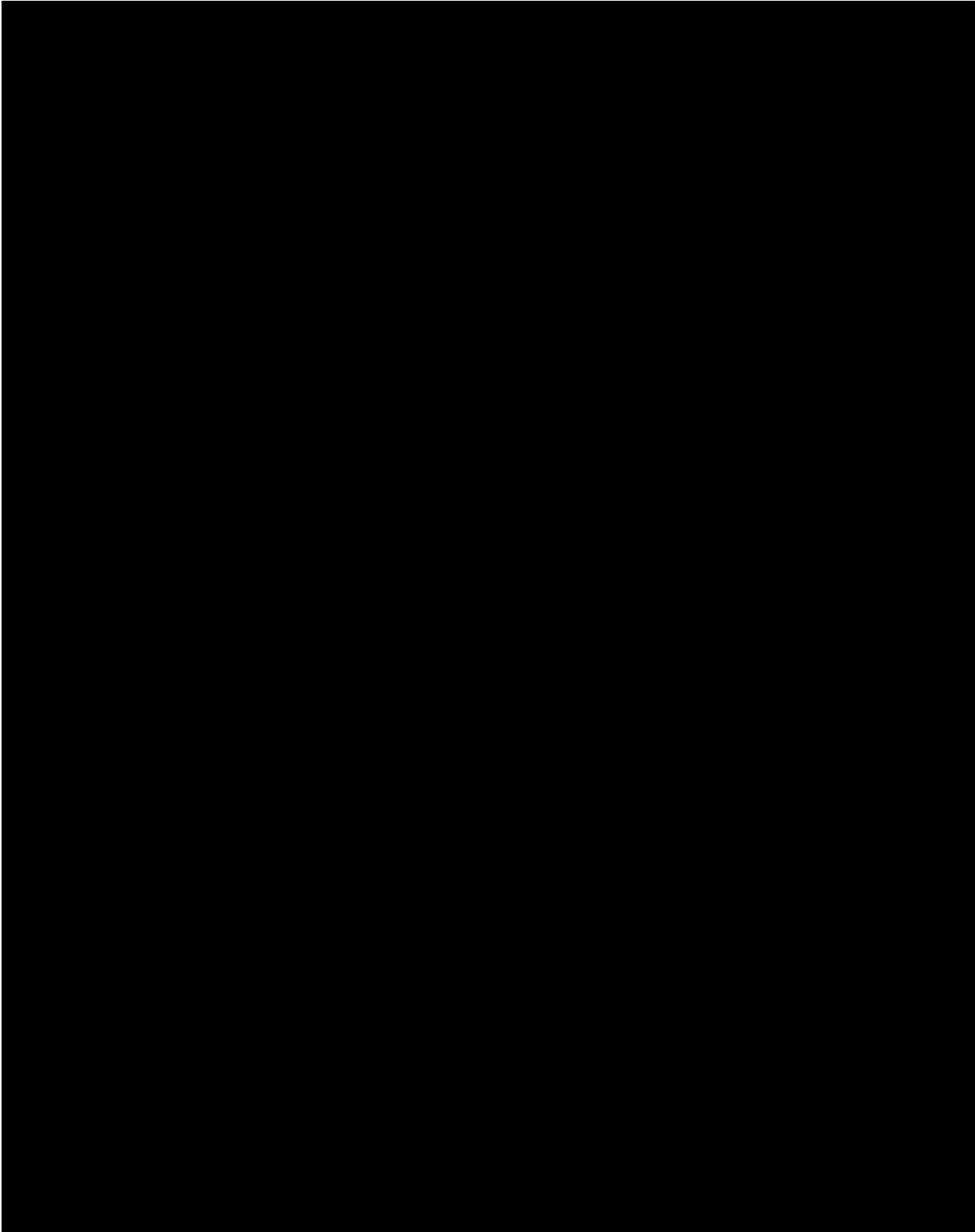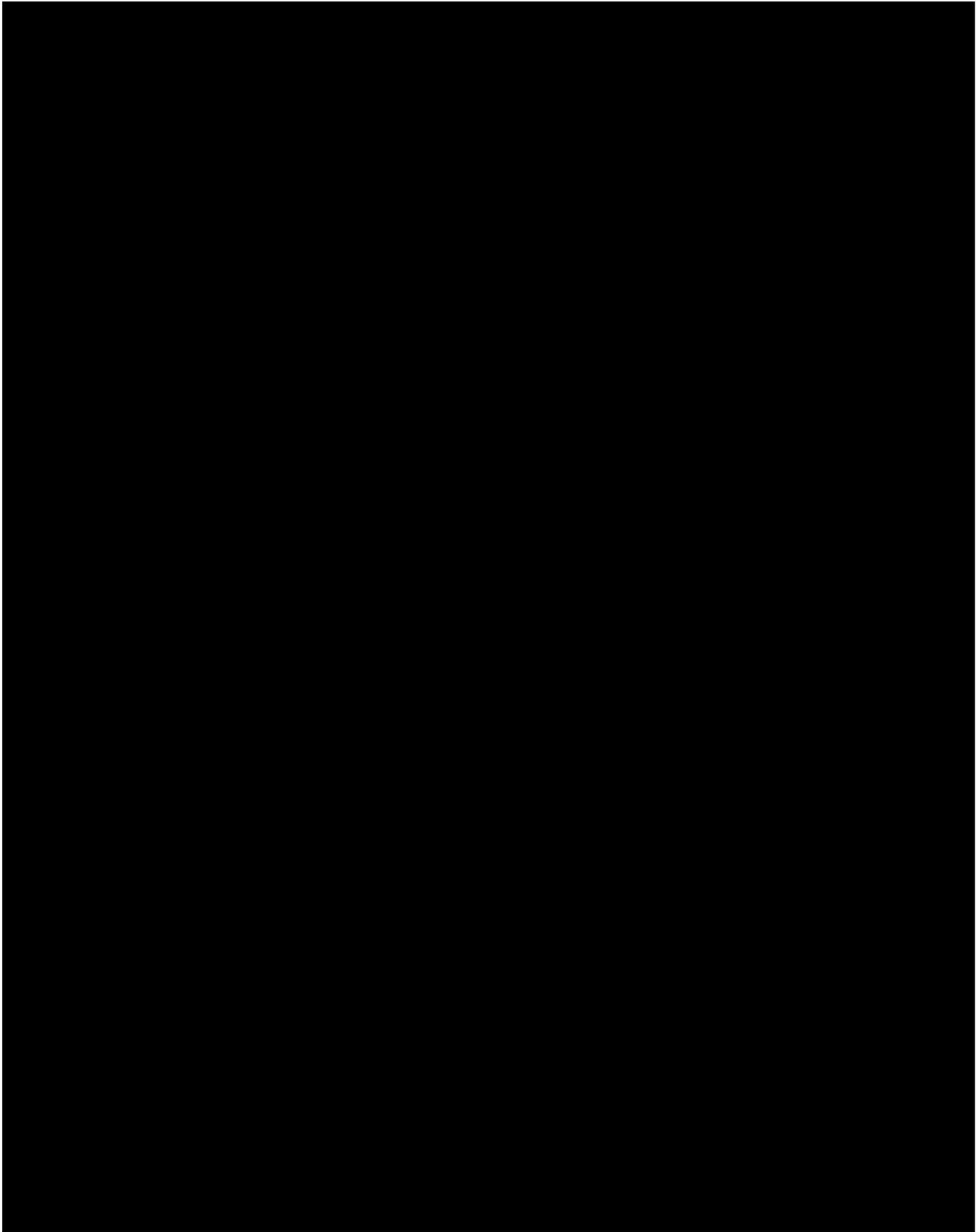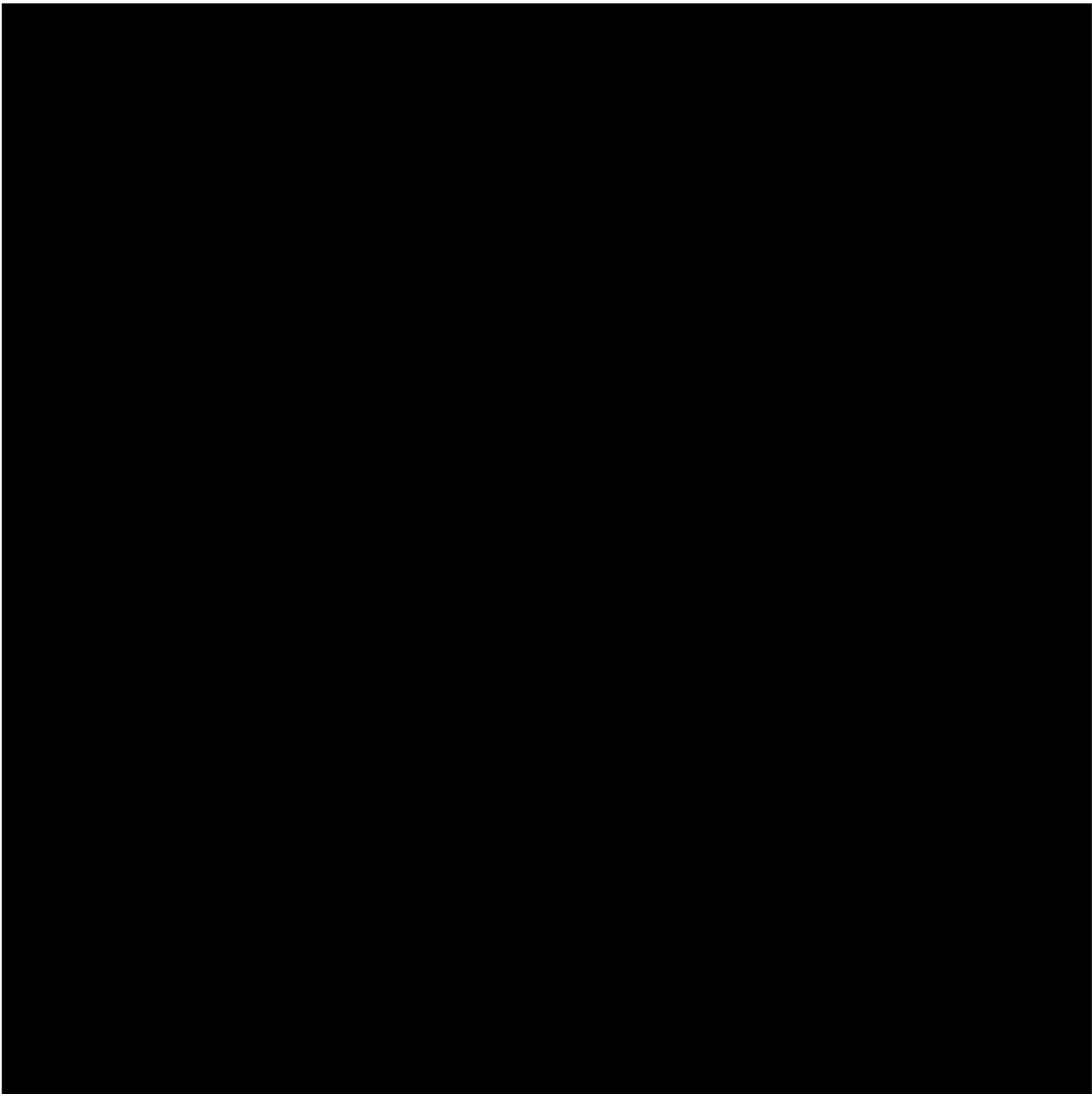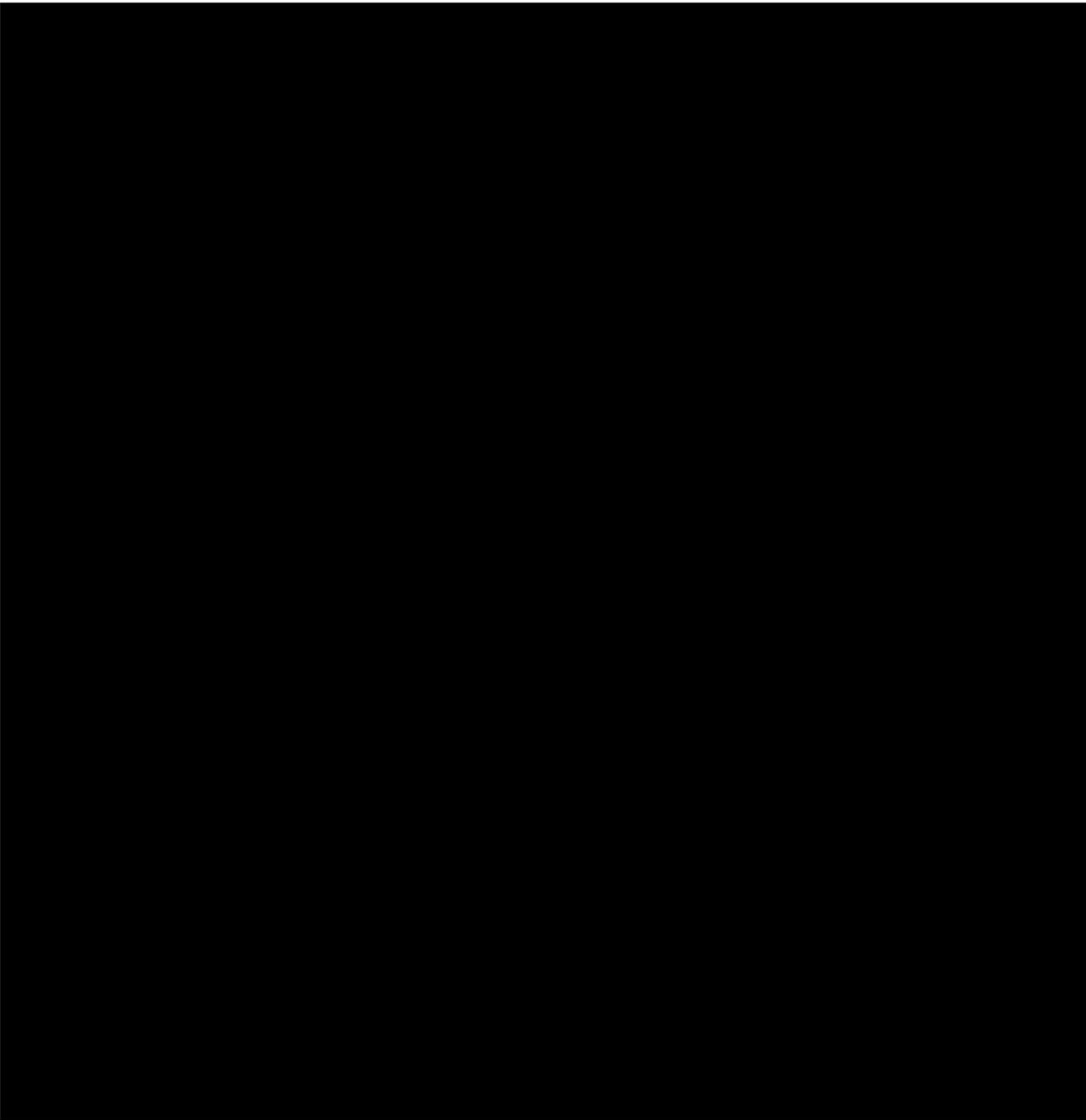
15.3.5 Creating and Testing BCDR Plans
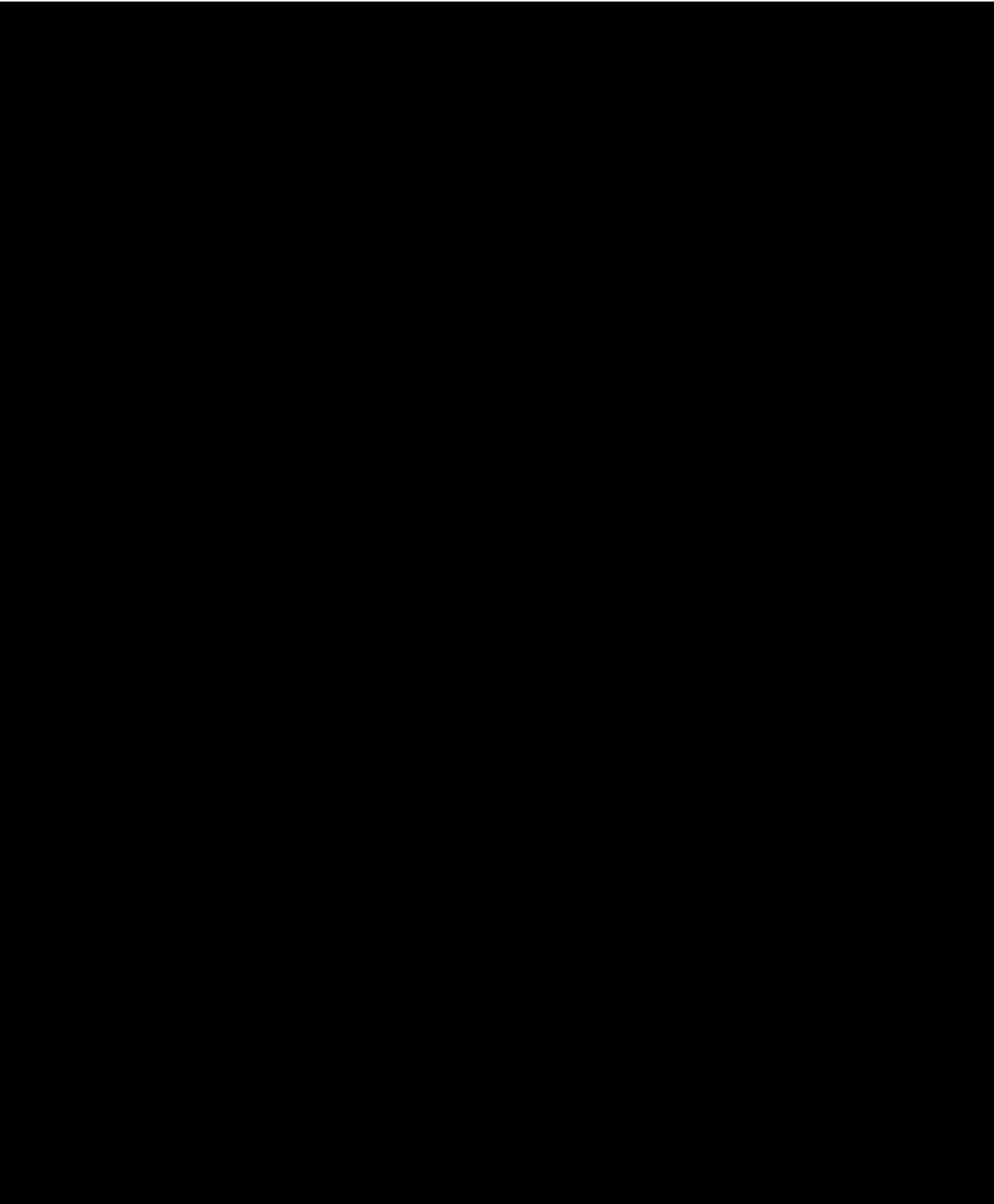
15.3.6 Performing Risk Assessments

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15.3.7 Conducting Tabletop Exercises

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15.4 Notification and Disaster Recovery Requirements

We agree to comply with the notification and disaster recovery requirements as written in Sections 9.4 and 16 of RFP Attachment K.1. We accept the respective timeframes, and understand corrective actions or financial penalties may apply for non-compliance in any of the following areas:

- Notifying FSSA of the discovery of a disaster or other disruption in normal business operations

- Restoring operations following a disaster

- Providing advance notice of systems upgrades and enhancements

- Notifying FSSA of HIPAA and security breaches

As part of our transparency efforts, we will work closely with FSSA. We will notify FSSA of all actions during a disaster or other contingency situation, such as HIPAA and security breaches.

15.5 Conclusion

The State and FSSA can have confidence with Maximus as a partner. We commit to meeting and exceeding all requirements of RFP Attachment K.1 Sections 9.4, 14, 15, and 16. Our proven history of collaborating with government clients will keep FSSA informed about software and hardware development, testing, and releases. Through transparent communication and timely preparation, we provide continuity of operations for LTSS Enrollment Services. Our detailed, project specific BCDR plan mitigates impact on project operations and restores operations quickly for members and applicants.

16. Incoming and Outgoing Transition Activities (Section 17)

Confirm your acceptance of the requirements in Section 17 as written, and please describe your approach to meeting all the requirements as defined in Section 17 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. Incoming Transition Activities (Section 17.1)
- o Describe your plan to for the start-up of this program including the project management tool(s) that you will use.
- o Describe your start-up plan to address increased calls for enrollment and assessments beginning of the MLTSS program.
- o Describe your plan to ensure sufficient staff to accommodate all call volume fluctuations after the program has started.

b. Readiness Review (Section 17.1.2)
- o Describe your plans for readiness test cycles that includes all data interfaces. Please describe any readiness assessment process activities that must be completed successfully before the Operational Start Date.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 17 Incoming and Outgoing Transition Activities as written.** Please see our detailed response to RFP Attachment F.1, Section 16 below.

16 Incoming and Outgoing Transition Activities (Attach F.1 16; Attach K.1 17, 17.1, 17.2, 17.3)

Stability Supporting Transformation

FSSA needs a contractor who will engage and prepare the necessary stakeholders for the implementation of LTSS and MLTSS Services. Stakeholder outreach is critical for a strong, smooth, and data-informed implementation.

16.1 Incoming Transition Activities

Our approach to implementation combines proven change management practices and thorough plan development, with transparency to individuals and stakeholder groups. This approach fosters confidence, support, and most importantly – project success. Our implementation approach enables members, providers, legislators, and other partners to be informed and know that our implementation team is promoting their needs and project objectives.

Beyond the transparency and high-level of collaboration our implementation team brings to this engagement, we will also support project success because our Level of Care (LOC) solution for Indiana is already largely in place. *Exhibit 16.1-1: LOC Implementation Steps* shows how we are already fully operational and ready to support FSSA's additional scope.
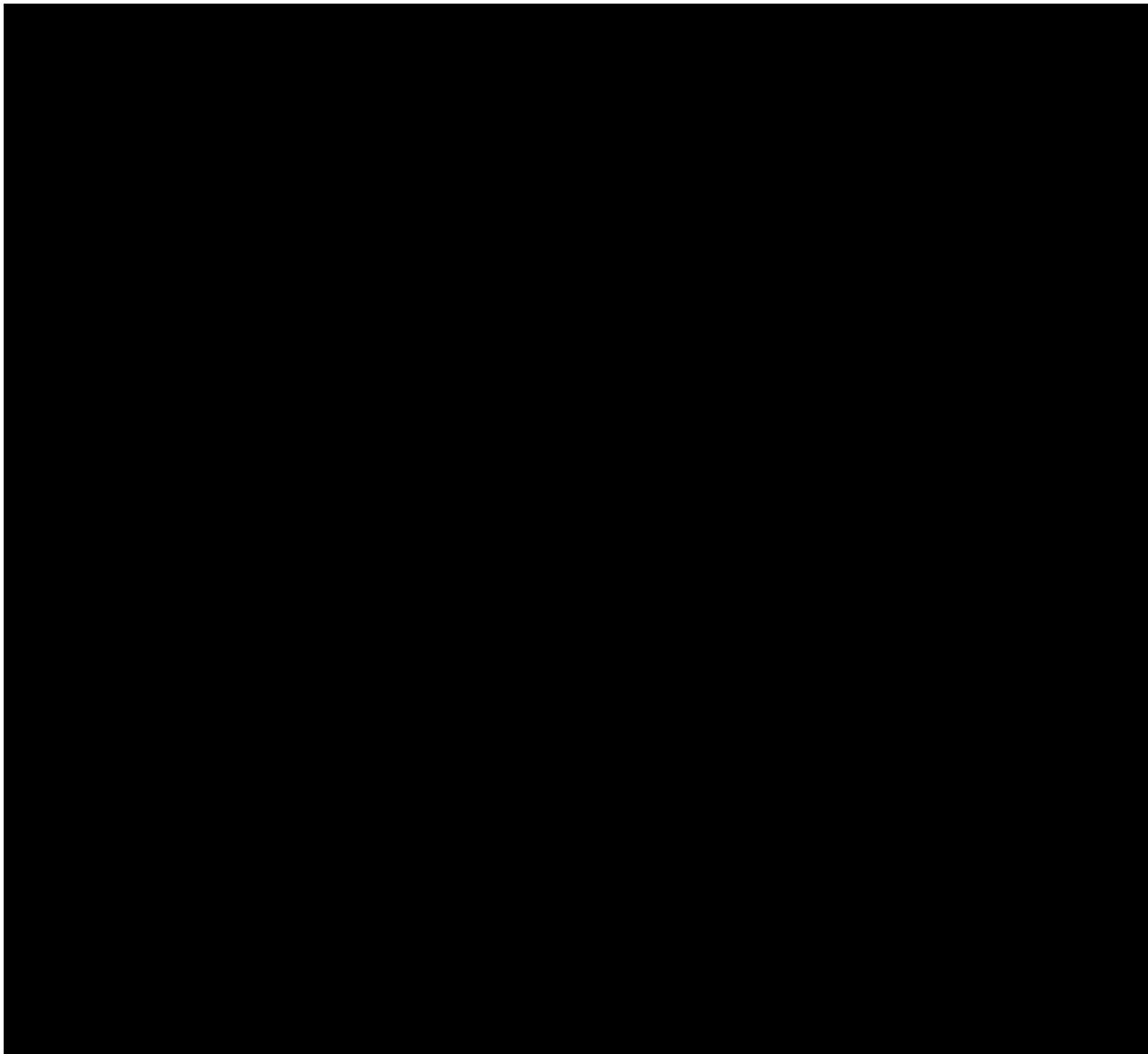
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Approach – Corporate Resources for Plan Development

Maximus can deliver successful implementation and operations that other vendors cannot because of our wealth of shared corporate resources. ███

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16.1.1 Plan for Start Up of This Program Including Project Management Tools

To support a successful implementation and promote the goals of FSSA, we will combine proven processes – executed by experience and qualified staff, to manage the implementation. ███

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Project Management Tools

We will use the following project management tools to continue the needed project management rigor for the duration of the contract:

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16.1.2 Plan to Address Increased Calls for Enrollment and Assessments at the Beginning of the MLTSS Program

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Exhibit 16.1-3: SOA PAX Analysis and Planning. *The analysis and consulting SOA PAX provides will help FSSA*
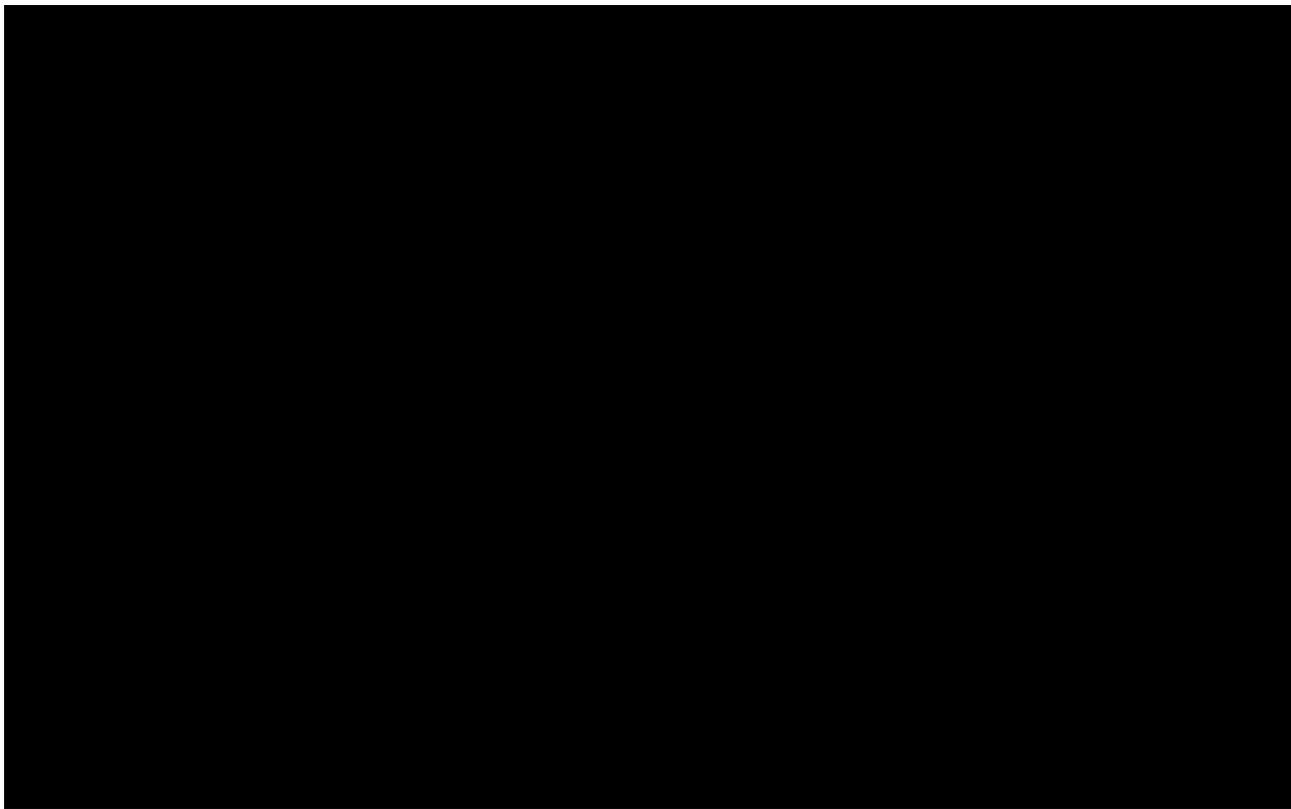
16.1.3 Sufficient Staff to Accommodate All Call Volume Fluctuations After the Program Has Started

Having the right staff volume in the right places is critical to conducting timely assessments and supporting FSSA to quickly transition individuals into the right settings and services.

Our plan to confirm we have sufficient staff to accommodate all call volume fluctuations is to use our methodology and modeling to forecast staffing needs. We will establish accurate staffing targets based on historical volumes and staffing algorithms derived from more than 22 years of supporting assessment programs across 18 states.

We have the LTSS enrollment services experience necessary to manage the estimated number of assessments and re-assessments. Through our intensive training program, we prepare our staff for the nuances of the Scope A – LTSS Enrollment Services.

☆ **Spotlight**

We will provide the right number of skilled customer service representatives (CSRs) necessary to meet and exceed State expectations and performance standards.

requirements.

We will maintain the correct number of staff necessary to conduct the estimated number of total assessments expected during our first contract year. Through our team of CSRs, we are prepared for any expected ramp-up in the number of total assessments to be performed in the future.

16.2 Readiness Review

Our approach to this project includes conducting an operational readiness assessment process, whether internally directed by our project transition team or by our State partners. Our best-practice readiness assessment model, developed by our corporate SOA PMO, provides a structured process that has been validated across many projects and covers project infrastructure, human capital, and operations readiness.

We will verify the preparedness of staff, business processes, data, integration points, telephone system, systems infrastructure, technology networks, governance, reporting, and communications. We use a readiness assessment checklist, along with the RFP requirements and proposal, to make our determination for readiness.

16.2.1 Plans for Readiness Test Cycles that Includes All Data Interfaces - Readiness Assessment Process Activities That Must Be Completed Successfully Before the Operational Start Date

16.3 Conclusion

The State can be confident in our capabilities to provide an effective, efficient, PMBOK-based, and transparent implementation of the Scope A – LTSS Enrollment Services for the State, and those most impacted by these systems — the many Hoosiers who interact with these systems and programs on a daily basis.

17. Quality Management and Improvement Program (Section 18)

Confirm your acceptance of the requirements in Section 18 as written, and please describe your approach to meeting all the requirements as defined in Section 18 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

   a. Describe your planned activities to address the State's three main quality goals listed in Section 18.
   b. Describe your Quality Management and Improvement Program, including how you will monitor, evaluate, and take effective action to identify and address any needed improvements in the quality of services delivered to individuals.
   c. Describe how you will utilize program data to support the Quality Management and Improvement Program.
   d. Describe your approach and methods for surveying client satisfaction and how you will analyze and address the findings.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 18 Quality Assurance and Quality Improvement as written.** Please see our detailed response to RFP Attachment F.1, Section 17 below.

17 Quality Management and Improvement Program (RFP 3.2.2; Attach F.1 17; Attach K.1 18, 18.1, 18.2)

Streamlined Beneficiary Experience

Clinical accountability promotes quality outcomes for Hoosiers and the State by minimizing errors, inaccuracies, and inefficiencies. Our comprehensive Quality Management and Improvement Program (QMIP) verifies each touchpoint of LTSS Enrollment Services. It monitors and measures the work performed by our operational and clinical staff and assessors. It also measures whether our services demonstrate the excellence required to meet FSSA's program goals.

Maximus commits to promoting high quality services for Indiana's applicants and members. Throughout this section, we detail how we meet all quality assurance (QA) requirements, including our:

- Alignment with FSSA's three quality goals

- Detailed quality model and processes for accountable, accurate assessments across our LTSS projects — including Indiana's LTSS Enrollment Services

- Dedicated, independent Quality Department that conducts conflict-free QA and provides critical feedback loops across teams serving the program

- Data-driven quality analytics and the ability to assist FSSA in understanding statewide impact of LTSS Enrollment Services as FSSA transitions to Managed Long-Term Services and Supports (MLTSS)

For both Level of Care (LOC) and Preadmission Screening and Resident Review (PASRR),

☆ Spotlight

17.1 Planned Activities to Address the State's Three Quality Goals

As FSSA moves toward implementing MLTSS in 2024, a rebalancing must occur between institutionalized and community-based care. The State's three quality goals tie into the overall goal of providing 75% of new LTSS members the opportunity to age in their home or community. Maximus will support Indiana in realizing a fully integrated, member experience-driven program that incentivizes quality care. FSSA and the State can rely on our proven systems, continued partnership, and clinical expertise. Our quality practices reduce unnecessary institutionalization and facilitate appropriate diversions and transitions of members and applicants to HCBS services.

In the sections that follow, we detail our planned activities to meet each of the State's three quality goals.

17.1.1 Goal #1: Provide Evaluations and Intake Counseling That is Person-centered and Involves Caregivers

Person-centered practices depend on an organization-wide commitment to a person-centered culture. We incorporate thorough and robust quality standards for our clinical staff centered on person-centered practices and thinking, as detailed in *Section 13: Staffing*. Below, we outline how we achieve person-centered, inclusive evaluations and intake counseling for the State.

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17.1.2 Goal #2: Ensure Smooth Transitions to and Among Appropriate Services, Supports, and Programs for Individuals Receiving NFLOC Assessments and Determinations

Moving Stakeholder Confidence Forward

Staff involved in the NFLOC assessment process act as a point of access to Indiana's services. They must remain knowledgeable of programs and supports to be effective and active in this role. By keeping staff abreast of with specialized scripts and training materials, we facilitate appropriate handoffs and referrals. [REDACTED]

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17.1.3 Goal #3: Assure Timely Assessment and NFLOC Determinations to Enable Members to Access Appropriate Services and Supports and to Live in Their Setting of Choice

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17.2 Quality Management and Improvement Program

Quality assessments lead to optimal care and the best outcomes for Hoosiers of all ages and backgrounds across Indiana. Subsequently, ███ █████████████

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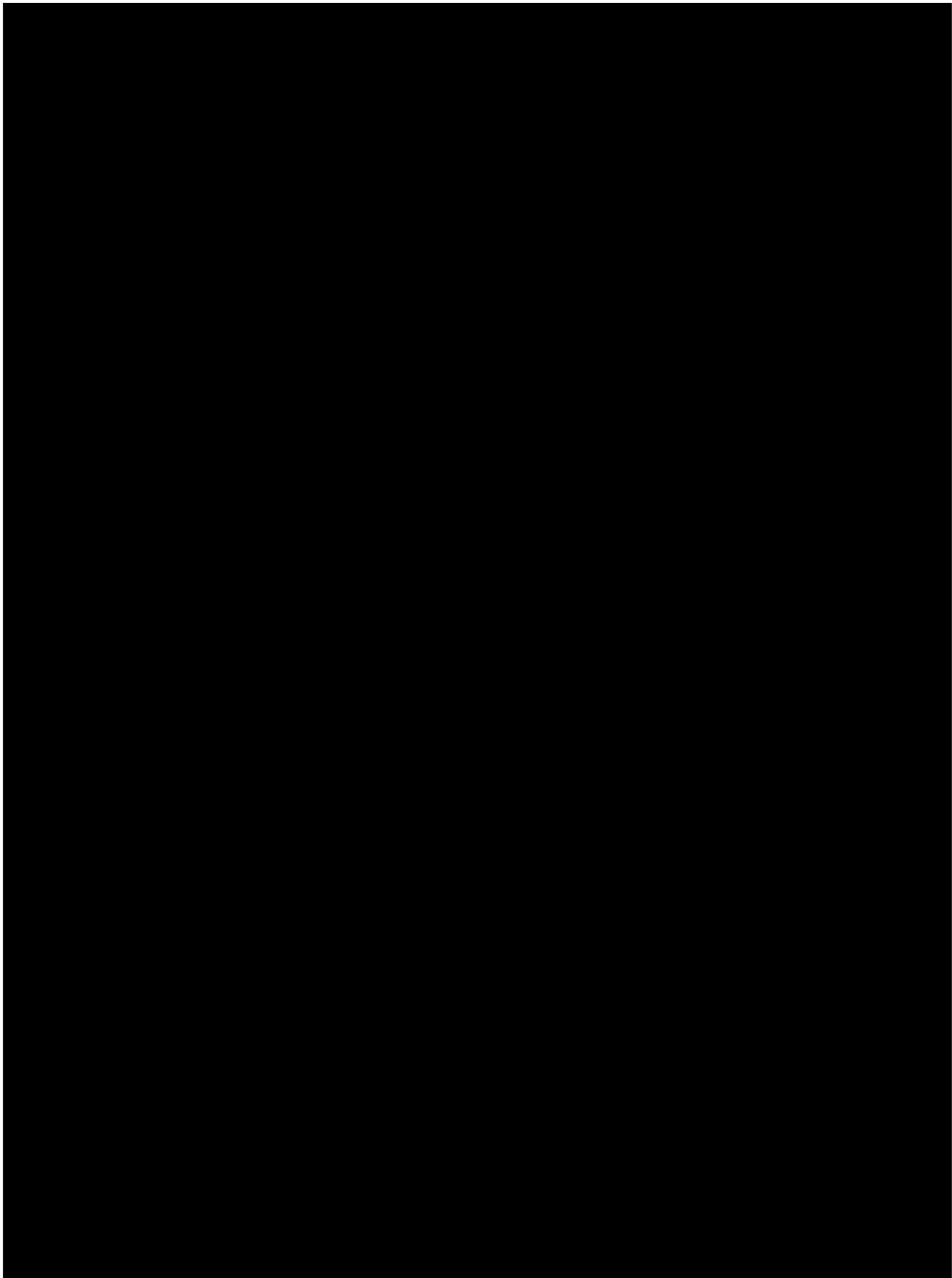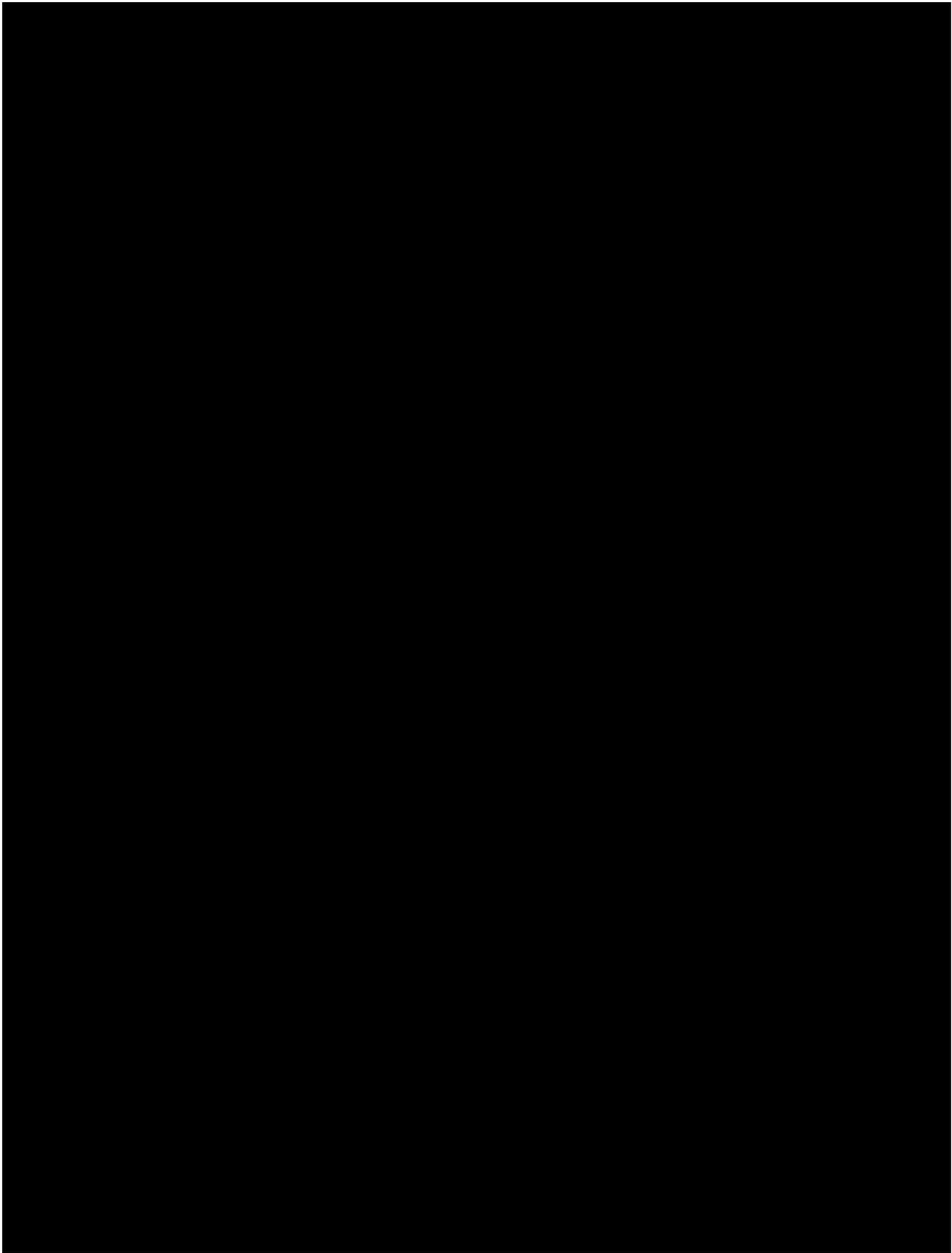
17.2.1 Continuous Quality Assessment and Performance Improvement

To create a culture of continuous improvement for the LTSS and MLTSS program, we implement intensive quality oversight. From hiring to training to quality oversight and reporting, we maintain █

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The Quality Department also works closely with the Training Department. Together, they develop and implement additional training to mitigate any noticed drift from documented clinical guidance.

17.2.2 Quality Measurements of LOC, Level I, and Level II Activities

Each person who interfaces with our LOC and PASRR assessments plays a critical role in delivering quality outcomes. It is for this reason that our Quality Department embeds multi-level monitoring as part of our QMIP. ██ ███ ████████████

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In the sections that follow, we provide additional detail on our quality measures for each area.

17.2.2.1 Provider/Entity Quality Support

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17.2.2.2 Level I Screen, Concurrent Review of Provider Positive Level I Screens

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17.2.2.3 Level I Screen, Quality Measurement of Level I.5 Clinical Reviewer Performance

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17.2.2.4 Level II Assessor Quality Measurement

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17.2.2.5 Level II Quality Clinician Performance Measurement

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17.2.2.6 Support for Quality Clinicians to Maintain Reliability

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17.2.3 Quality Measurements of Non-clinical Activities

To verify that CSRs and administrative support coordinators provided a person-centered experience, we measure overall call quality. ███ ██ As a standard, we provide reports to FSSA weekly and provide a full summary report monthly. We will use the following methods to measure the non-clinical activities of Indiana's LTSS program:
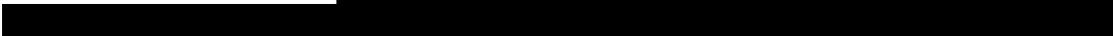
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17.3 How Program Data Supports Quality Management and Improvement

Stability Supporting Transformation

Continuous monitoring of Scope A – LTSS Enrollment Services allows for proactive adjustments to better meet the needs of members and applicants. Intense oversight of the data we capture provides us with invaluable metrics. These metrics verify whether our decisions and recommendations are based on accurate, complete, and reliable processes. This approach has contributed to the consistent clinical excellence we provide Indiana, as seen in *Exhibit 17.3-1: Tracking Quality Activity with Overall Quality Score*. Maximus is prepared to start the new contract on a foundation of quality and continued success.

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17.4 Approach and Methods for Client Satisfaction

Moving Stakeholder Confidence Forward

Evaluating the satisfaction of the individuals we serve is an important part of our person-centered approach. We use automated customer satisfaction surveys in many of our health services projects to gather valuable feedback from customers. ████████████████████████████████████
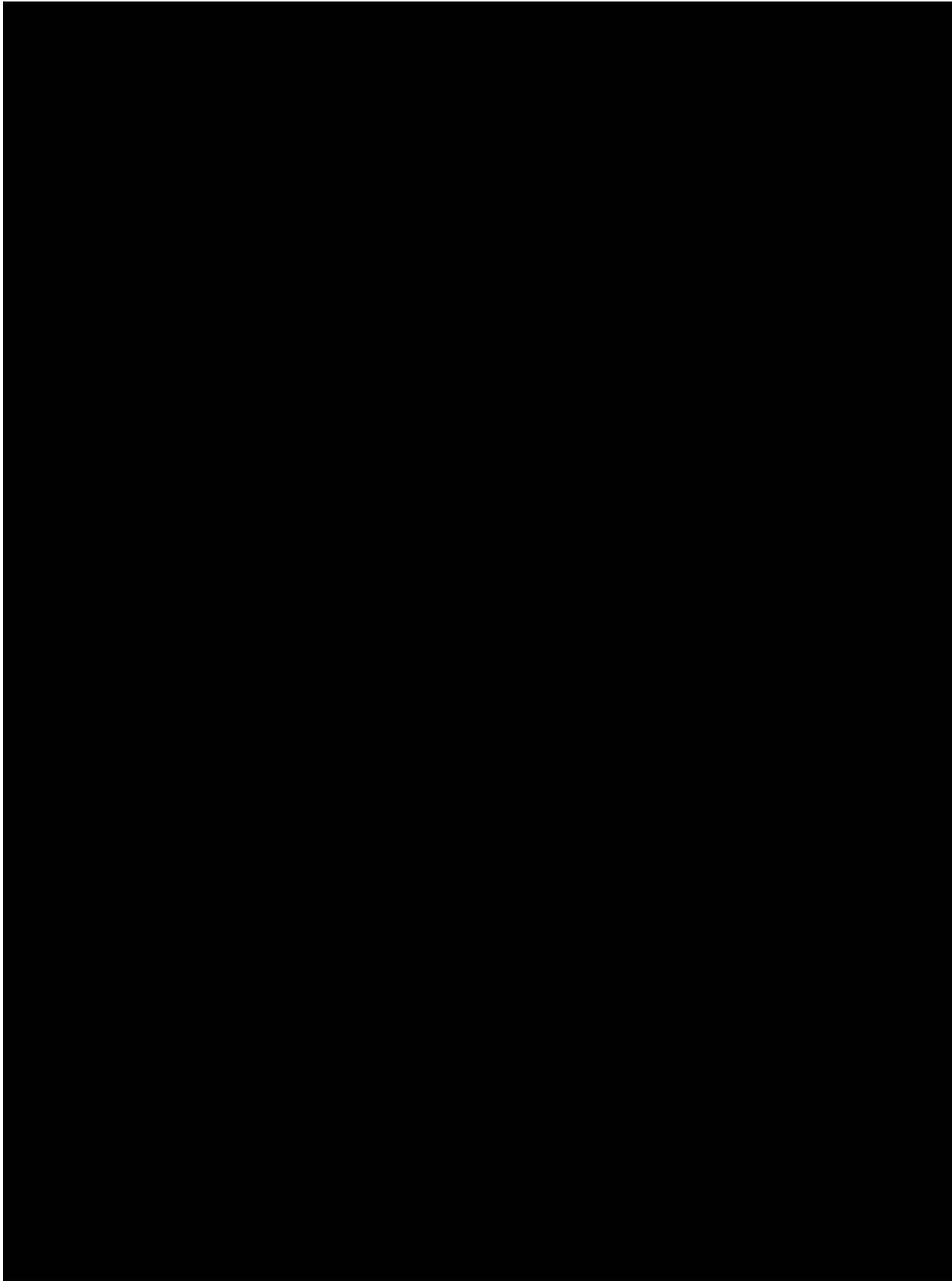
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Many times, our surveys serve the function of telling us what we are doing right. Hearing accolades allows us to understand what remains meaningful as we continue to make changes for continued growth.

17.5 Conclusion

Through an evidence based, proven QMIP, FSSA will continue to have quality across all LTSS Enrollment Services. Maximus will align with all three of the State's quality goals. We bring the ability to monitor, detect, and improve both global and granular measures of performance. Tracking data by staff, task, date, and by outcome leads to actionable insight for targeted improvements. This results in better health outcomes for Hoosiers and a smoother transition of the State to MLTSS in 2024.

18. Health Equity and Cultural Competency (Section 19)

Confirm your acceptance of the requirements in Section 19 as written, and please describe your approach to meeting all the requirements as defined in Section 19 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.

a. Describe your plan to ensure services are delivered in a culturally competent manner to all individuals, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

b. Please detail your Equity and Cultural Competency plan, keeping in alignment with the applicable Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS) Standards.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 19 Equity and Cultural Competency as written.** Please see our detailed response to RFP Attachment F.1, Section 18 below.

18 Health Equity and Cultural Competency (Attach F.1 13; Attach K.1 19)

18.1 Delivering Culturally Competent Services

Hoosiers deserve appropriate, professional, and sensitive attention during each interaction with the long-term services and supports (LTSS) vendor. Promoting health equity and cultural competency is at the core of every service we provide. Equity matters because being intentional about providing the supports that people need, particularly those historically disadvantaged, helps everyone. This fosters an environment where everyone benefits and can excel together.

Our methodology and training include active listening, recognizing, and adapting communication strategies to a wide range of communication styles, interpreting both verbal and nonverbal communication cues. Maximus enforces corporate and project policies to prevent barriers to service, including unconscious bias, on the part of all employees serving Hoosiers. We require our services to follow strict quality standards and guidelines to prevent discrimination based on race, gender, ethnicity, language, culture, disability, creed, color, sexual orientation, and gender identity or expression while being aware of the unique needs of any specific group.

18.1.1 Person-centered Services

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18.1.2 Trauma-informed Care

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18.1.3 Social Determinants of Health

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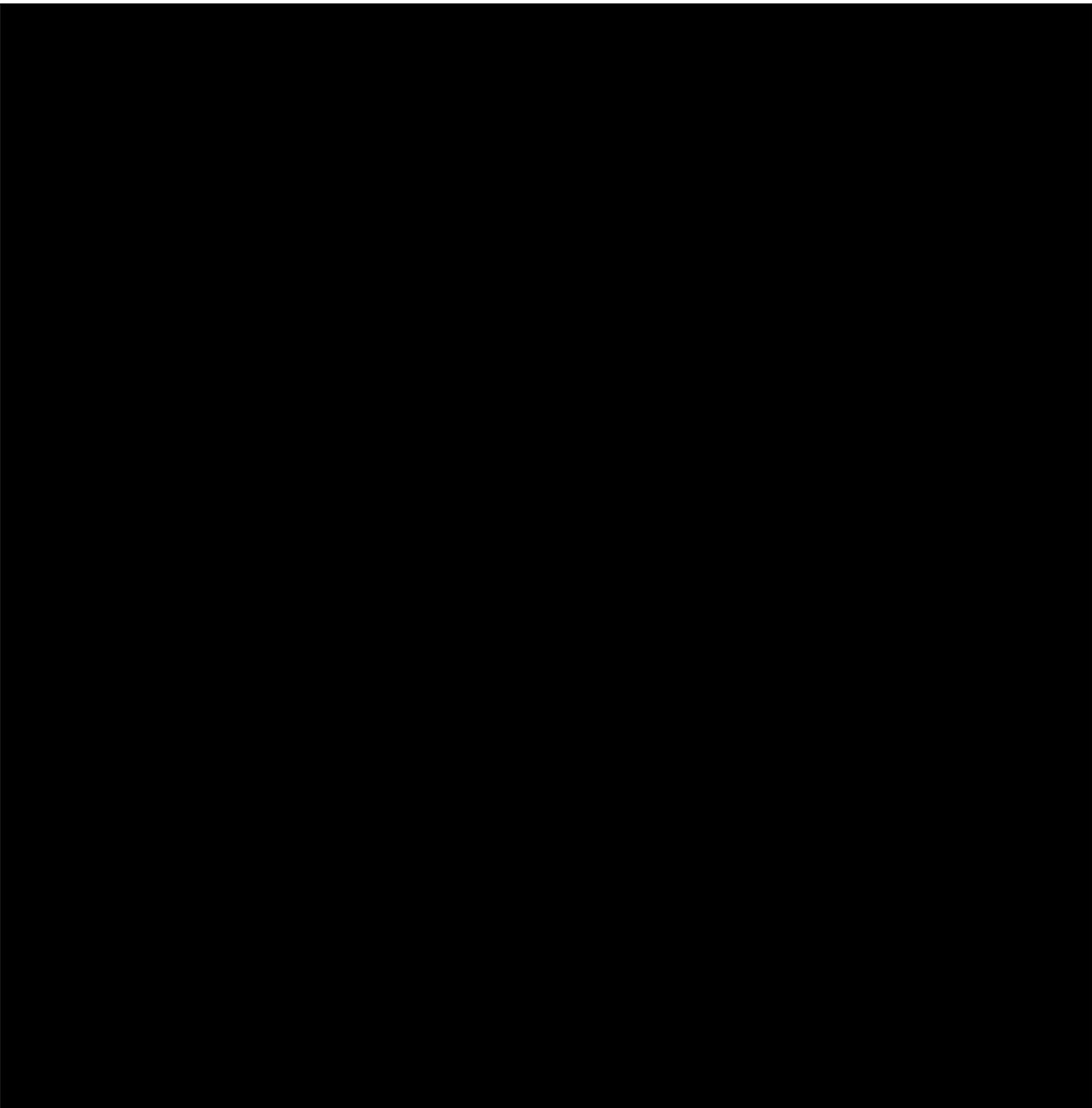
Collecting SDOH data provides an evidence-based way to make sure service planning is holistic and effective, allowing more Hoosiers to take advantage of community resources. This results in healthier Hoosiers with fewer service needs and reduced cost to the State.

By incorporating these questions into our process, we can identify the basic resources individuals needs and reduce healthcare costs across the state.

18.1.4 Diversity, Equity, and Inclusion Practices

Diversity, equity, and inclusion (DE&I) is central to our mission and, as shown in *Exhibit 18.1-2: Diversity Equity, and Inclusion* are all interconnected. Maximus created a corporate culture that embraces the uniqueness of its employees. From company-wide listening sessions and focus groups dedicated to employee feedback to community and cultural and heritage recognition events like First Friday networking events or Community Conversations on various DE&I topics, we incorporate DE&I into all aspects of our work. In addition, we currently have three Employee Resource Groups (Women of Excellence, Black Alliance, and Asian American Native Hawaiian Pacific Islander) building upon shared characteristics and life experiences and amplifying diverse voices and perspectives.

Our mission of *Moving People Forward*® has guided our business for decades. We are entrusted to assist some of

Exhibit 18.1-2: Diversity, Equity, and Inclusion. *Maximus believes DE&I plays an important role in everything we do.*

the most vulnerable populations in America each day, and in doing so, to treat each and every person we serve — and each other — with dignity and respect. Diversity, equity, and inclusion are central to our company identity, and we are proud to contribute to and positively impact our communities.

Our DE&I strategy is one that will continue to evolve based on ongoing data collection and analysis, needs of our colleagues, clients, and other stakeholders, and best and promising practices, in addition to the conditions of our ever-changing world.

18.1.5 Recruiting Practices

Aimed at increasing and promoting inclusion, diversity, and equity within the talent pool and across programs.

We foster DE&I throughout our organization by maintaining positive diversity programs and protocols throughout our business strategy, workforce, and business relationships. This includes partnering with business enterprises owned by minorities, women, service-disabled veterans, persons with disabilities, and small business enterprises. Our commitment to DE&I also transfers to our recruitment approach, which is aimed at promoting DE&I within the talent pools across programs.

[REDACTED]

18.2 Equity and Cultural Competency Plan

Maximus strives to provide positive outcomes for everyone we serve and to do so in a way that honors and respects a person's cultural beliefs and practices and preferred language, which can have a direct impact on healthcare access and equity

In alignment with the National Standards for Culturally and Linguistically Appropriate Services standards, Maximus will submit an Equity and Cultural Competency plan to FSSA. This plan will outline the steps our team will take to offer FSSA insights and improve access and outcome equity for Hoosiers. These steps will foster person-centered services and supports, smooth transitions, and an increased access to services.

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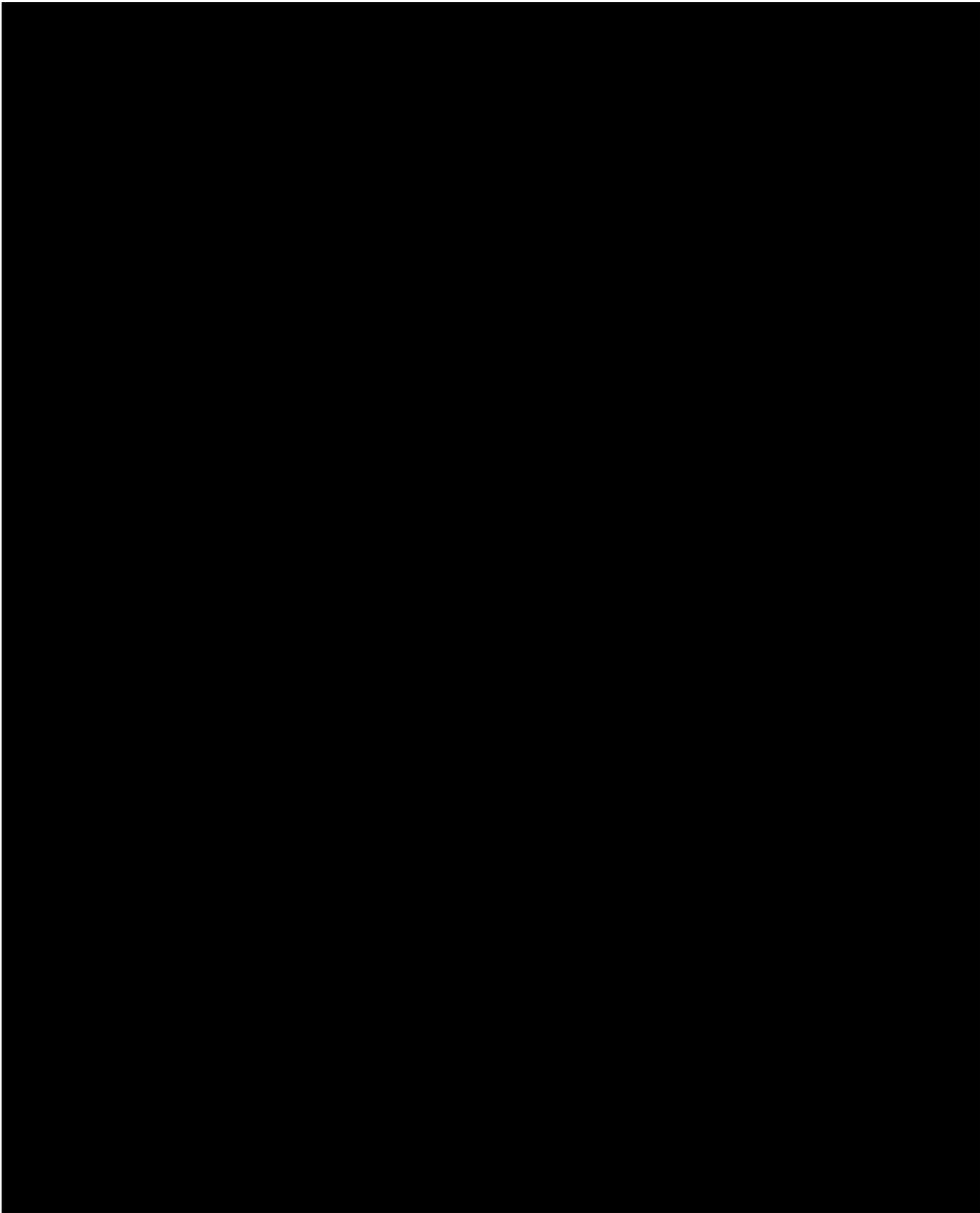 ██████████████████████████

18.3 Conclusion

Being culturally flexible and responsive and providing services in a way that promotes health equity is a critical piece of the work we do. We also understand that achieving competence is not a once a done task, but rather an ongoing effort that starts with acknowledging systematic inequities and actively working to promote access and reduce disparities.
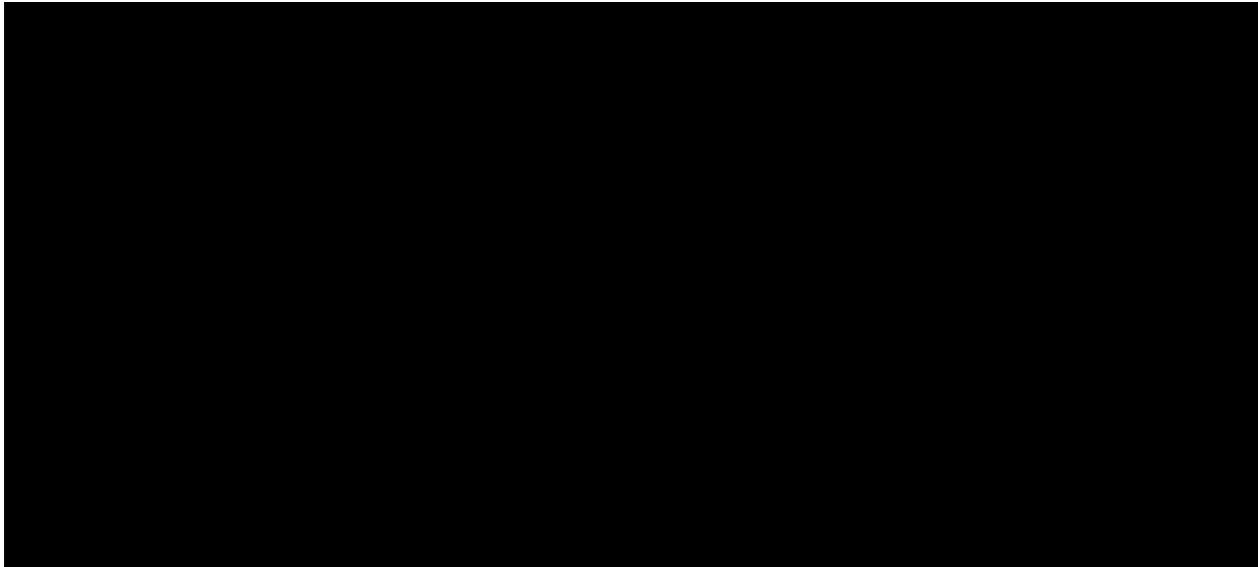
19. Subcontractors (Section 20)

Confirm your acceptance of the requirements in Section 20 as written, and please describe your approach to meeting all the requirements as defined in Section 20 of the Scope of Work A – Enrollment Services. Specifically describe your approach to:

a. For all areas in which subcontractors, if any, will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors' activities.

   ○ Summarize your proposed subcontracts and plans to ensure that all subcontract agreements comply with the requirements set forth in Section 13.

   ○ Describe the policies and procedures used for auditing and monitoring subcontractors' performance.

   ○ Describe the enforcement policies and corrective action used for non-performance, including examples.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 20 Subcontractors as written.** Please see our detailed response to RFP Attachment F.1, Section 19 below.

19 Subcontractors (Attach F.1 14; Attach K.1 20)

By forging partnerships with well-qualified subcontractors, many of whom we partner with today, Maximus will bring effective and efficient service to the Long-term Services and Supports (LTSS) Enrollment Services project and the Hoosiers it serves. We believe strongly in the capabilities of the companies we have chosen as our subcontractors.

Our mutual commitment to quality and customer service makes our decision to work with each of them to best serve FSSA, program members and applicants, and all stakeholders an easy one. Our shared focus sets the stage for continuing productive and long-lasting business relationships that help us serve members and applicants in the most efficient manner possible. Our shared focus also helps us exceed the project's key service level agreements (SLAs) and reduces risk for FSSA.

19.1 Subcontractor Roles, Responsibilities, and Qualifications

All subcontractors we propose to work with on the LTSS Enrollment Services project are familiar to us. We already partner with them to deliver services for other contracts in the Midwest, including Indiana. Each contributes their expertise to help us deliver high-quality services. These partners help Maximus elevate the member, applicant, and stakeholder experiences while remaining flexible to meet and exceed program requirements and remain cost-efficient.

19.1.1 Subcontractor Agreement Compliance

The subcontractors shown in the table below have demonstrated their capabilities during the time we have been working with them. Each embodies the Maximus values of quality and service as part of their own delivery models and demonstrates a high level of commitment to customer service.

☆ **Spotlight**

All subcontractor agreements Maximus enters will comply with the requirements of RFP Section 13. Maximus understands we maintain ultimate responsibility for the efforts of any subcontractor. For that reason, we only select subcontractors who meet our rigorous quality standards. We also follow detailed corporate and project-level procedures to make sure all subcontractors continue to meet applicable standards and SLAs.

19.1.2 Auditing and Monitoring Subcontractor Performance

Our effectiveness in managing subcontractors begins with our detailed and meticulous selection process. We rigorously assess prospective subcontractors' past performance and qualify only those meeting our demanding standards. Once a subcontractor has met the initial qualifications, we establish structured subcontracts informed by and based upon the goals and requirements of our government partners.

While specific subcontract arrangements can vary, we apply an overall structure and process illustrative of our management and communication with subcontractors in general. It is a formal procedure that clearly outlines and communicates the specific details of a statement of work.

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We retain ultimate accountability for the actions of all subcontractors with which we engage and will verify their compliance with our subcontractor standards regularly. Each month, we will provide FSSA with a complete report for all subcontractors. This report will include new hires, terminations, position changes, and any updates to the subcontractor plan for each subcontractor.

We will submit to FSSA at least annually, or upon request, a listing and description of all contracts with our subcontractors, including the specific duties each subcontractor performs, their compliance, any corrective actions, and the outcomes of our monitoring activities. Whenever there are any changes in subcontractor arrangements, we will update the information and resubmit to FSSA promptly.

19.1.3 Enforcement Policies and Corrective Actions

Our contracts with subcontractors include clear key performance indicators (KPIs) and SLA metrics for meeting timeliness, reporting, and quality standards, and we meet with them quarterly to review performance against the KPIs. There are also several performance-related SLAs in our contract to track and measure factors such as employee retention rates and quality of placements.

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19.2 Conclusion

Our experience fostering relationships with trusted subcontractors enables us to confidently conduct a subcontracting strategy that meets and exceeds FSSA expectations. With the support of our road-tested subcontractors, we are well positioned to deliver outstanding services and process improvements to FSSA for years to come.

20. Invoicing and Payment (Section 21)

Confirm your acceptance of the requirements in Section 21 as written, and please describe your approach to meeting all the requirements as defined in Section 21 of the Scope of Work.

Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 21 Invoicing and Payment as written. Please see our detailed response to RFP Attachment F.1, Section 20 below.

20 Invoicing and Payment (Attach F.1 15; Attach K.1 21)

FSSA requires accurate, transparent invoicing from its long-term services and supports (LTSS) contractor. Maximus has extensive experience managing contingent and fixed price contracts. This helps us bring established and tested invoicing best practices and guidelines informing how we accomplish our monthly billing.

Fiscal integrity and financial stability are critical to administering public programs. Our government partners rely on us to provide accurate financial information to support monthly invoices. Maximus fiscal integrity and transparency give FSSA confidence we have the knowledge and experience needed to support Hoosiers in an accountable and transparent way. Our proven approach provides billing integrity and accurate invoicing in an atmosphere of accounting transparency — designed to provide efficiency and peace of mind for FSSA.

20.1 Invoicing Integrity

Our approach to billing begins with our commitment to integrity and transparency. Establishing a mutual agreement on how we will bill before delivering invoices supports FSSA's quick review and approval, saving time and resources.

20.2 Invoicing Compliance

As an industry leader in financial management, we commit to upholding compliance with industry-leading financial management methods and the requirements of the State during our contract. Maximus agrees to submit all invoices through a State-approved invoice form. We will clearly delineate each respective cost as a separate line item in invoices submitted to the State for reimbursement, including:

- The volume-based rates for Helpline services and Medicaid application assistance
- The fixed per-unit rates for actual assessments and intake counseling conducted during the invoice period

Our invoices will reflect any applicable withholding adjustments in accordance with the provisions of RFP Section 23. These withholdings provide a means for FSSA to uphold the integrity of taxpayer dollars.

20.3 Conclusion

Accountability is a core tenet of our financial management and invoicing practices. With Maximus as your partner, FSSA will be collaborating with an experienced team focused on invoicing accuracy and integrity from day one. We will work hand in hand with FSSA to meet and exceed your expectations by delivering full transparency in our invoicing processes.

21. **Performance Standards (Section 22) and Service Level Agreements (Section 23)**
    Confirm your acceptance of the requirements in Section 22 and 23 as written, and please describe your approach to meeting all the requirements as defined in Section 22 and 23 of the Scope of Work A – Enrollment Services. Specifically describe your approach to the items in the following sub-sections.
    a. Describe your process for identifying, prioritizing, and communicating problems that are contributing to a failure to maintain Service Levels.
    b. Confirm your acceptance of the requirements and consequences as written in Section 23 for failure to meet performance requirements.
    c. Confirm your acceptance of the Performance-Related Delayed Payments requirements in Section 23.2.5 as written.

> **Maximus confirms acceptance of the requirements in RFP Attachment K.1, Section 22 Performance Standards and RFP Attachment K.1, Section 23 Service Level Agreements – Failure to Meet Performance Requirements as written.** Please see our detailed response to RFP Attachment F.1, Section 21 below.

21 Performance Standards and Service Level Agreements (Attach F.1 16; Attach K.1 22, 22.1, 22.2, 22.3, 23, 23.1, 23.2)

Approach to Meeting all Requirements Defined in Section 22 and Section 23

FSSA highly values timely, person-centered, and accurate services where member needs and preferences are at the center of each interaction. Because we know that failure to meet performance standards has a negative impact on those we serve, we will proactively work with FSSA to meet or exceed all performance standards and service level agreements.

in workload, as well as to address attrition factors. With this predictive model, we can realistically scale and optimize resources with project needs and plan for staff and training needs based on work demands.

21.1 Process for Identifying, Prioritizing, and Communicating Problems Contributing to a Failure to Maintain Service Levels

Our performance management approach focuses on meticulous planning and careful project oversight. It stresses early detection and prevention of performance risks through methodical risk analysis. Our project manager will work in close collaboration with our Quality and Risk Management (QRM) team to consistently monitor performance and proactively identify issues that might impact performance.

In addition, our project team uses a variety of tools to track project performance including a risk matrix to prioritize risk events. ██

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We will meet with FSSA leadership regularly to assess and review our performance. ██

21.2   Confirm Acceptance of Requirements and Consequences as Written in Section 23 for Failure to Meet Performance Requirements

Maximus accepts that failure to meet performance requirements may result in consequences described in Section 23 of the RFP.

21.3   Confirm Acceptance of Performance-related Delayed Payments Requirements in Section 23.2.5 as Written

Corrective actions and payment withholdings provide FSSA a contractual structure for ensuring we meet program requirements. Despite our proactive efforts to meet all contract requirements, problems might still arise. As such, we accept that non-compliance with the standards listed in Section 22 of RFP

Attachment K.1 may be subject to non-compliance remedies, as written in RFP Attachment K.1 Section 23.2.5.

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21.4 Conclusion

Maximus confirms its commitment to the State of Indiana to fulfill the contractual requirements of the state's LTSS project. Because we know that failure to meet performance standards has a negative impact on those we serve, we will proactively work with FSSA to meet or exceed all performance standards and service level agreements.