

PROPOSAL TO PROVIDE

Long-Term Services and Supports (Scope A)



PREPARED FOR:
Indiana
Department of
Administration on
behalf of Family
and Social
Services
Administration

**BEST AND FINAL
OFFER**

RFP No:
23-72675

DUE DATE:
December 12, 2022 4:30 pm ET



December 12, 2022

Teresa Deaton Reese
Strategic Sourcing Analyst
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Best and Final Offer Request for Proposal for Long-Term Services & Supports (LTSS)
Enrollment Services and MLTSS Member Support Services, RFP #23-72675

Dear Ms. Reese:

Maximus US Services, Inc. (Maximus) is pleased to provide our Best and Final Offer (BAFO) submission in response to Indiana Department of Administration's (IDOA) request provided on December 7, 2022, for our revised Cost Proposal.

In compliance with the BAFO instructions, Maximus submits:

- Best and Final Offer Cost Proposal including the Cost Proposal Template (Attachment D.1), Cost Proposal Narrative, and Cost Assumptions, Conditions and Constraints
- Updated MWBE and IVOSB Subcontractor Commitment Forms (Attachments A and A1)
- Updated commitment letters from each of our MWBE and IVOSB subcontractors that align with our BAFO pricing
- Attachment C Indiana Economic Impact Form—please note this form is unchanged from our original submission but has been included in this response per instructions

Our revised Cost Proposal does not impact the staff we will have located in Indiana therefore our originally submitted Indiana Economic Impact form (Attachment C) is remains accurate.

As required, we have made sure the Total Bid Amount equals the four-year bid amount total in Cell C7 of tab 4 of the BAFO Cost Proposal, and percentages are precise up to two decimal places. We have also made sure the Total Bid Amount, subcontractor commitment amounts and percentages match across our BAFO Cost Proposal, Attachments A and A1, and the commitment letters.

We look forward to continuing our partnership with FSSA and serving the people of Indiana.

Sincerely,

A handwritten signature in blue ink that reads "Tariq Khan".

[Tariq Khan \(Dec 12, 2022 10:44 EST\)](#)

Tariq Khan
Senior Director, Contracts
Maximus US Services, Inc.

LTSS Enrollment Services and Member Support Services RFP

Attachment D.1: BAFO Cost Proposal Template - Scope A

RFP 23-72675
**(Responses Due on December 12, 2022, at
4:30pm ET)**

State of Indiana
December 6, 2022

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

Attachment D.1: Cost Proposal Template - Scope A

Contents

Tab	Tab Name & Hyperlink
1	Title Page
2	Contents
3	Instructions
4	Cost Proposal Summary
5	Key Staff
6	Other Staff
7	Helpline Services
8	PASRR Level I Assessments
9	LOC Assessments
10	LOC Determinations
11	PASRR Level II (MI)
12	PASRR Level II (ID/RC)
13	Intake Counseling
14	IHCP Application Assistance
15	Information Systems
16	Other Tasks
17	Key Staff Hour Summary

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

Attachment D.1: Cost Proposal Template - Scope A

Instructions

INSTRUCTIONS

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

COST PROPOSAL SUMMARY TAB

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

REQUIRED STAFF TAB

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

OTHER STAFF TAB

Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES the Key Staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position in the yellow cells. For Non-Key Staff required in Section 12.2 of the Scope of Work, the State has provided position description and minimum requirements. Next, provide the HOURLY Wage Rate Per Position for each position, including the three Non-Key Staff (LOC Assessor, PASRR Level II Evaluator, and Intake Counselor) required in Section 12.2 of the Scope of Work. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

HELPLINE SERVICES TAB

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

PASRR LEVEL I ASSESSMENTS TAB

Under the section labeled, "PASRR Level I Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level I Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level I Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level I Assessment," please provide the Proposed Year 1 Pricing per each PASRR Level I Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level I Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly PASRR Level 1 Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level 1 Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

LOC ASSESSMENTS TAB

This tab is intended to capture costs for LOC Assessments conducted by the Contractor following the receipt of LOC Assessment Requests. Under the section labeled, "LOC Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Assessment Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per LOC Assessment," please provide the Proposed Year 1 Pricing per each LOC Assessment completed by the Contractor. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Assessment Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly LOC Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

LOC DETERMINATIONS TAB

This worksheet is intended to capture costs for LOC Determinations made by the Contractor following the submission of completed long-form LOC Assessments through the Contractor's web-based assessment platform. LOC Assessments may be submitted by qualified Hospitals and MLTSS MCEs. The Contractor is responsible for reviewing and validating completed long-form LOC Assessments submitted by Hospitals and MCEs and issuing LOC Determinations. Under the section labeled, "LOC Determinations Based on Submitted LOC Assessments - Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Determinations Based on Submitted LOC Assessments - Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Determinations Based on Submitted LOC Assessments - Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Submitted LOC Assessment," please provide the Proposed Year 1 Pricing for LOC Determinations per each submitted LOC Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Determination Position FTE Volume" please provide the position and number of FTEs that will be needed based on the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments" is provided for scoring calculations ONLY; it is NOT a guaranteed LOC Determination volume based on Submitted LOC Assessments. Historical assessment data is available in the Bidders' Library for reference.

PASRR LEVEL II (MI) TAB

Under the section labeled, "PASRR Level II Assessment (MI) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (MI) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (MI) Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessment (MI)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume

PASRR LEVEL II (ID/RC) TAB

Under the section labeled, "PASRR Level II Assessment (ID/RC) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (ID/RC) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (ID/RC) Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessment (ID/RC)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (ID/RC). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (ID/RC) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with ID/RC." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with ID/RC" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

INTAKE COUNSELING TAB

Under the section labeled, "Intake Counseling Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Intake Counseling Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Intake Counseling Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Intake Counseling Session," please provide the Proposed Year 1 Pricing per each Intake Counseling Recipient. Please note that the Contractor may only bill once per Intake Counseling Recipient when intake counseling occurs during the LOC Assessment or when it occurs during a stand-alone intake counseling session. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Intake Counseling Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly Intake Counseling Recipient Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note that "Estimated Monthly Intake Counseling Recipient Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of Intake Counseling Recipients.

IHCP APPLICATION ASSISTANCE TAB

Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "IHCP Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "IHCP Application Assistance Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per IHCP Application Assistance Request," please provide the Proposed Year 1 Pricing per each completed IHCP Application Assistance Request in each IHCP Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "IHCP Application Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at IHCP Application Assistance Request volumes of one hundred fifty, four hundred, and six hundred. You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estimated Monthly IHCP Application Assistance Request Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistance is included in Scope of Work A as optional, and as such the State may choose to exclude this from the final Scope of Work, depending on pricing and budget.

INFORMATION SYSTEMS TAB

Under the section labeled, "Information Systems Assumptions" please provide your Fixed Annual Systems Operations Price Increase percentage and Fixed Annual Staffing Price Increase percentage - these drive pricing changes for subsequent contract years. Under the section labeled "Information Systems Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based on the total cost for operations and staffing. Under the "Information Systems Staffing Detail" section, please provide the Expected Number of Hours required MONTHLY to Complete Task for each staff member required for information systems. The Information Systems Coordinator position is already pre-populated, but if you choose to include positions other than Information Systems Coordinator, you may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. Under the "Information Systems Operations Detail" section, please list each individual element of hardware, software, and ancillary costs, including their corresponding details. The total price x quantity for Year 1 will calculate automatically and roll up into the Proposed Operations Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Monthly Operations Cost in Year 1.

OTHER TASKS TAB

Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performing any other tasks related to executing the Scope of Work A and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Key Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Key Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. If additional staff members perform any of the tasks listed in cells B21-B24, please repeat the task title and provide the new staff role with its associated monthly hours in the yellow cells provided. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed.

KEY STAFF HOUR SUMMARY

There is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

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

Attachment D.1: Cost Proposal Template - Scope A

Cost Proposal Summary

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

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

Total 4-Year Bid Amount	\$ 129,182,927.78
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Cost Proposal Summary*

Task Description	Total Proposed Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost (Optional Extension)	Year 6 Cost (Optional Extension)
Helpline Services	\$ 655,760.95	\$ 671,880.00	\$ 688,200.00	\$ 704,880.00	\$ 722,040.00	\$ 739,560.00
PASRR Level I Assessments	\$ 2,524,031.15	\$ 2,585,520.00	\$ 2,648,520.00	\$ 2,713,200.00	\$ 2,779,560.00	\$ 2,847,600.00
LOC Assessments Conducted by Contractor	\$ 17,617,744.83	\$ 18,048,654.00	\$ 18,490,068.00	\$ 18,942,168.00	\$ 19,404,954.00	\$ 19,879,248.00
LOC Determinations Based on Submitted LOC Assessments	\$ 1,793,150.22	\$ 1,836,768.00	\$ 1,881,924.00	\$ 1,927,716.00	\$ 1,974,780.00	\$ 2,023,116.00
PASRR Level II Assessments (MI)	\$ 2,226,264.89	\$ 2,280,663.00	\$ 2,336,418.00	\$ 2,393,559.00	\$ 2,452,086.00	\$ 2,512,062.00
PASRR Level II Assessments (ID/RC)	\$ 637,542.98	\$ 653,130.00	\$ 669,096.00	\$ 685,458.00	\$ 702,216.00	\$ 719,388.00
Intake Counseling Services	\$ 4,040,437.44	\$ 4,138,992.00	\$ 4,240,080.00	\$ 4,343,508.00	\$ 4,449,744.00	\$ 4,558,320.00
IHCP Application Assistance	\$ 260,699.96	\$ 267,072.00	\$ 273,600.00	\$ 280,272.00	\$ 287,136.00	\$ 294,144.00
Information Systems	\$ 908,624.24	\$ 930,837.19	\$ 953,593.18	\$ 976,905.48	\$ 1,000,787.70	\$ 1,025,253.76
Other Tasks	\$ 471,426.54	\$ 482,951.41	\$ 494,758.03	\$ 506,853.28	\$ 519,244.22	\$ 531,938.08
Total	\$ 31,135,683.21	\$ 31,896,467.60	\$ 32,676,257.21	\$ 33,474,519.76	\$ 34,292,547.92	\$ 35,130,629.84

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

Attachment D.1: Cost Proposal Template - Scope A

Key Staff

Respondent Name:	Maximus
	Please Complete Yellow Shaded Regions

Instructions:

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

Key Staff HOURLY Pricing

						Year 1 Cost		
Position	SOW Reference	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
Example - Project Manager	12.1.1	Primary liason with the State (or its designees) to facilitate communications between FSSA, the State's contractors and the Contractor's executive leadership and staff; Responsible for ensuring all Contractor functions are in compliance with the terms of the contract	3 years experience in program management and overseeing staff	Bachelor's Degree	None	\$ 30.00	25.00%	\$ 37.50
Project Manager	12.1.1	Primary liason with the State (or its designees) to facilitate communications between FSSA, the State's contractors and the Contractor's executive leadership and staff; Responsible for ensuring all Contractor functions are in compliance with the terms of the contract	3 years experience in program management and overseeing staff	Bachelor's Degree	n/a	\$ 38.06	84.68%	\$ 70.29
Operations Supervisor	12.1.2	Responsible for directing the activities of the Contractor's ongoing operations including LOC Assessment and LOC determination performance member services, Intake Counseling performance, Helpline performance, provider education and materials development, approval and distribution, and serve as the primary interface with FSSA, the Enrollment Broker, the Member Support Services Contractor and MCEs regarding such issues as LOC eligibility	Possesses operations management and community relations skills and has demonstrated the ability to manage staff providing application and eligibility services, for a health care related or Medicaid program	Bachelor's degree in health and human services or medical field required, master's preferred	n/a	\$ 30.87	84.67%	\$ 57.01

Information Systems Coordinator	12.1.3	Oversee the Contractor's database and phone systems and serve as a liaison between the Contractor and the State's other contractors regarding data transmission interface, phone connectivity, HIPAA requirements, reporting and data management issues; Responsible for the correct functioning of all systems and compatibility of all systems with those of FSSA to perform the work outlined in Attachment K.1, Scope of Work.	Demonstrated systems management skills to support a Project of this size and complexity	Minimum of an associate's degree or equivalent combination of education, technical training or work experience	n/a	\$ 38.46	84.68%	\$ 71.03
Training Coordinator	12.1.4	Responsible for providing orientations and on-going training for frontline staff, including LOC Assessors and Intake Counselors; Serves as the primary contact for FSSA for any updates and changes that affect NFLOC criteria, HCBS Waiver eligibility, and PASRR.	Minimum of two years of experience in professional training or adult education and experience designing, developing, and delivering web-based training and live instructor-led training	Bachelor's degree in education; healthcare; or closely related field	n/a	\$ 31.25	84.67%	\$ 57.71
Level of Care Determination Advisor	12.1.5	Assists the Contractor with developing and maintaining policies and procedures related to LOC assessments and determinations; advises on the oversight of the clinical reviewers responsible for determining if individuals qualify for admission to a Medicaid-certified facility, for receiving Waiver services, or for admission to PACE; shall be available to perform concurrent reviews for NFLOC utilizing federal and the State's criteria.	Indiana-licensed Geriatrician or physician with ten (10) years of clinical practice with older adults	Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.)	Current non-restricted license to practice medicine by the Board of Medical Examiners in the state of Indiana	\$ 250.00	28.81%	\$ 322.03

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

Attachment D.1: Cost Proposal Template - Scope A

Other Staff

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Other Staff HOURLY Pricing," please provide the Positions by title of all other staff BESIDES the Key Staff included in your staffing plan. Please provide a position description, minimum work experience required, and any degree or special certification needed for the position in the yellow cells. For Non-Key Staff required in Section 12.2 of the Scope of Work, the State has provided position description and minimum requirements. Next, provide the HOURLY Wage Rate Per Position for each position, including the three Non-Key Staff (LOC Assessor, PASRR Level II Evaluator, and Intake Counselor) required in Section 12.2 of the Scope of Work. This is NOT the bill rate for the position; it is the employee's hourly pay, assuming regular 40-hour work weeks and 2080 total hours worked per year. Do NOT include the cost of benefits or other indirect expenses. Next, please provide the associated Administrative Overhead (%), as a percentage of the HOURLY Wage Rate Per Position. The HOURLY Wage Rate Per Position and Administrative Overhead (%) are combined into a Total HOURLY Cost Per Position which will populate automatically. Note, the Total HOURLY Cost Per Position will feed through to all relevant tasks where a Position specification is required.

Other Staff HOURLY Pricing

Position	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	Year 1 Cost		
					HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
Example - Tier 1 Helpline Representative	Processes individual LOC Assessment Requests and supports issue resolution and escalation for users of the Contractor's web-based request and assessment system	Experience working courteously and effectively with individuals across varying backgrounds and languages; experience with data entry.	2-Year Associate's Degree	None	\$ 20.00	25.00%	\$ 25.00
LOC Assessor	Responsible for determining the need for LOC assessments and performing LOC assessments based on protocols and forms approved and established by FSSA	Mix of experience, degree, and certification requirements (see Cell E12)	A registered nurse with one year's experience in human services; or A bachelor's degree in health, social work, or related field; or An associate's degree in nursing; or A master's degree in any field; and Cleared by background checks to ensure the individual applicant does not have a criminal background	RN license if nurse	\$ 31.25	84.67%	\$ 57.71
PASRR Level II Evaluator	Responsible for performing PASRR Level II evaluations based on protocols and forms approved and established by FSSA	Trained to comprehend psychiatric reports and demonstrates a personal commitment to person centered planning and maximum community integration for individuals with a mental illness (MI) and/or intellectual disabilities (ID).	Minimum of Master's degree in psychology, psychiatric nursing, or other mental health (MH) and/or intellectual/developmental disability (IDD) professional with similar training/experience.	Active unrestricted Indiana licensure commensurate with area of expertise	\$ -		\$ -

Intake Counselor	Responsible for providing broad information from a person-centered approach about health care programs and services available to individuals based on an individual's medical and psychosocial situation	Mix of experience, degree, and certification requirements (see Cell E14)	Qualified Intellectual Disability Professional who meets the requirements at 42 CFR 483.430; or A registered nurse with one year's experience in human services; or A bachelor's degree in any field; or An associate's degree in nursing; or A master's degree in any field; and Cleared by background checks to ensure the individual applicant does not have a criminal background	None	\$ 26.44	84.69%	\$ 48.83
Quality Manager	Provide oversight, training and inter-rater reliability activities for analyst conducting clinical and non-clinical quality reviews and related QA activities.	Minimum of 5 years of clinical experience and two years of supervisory experience in healthcare, mental health, IDD or related environments.	A Master's degree in social work, psychology, counseling or a closely related field or a Bachelor's degree in Nursing.	None	\$ 36.78	84.67%	\$ 67.92
Quality Analyst	Conduct quality assurance reviews of clinical assessments, prior authorization, reviews, case management and customer service activities.	Minimum of 2 years experience in a healthcare or human services position performing assessments, reviews, case management or related activities.	Completion of an accredited program in nursing and associated licensure or minimum of a Bachelor's degree in social work, psychology or closely related field.	Active, unrestricted license as a nurse if education is in nursing	\$ 32.45	84.68%	\$ 59.93
LOC Regional Supervisors	Oversees waiver assessors and PASRR assessors. Provides adequate staff coverage for assigned program area. Serves as subject matter expert for LOC program knowledge. Assists with overseeing process for performing assessments based on protocols and forms approved and established by FSSA, Works with PM and quality team to meet SLAs and performance standards.	Minimum 2 years of experience conducting LOC or related field assessments.	A registered nurse with one year's experience in human services, or degree; or bachelor's degree in health, social work, or related field; or a master's degree in any field.	RN license if nurse	\$ 38.46	84.68%	\$ 71.03
LOC Lead	Determines the need for assessments and performs assessments based on protocols and forms approved and established by FSSA, Use effective, professional, person-centered clinical interviewing techniques to elicit necessary information. Apply clinical skills to synthesize information from multiple sources, including reports from individual/participants and comprehensive medical record review.	Minimum of 1 year experience conducting assessments with similar criteria and tools.	A registered nurse with one year's experience in human services, or degree; or bachelor's degree in health, social work, or related field; or a master's degree in any field.	RN license if nurse	\$ 36.06	84.66%	\$ 66.59

LOC Clinical Reviewer	Reviews requests for services including admission, discharges and continued stays for adherence to clinical criteria, state and federal policy, and related requirements. Issues approvals, denials or recommendations based on contract requirements. Identifies need for additional clinical documentation or consultation.	Preferred experience includes community support programs, long-term care assessment and level of care in medical, behavioral health or related programs. Knowledge and understanding of medical and/or behavioral health diagnoses and prescribed medications.	Licensed nurse with two years of clinical experience, or Bachelor's degree in health social work, or related field and two years of assessment or related experience.		\$ 28.85	84.65%	\$ 53.27
Level 1 Clinical Reviewer	Reviews requests for services including admission, discharges and continued stays for adherence to clinical criteria, state and federal policy, and related requirements, Issues approvals, denials or recommendations based on contract requirements. Identifies need for additional clinical documentation or consultation	Preferred experience includes community support programs, long-term care assessment and level of care in medical, behavioral health or related programs. Knowledge and understanding of medical and/or behavioral health diagnoses and prescribed medications.	Licensed nurse with two years of clinical experience, or Bachelor's degree in health social work, or related field and two years of assessment or related experience.		\$ 63.59	84.68%	\$ 117.44
CSR's	Receives inquiries from customers or providers by telephone, email, fax, or mail and communicates response within required turnaround times, Responds to telephone inquiries and complaints in a prompt, accurate, and courteous manner following standard operating procedures. Interacts with hospitals, physicians, beneficiaries, or other program recipients, Investigates and resolves or reports customer problems, Identifies and escalates difficult situations to the appropriate party.	Health industry experience preferred, Strong customer management and administrative experience, Bilingual preferred, Effective verbal, listening, and writing foreign language skills to provide courteous and professional customer service.	High school diploma or equivalent and 1 year of relevant experience; or Associate's or bachelor's degree (preferred).	None	\$ 17.75	76.81%	\$ 31.38
PASRR Level II Quality Clinicians	Review 100% of all Level II assessments and supporting documentation; perform desk-based reviews of SLP Level II mental health assessments; draft robust person-centered Summary of Findings; request clarification or documentation as needed; provide Assessor feedback regarding assessment quality; Escalate complex cases as needed to Medical Director, and/or Clinical Operations Supervisor.	Committed to person centered planning and maximum community integration for individuals with a MI and/or IDD. Adequate training to comprehend psychiatric reports. Ability to make determinations regarding Level II assessments and IM+CANS assessments. Ability to write meaningful and understandable Summary of Findings in second person language.	Licensed nurse with a minimum of 2 years of experience, or Bachelor's degree in health, social work or similar field with a minimum of three years of related experience. Master's in health, social work or similar field with a minimum of two years of related experience. Meets all background check requirements.	None	\$ 28.85	84.65%	\$ 53.27

Scheduling Support	Provide support with escalated requests for scheduling support, accommodations and other specialized scheduling needs.	Health industry experience preferred; strong customer management and administrative experience. Bilingual preferred. Effective verbal, listening, and writing foreign language skills to provide courteous and professional customer service.	High school diploma or equivalent and 1 year of relevant experience; or Associate's or bachelor's degree (preferred).	None	\$ 17.75	76.81%	\$ 31.38
Training Manager	Provide direct supervision and oversight for training coordinators, specialists and related training team members.	Minimum 5 years of experience in training, adult education, or clinical training role.	Master's degree in health, human services or educational field required or RN; Bachelor's degree and equivalent combination of education and experience considered.	None	\$ 36.54	84.66%	\$ 67.47
Training Specialist	Provides orientations and on-going training for frontline staff, including PASRR & LOC Assessors and Intake Counselors. Enable staff to accurately inform members of the NFLOC assessment and PASRR process, how the State's MLTSS program operates, how other programs offering HCBS operate including PACE, D-SNPs, waiver programs, and the individual's choice of service settings.	Minimum of 2 years of experience in professional training or adult education. Experience designing, developing, and delivering web-based training and live instructor-led training.	Bachelor's degree in education; healthcare; or closely related field.	None	\$ 26.14	84.65%	\$ 48.27
Risk Mgmt Manager	Oversee, track and report on risk management related activities including complaints, abuse/neglect reporting and HIPAA related incidents.	Minimum of 4 years experience in risk management or compliance related tasks.	Master's degree in healthcare, human services, or risk management or closely related degree.	None	\$ 37.50	84.67%	\$ 69.25
Comms Manager	Provide oversight and communication planning for stakeholder, member, state client and related outreach and communication related activities.	Minimum of 5 years of experience in a closely related outreach, communications or related role.	Master's degree in communication, public health or closely related field or combination of education and experience.	None	\$ 36.87	84.65%	\$ 68.08
Comms Specialist	Assists with written communications and outreach material development for program.	Minimum of 2 years in communications, outreach, public health or closely related field.	Bachelor's degree in communications, public health or closely related field.	None	\$ 24.67	84.70%	\$ 45.57
Data & Analytics Manager	Oversee staff and activities related to reporting and data analysis for the program.	Minimum of 5 years of experience in reporting, data analytics or a closely related field.	Master's degree in math, statistics or related field.	None	\$ 49.18	84.66%	\$ 90.82
Date & Analytics Analyst	Conduct activities related to reporting and data analysis for the program.	Minimum of 2 years of experience in reporting, data analytics or closely related field.	Bachelor's degree in math, statistics or related field.	None	\$ 36.19	84.65%	\$ 66.82
Knowledge Mgmt Manager	Directory supervises and oversees activities related to development and writing of policies and procedures. Ensures knowledge management system is kept up to date and compliant with program needs.	Minimum of 5 years of experience in closely related field such as education, technical writing, or KMS development.	Minimum of a Master's degree in related field.	None	\$ 32.93	84.67%	\$ 60.81

Knowledge Mgmt Assoc. Analyst	Develop and write Policies and Procedures, job aids and related work instruction for assigned programs. Ensure KMS is up to date.	Minimum of 2 years experience in technical writing or clinical environment developing written documentation.	Bachelor's degree in closely related field or combination of education and experience.	None	\$ 27.64	84.70%	\$ 51.05
Administrative Support Coordinator	Assists with escalated HelpLine activities. Arranges accommodations as required, Manage medical record requests. Serves as user administrators in AssessmentPro; works with users to ensure accurate access.	Proficiency making outbound scheduling calls to members and outbound calls/email to Assessors and Counselors. Ability to conduct research , Experience following confidentiality policies and procedures.	High school diploma or equivalent and minimum 1 year of relevant experience; or associate's degree.	None	\$ 20.67	84.70%	\$ 38.18
Project Director	Oversees, coordinates, and monitors all Clinical team/assessor activities. Directly manages remote supervisors who manage teams of remote assessors. Staffs adequately and adheres to contractual service levels by implementing and monitoring clinical staff productivity and performance indicators. Maintains effective team member relations. Leads team members in improving skills, creativity, and problem-solving. Develops policies and procedures, interpretive guidelines, and inter-rater reliability activities to consistently apply assessments. Develops communication and training methods to enhance skill set, define skill gaps and remediation efforts.	At least 2 years managing a statewide PASRR program. At least 5 years of work experience directly related to Level of Care assessments. At least 10 years working with persons with MH and/or IDD conditions. Demonstrated expertise in related regulatory requirements. Experience with IN long-term care Medicaid programs, strongly preferred.	Master's degree in health and human services or medical field required or RN; Bachelor's degree and equivalent combination of education and experience considered.	None	\$ 38.06	84.68%	\$ 70.29
PASRR Supervisor	Works with PM and quality team to meet SLAs and performance standards, Supervises PASRR Level II Evaluators and PASRR staff. Provides adequate staff coverage for assigned program area, Serves as subject matter expert for identified area of program knowledge.	Minimum 3 years of experience with PASRR related activities.	Registered Nurse or master's degree in social work, psychology, counseling, or a closely related or Registered Nurse.	None	\$ 32.21	84.68%	\$ 59.49
Intake Counselor Supervisor	Oversee, helps train, mentors, and coaches intake counseling team. Responsible for helping meet applicable performance standards and SLAs. Oversees person-centered and culturally sensitive services. Provides high level customer support to internal and external customers.	Minimum of 3 years of clinical or human services work experience.	Bachelor's degree in social work, psychology, counseling or closely related field, Master's degree preferred.	None	\$ 29.33	84.65%	\$ 54.16

Reporting and Analytics Analyst	Responsible for managing quality data, developing routine and ad hoc reports such as performance reports, quality reports, and operations reports for the Program Director, Clinical Director, and the Department. Responsible for mastery of reporting functionality through state systems and reporting tools, including DecisionPoint and AssessmentPro. Manages and quality checks external reports.	At least 3 years of analytical/technical work experience (business analyst, data analyst, data engineer, developer, etc.). Experience analyzing robust data sets, developing routine and ad hoc reports using a variety of reporting software/systems and formats. Strong analytical and statistical skills. Ability to solve problems quickly and accurately. Excellent organizational, interpersonal, and communication skills.	Meets all background check requirements.	None	\$ 31.25	84.67%	\$ 57.71
Stakeholder Outreach Spec.	Works directly with agencies, community-based organizations (CBOs) and stakeholders . Creates and edits a wide variety of communications materials with tailored messaging based on analyses of target stakeholder audiences and business objectives. Collaborates with internal leadership, subject matter experts (SMEs), and State partners to clarify all communications and presentation materials, accomplish program objectives, and meet corporate brand standards. Coordinates planning for scheduled in-person and virtual and ad-hoc stakeholder engagement events across the State.	Minimum 3-5 years relevant experience. Knowledge of Medicare/Medicaid Managed Care consumers (preferred). Cultural sensitivity, customer service, and problem resolution experience. Excellent organizational, written, and verbal communication skills. Solid customer service and client relationship skills.	Requires a bachelor's degree in a related area such as communications, public relations, marketing, education, training, or English.	None	\$ 26.44	84.69%	\$ 48.83
Human Resource Specialist	Responsible for recruiting, screening, interviewing, and placing project personnel.	Proficient in employee relations, benefits, payroll, and training; medical/clinical experience preferred; familiarity integrating HR best practices.	Bachelor's degree in related field required; equivalent experience considered in lieu of degree; 3 to 5 years of professional experience.	None	\$ 31.25	84.67%	\$ 57.71
Customer Support Supervisor	Oversees team of CSRs. Manages and directs call center operations. Responds to variety of customer support requests. Assists Operations Manager with CSR productivity, timeliness, and quality, and assists CSR staff with overcoming barriers and providing feedback about performance as needed.	Minimum 5 years of experience in a customer support environment serving individuals seeking benefit enrollment. Strong call center or related customer service-focused environment experience. Excellent communication, organization, and task management skills. Capability to provide ongoing monitoring of intake operations and encourage high performance of CSRs. 1 year experience in a supervisory role preferred.	Bachelor's degree preferred; minimum High School diploma or equivalent required; preferred.	None	\$ 26.44	84.69%	\$ 48.83

Implementation Advisor	Oversees and advises on all implementation activities through project go-live and stabilization.	Minimum of 10 years experience conducting large, complex project implementations.	Master's degree in business, project management or closely related field.	Project Management Professional or Lean Six Sigma or related credential	\$ 90.00	84.67%	\$ 166.20
Implementation Manager	Develops implementation plan, oversees all implementation activities through project go-live and stabilization.	Minimum of 3 years experience conducting large, complex project implementations.	Bachelor's degree in business, project management or closely related field.	None	\$ 60.00	84.67%	\$ 110.80
Implementation Analyst	Assists with implementation SLA support including tracking, reporting and related activities.	Minimum of 1 year of experience supporting project implementations.	Bachelor's degree in business, project management or closely related field.	None	\$ 38.00	84.67%	\$ 70.17
OCM Advisor	Advises on and assists Analyst with development and implementation of organizational change management (OCM) activities for new policy and program roll-outs.	Minimum of 10 years experience conducting large, complex project implementations and related OCM activities.	Master's degree in business, project management or closely related field.	None	\$ 90.00	84.67%	\$ 166.20

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

Attachment D.1: Cost Proposal Template - Scope A

Helpline Services

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

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

Helpline Services Assumptions

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly Call Volume	3,000
Estimated Monthly Email Volume	1,000

Helpline Services Annual Contract Costs

Total Proposed Year 1 Cost	\$ 655,760.95
Year 2 Cost	\$ 671,880.00
Year 3 Cost	\$ 688,200.00
Year 4 Cost	\$ 704,880.00
Year 5 Cost (Optional Extension)	\$ 722,040.00
Year 6 Cost (Optional Extension)	\$ 739,560.00

Helpline Services Monthly Cost Per Call

	0 - 3000 MONTHLY CALLS	3001 - 5000 MONTHLY CALLS	5001+ MONTHLY CALLS
	Total Price Per Call	Total Price Per Call	Total Price Per Call
Proposed Year 1 Pricing	\$ 15.32	\$ 15.32	\$ 15.32
Year 2 Pricing	\$ 15.70	\$ 15.70	\$ 15.70
Year 3 Pricing	\$ 16.08	\$ 16.08	\$ 16.08
Year 4 Pricing	\$ 16.47	\$ 16.47	\$ 16.47
Year 5 Pricing (Optional Extension)	\$ 16.87	\$ 16.87	\$ 16.87
Year 6 Pricing (Optional Extension)	\$ 17.28	\$ 17.28	\$ 17.28

Helpline Services Monthly Cost Per Email

	0 - 1000 MONTHLY EMAILS	1001 - 2000 MONTHLY EMAILS	2001+ MONTHLY EMAILS
	Total Price Per Email	Total Price Per Email	Total Price Per Email
Proposed Year 1 Pricing	\$ 8.68	\$ 8.68	\$ 8.68
Year 2 Pricing	\$ 8.89	\$ 8.89	\$ 8.89
Year 3 Pricing	\$ 9.11	\$ 9.11	\$ 9.11
Year 4 Pricing	\$ 9.33	\$ 9.33	\$ 9.33
Year 5 Pricing (Optional Extension)	\$ 9.56	\$ 9.56	\$ 9.56
Year 6 Pricing (Optional Extension)	\$ 9.79	\$ 9.79	\$ 9.79

Helpline Position FTE Volume For Calls

Position	Total Number of FTEs at 2000 Calls	Total Number of FTEs at 4000 Calls	Total Number of FTEs at 7000 Calls
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PASRR Level I

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "PASRR Level I Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level I Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level I Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level I Assessment," please provide the Proposed Year 1 Pricing per each PASRR Level I Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level I Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly PASRR Level 1 Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level 1 Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

PASRR Level I Assessment Assumptions

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly PASRR Level 1 Assessment Volume	7,000

PASRR Level I Assessment Annual Contract Costs

Total Proposed Year 1 Cost	\$ 2,524,031.15
Year 2 Cost	\$ 2,585,520.00
Year 3 Cost	\$ 2,648,520.00
Year 4 Cost	\$ 2,713,200.00
Year 5 Cost (Optional Extension)	\$ 2,779,560.00
Year 6 Cost (Optional Extension)	\$ 2,847,600.00

PASRR Level I Monthly Cost Per Assessment

	Total Price Per PASRR Level I Assessment
Proposed Year 1 Pricing	\$ 30.05
Year 2 Pricing	\$ 30.78
Year 3 Pricing	\$ 31.53
Year 4 Pricing	\$ 32.30
Year 5 Pricing (Optional Extension)	\$ 33.09
Year 6 Pricing (Optional Extension)	\$ 33.90

PASRR Level I Position FTE Volume

[illegible]

Total	3.53

LOC Assessments with Determinations (Conducted by Contractor)

Please Complete Yellow Shaded Regions

This tab is intended to capture costs for LOC Assessments conducted by the Contractor following the receipt of LOC Assessment Requests. Under the section labeled, "LOC Assessment Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Assessment Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Assessment Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per LOC Assessment," please provide the Proposed Year 1 Pricing per each LOC Assessment completed by the Contractor. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Assessment Position FTE Volume" please provide the position and number of FTEs that will be needed to meet the "Estimated Monthly LOC Assessment Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Assessment Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

Fixed Annual Price Increase percentage	2.4%
Expected Monthly LOC Assessment Volume	6,850

Total Proposed Year 1 Cost	\$	17,617,744.83
Year 2 Cost	\$	18,048,654.00
Year 3 Cost	\$	18,490,068.00
Year 4 Cost	\$	18,942,168.00
Year 5 Cost (Optional Extension)	\$	19,404,954.00
Year 6 Cost (Optional Extension)	\$	19,879,248.00

	Total Price Per LOC Assessment
Proposed Year 1 Pricing	\$ 214.33
Year 2 Pricing	\$ 219.57
Year 3 Pricing	\$ 224.94
Year 4 Pricing	\$ 230.44
Year 5 Pricing (Optional Extension)	\$ 236.07
Year 6 Pricing (Optional Extension)	\$ 241.84

[illegible]

Total	139.10

LOC Determinations Based on Submitted LOC Assessments

Please Complete Yellow Shaded Regions

This worksheet is intended to capture costs for LOC Determinations made by the Contractor following the submission of completed long-form LOC Assessments through the Contractor's web-based assessment platform. LOC Assessments may be submitted by qualified Hospitals and MLTSS MCEs. The Contractor is responsible for reviewing and validating completed long-form LOC Assessments submitted by Hospitals and MCEs and issuing LOC Determinations. Under the section labeled, "LOC Determinations Based on Submitted LOC Assessments - Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "LOC Determinations Based on Submitted LOC Assessments - Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "LOC Determinations Based on Submitted LOC Assessments - Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Submitted LOC Assessment," please provide the Proposed Year 1 Pricing for LOC Determinations per each submitted LOC Assessment. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "LOC Determination Position FTE Volume" please provide the position and number of FTEs that will be needed based on the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments" is provided for scoring calculations ONLY; it is NOT a guaranteed LOC Determination volume based on Submitted LOC Assessments. Historical assessment data is available in the Bidders' Library for reference.

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly LOC Determination Volume Based on Submitted LOC Assessments	5,300

Total Proposed Year 1 Cost	\$ 1,793,150.22
Year 2 Cost	\$ 1,836,768.00
Year 3 Cost	\$ 1,881,924.00
Year 4 Cost	\$ 1,927,716.00
Year 5 Cost (Optional Extension)	\$ 1,974,780.00
Year 6 Cost (Optional Extension)	\$ 2,023,116.00

	Total Price Per LOC Determination for a Submitted LOC Assessment
Proposed Year 1 Pricing	\$ 28.19
Year 2 Pricing	\$ 28.88
Year 3 Pricing	\$ 29.59
Year 4 Pricing	\$ 30.31
Year 5 Pricing (Optional Extension)	\$ 31.05
Year 6 Pricing (Optional Extension)	\$ 31.81

[illegible]

[illegible]

PASRR Level II for Individuals with Mental Illness (MI)

Maximus

Please Complete Yellow Shaded Regions

Under the section labeled, "PASRR Level II Assessment (MI) Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "PASRR Level II (MI) Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "PASRR Level II Assessment (MI) Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per PASRR Level II Assessment (MI)," please provide the Proposed Year 1 Pricing per each PASRR Level II Assessment (MI). Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "PASRR Level II (MI) Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note the "Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness" is provided for scoring calculations ONLY; it is NOT a guaranteed assessment volume. Historical assessment data is available in the Bidders' Library for reference.

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly PASRR Level II Assessment Volume for Individuals with Mental Illness	525

Total Proposed Year 1 Cost	\$ 2,226,264.89
Year 2 Cost	\$ 2,280,663.00
Year 3 Cost	\$ 2,336,418.00
Year 4 Cost	\$ 2,393,559.00
Year 5 Cost (Optional Extension)	\$ 2,452,086.00
Year 6 Cost (Optional Extension)	\$ 2,512,062.00

	Total Price Per PASRR Level II Assessment (MI)
Proposed Year 1 Pricing	\$ 353.38
Year 2 Pricing	\$ 362.01
Year 3 Pricing	\$ 370.86
Year 4 Pricing	\$ 379.93
Year 5 Pricing (Optional Extension)	\$ 389.22
Year 6 Pricing (Optional Extension)	\$ 398.74

[illegible]

PASRR Level II (ID/RC) Position FTE Volume

Intake Counseling

Maximus

Please Complete Yellow Shaded Regions

Under the section labeled, "Intake Counseling Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Intake Counseling Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "Intake Counseling Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per Intake Counseling Session," please provide the Proposed Year 1 Pricing per each Intake Counseling Recipient. Please note that the Contractor may only bill once per Intake Counseling Recipient when intake counseling occurs during the LOC Assessment or when it occurs during a stand-alone intake counseling session. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "Intake Counseling Position FTE Volume" please provide the position and number of FTEs that will be needed at the "Estimated Monthly Intake Counseling Recipient Volume." You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. Please note that "Estimated Monthly Intake Counseling Recipient Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of Intake Counseling Recipients.

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly Intake Counseling Recipient Volume	3,900

Total Proposed Year 1 Cost	\$ 4,040,437.44
Year 2 Cost	\$ 4,138,992.00
Year 3 Cost	\$ 4,240,080.00
Year 4 Cost	\$ 4,343,508.00
Year 5 Cost (Optional Extension)	\$ 4,449,744.00
Year 6 Cost (Optional Extension)	\$ 4,558,320.00

	Total Price Per Intake Counseling Recipient
Proposed Year 1 Pricing	\$ 86.33
Year 2 Pricing	\$ 88.44
Year 3 Pricing	\$ 90.60
Year 4 Pricing	\$ 92.81
Year 5 Pricing (Optional Extension)	\$ 95.08
Year 6 Pricing (Optional Extension)	\$ 97.40

[illegible]

Total	30.00

Indiana Health Coverage Program (IHCP) Application Assistance

Maximus

Under the section labeled, "IHCP Application Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "IHCP Application Assistance Annual Contract Costs" there is no response necessary. The cells in this table will populate automatically based off of the "IHCP Application Assistance Assumptions" and the "Proposed Year 1 Pricing". Under the section labeled "Monthly Cost Per IHCP Application Assistance Request," please provide the Proposed Year 1 Pricing per each completed IHCP Application Assistance Request in each IHCP Application Assistance Request volume band. Your pricing must go to the cent level. Note that Years 2 - 6 will populate automatically based on the Proposed Year 1 Pricing. Under the section labeled "IHCP Application Assistance Position FTE Volume" please provide the position and number of FTEs that will be needed at IHCP Application Assistance Request volumes of one hundred fifty, four hundred, and six hundred. You may select from a drop-down menu pre-populated with staff from the "Key Staff" and "Other Staff" tabs. "Estimated Monthly IHCP Application Assistance Request Volume" is provided for scoring calculations ONLY; it is NOT a guaranteed volume of application assistance requests. Please note that IHCP Application Assistance is included in Scope of Work A as optional, and as such the State may choose to exclude this from the final Scope of Work, depending on pricing and budget.

Fixed Annual Price Increase percentage	2.4%
Estimated Monthly IHCP Application Assistance Request Volume	400

Total Proposed Year 1 Cost	\$	260,699.96
Year 2 Cost	\$	267,072.00
Year 3 Cost	\$	273,600.00
Year 4 Cost	\$	280,272.00
Year 5 Cost (Optional Extension)	\$	287,136.00
Year 6 Cost (Optional Extension)	\$	294,144.00

	0 - 300 MONTHLY IHCP APPLICATION ASSISTANCE REQUESTS	301 - 500 MONTHLY IHCP APPLICATION ASSISTANCE REQUESTS	501+ MONTHLY IHCP APPLICATION ASSISTANCE REQUESTS
	Total Price Per IHCP Application Assistance Request	Total Price Per IHCP Application Assistance Request	Total Price Per IHCP Application Assistance Request
Proposed Year 1 Pricing	\$ 54.31	\$ 54.31	\$ 54.31
Year 2 Pricing	\$ 55.64	\$ 55.64	\$ 55.64
Year 3 Pricing	\$ 57.00	\$ 57.00	\$ 57.00
Year 4 Pricing	\$ 58.39	\$ 58.39	\$ 58.39
Year 5 Pricing (Optional Extension)	\$ 59.82	\$ 59.82	\$ 59.82
Year 6 Pricing (Optional Extension)	\$ 61.28	\$ 61.28	\$ 61.28

[illegible]

Total	0.75	2.00	3.00

Attachment D.1: Cost Proposal Template - Scope A Information Systems

Maximus

Instructions:

Information Systems Assumptions

Fixed Annual Staffing Price	2.4%
Fixed Annual Systems Operations	2.4%

Total Proposed Year 1 Cost	\$	908,624.24
Year 2 Cost	\$	930,837.19
Year 3 Cost	\$	953,593.18
Year 4 Cost	\$	976,905.48
Year 5 Cost (Optional Extension)	\$	1,000,787.70
Year 6 Cost (Optional Extension)	\$	1,025,253.76

Proposed Staffing Cost in Year 1	\$	147,738.09
Year 2 Cost	\$	151,349.81
Year 3 Cost	\$	155,049.83
Year 4 Cost	\$	158,840.30
Year 5 Cost (Optional Extension)	\$	162,723.44
Year 6 Cost (Optional Extension)	\$	166,701.51

[illegible]

Attachment D.1: Cost Proposal Template - Scope A

Other Tasks

Respondent Name:

Maximus

Please Complete Yellow Shaded Regions

Instructions:

Under the section labeled, "Other Tasks Assumptions" please provide your Fixed Annual Price Increase percentage - this drives pricing changes for subsequent contract years. Under the section labeled "Other Tasks Staffing Detail," please detail the positions involved in performing any other tasks related to executing the Scope of Work A and also provide Expected Number of Hours required MONTHLY to Complete Task for each position. Three positions from the "Key Staff" tab are already pre-populated, but are not required entries. You may choose to include other positions from a drop-down menu pre-populated from the "Key Staff" and "Other Staff" tabs. If you select additional positions from the drop-down menu, make sure to include information regarding the function under the "Task(s)" column. The Hourly Rate and Total Price for Year 1 by position will calculate automatically and roll up into the Proposed Staffing Cost in Year 1. Note that Years 2 - 6 will populate automatically based on the Proposed Staffing Cost in Year 1. If additional staff members perform any of the tasks listed in cells B21-B24, please repeat the task title and provide the new staff role with its associated monthly hours in the yellow cells provided. For proposed tasks that have more than one role performing them, please list each separate role on its own row with the task title repeated, as needed.

Other Tasks Assumptions

Fixed Annual Price Increase	2.4%
-----------------------------	------

Other Tasks Staffing Detail

Total Proposed Year 1 Cost	\$	471,426.54
Year 2 Cost	\$	482,951.41
Year 3 Cost	\$	494,758.03
Year 4 Cost	\$	506,853.28
Year 5 Cost (Optional Extension)	\$	519,244.22
Year 6 Cost (Optional Extension)	\$	531,938.08

			Proposed Year 1 Cost	
Task(s)	Position (Please note: Information Systems Coordinator role costs are captured in Tab "15. Information Systems." Do not repeat that role here.)	Expected Number of Hours required MONTHLY to Complete Task(s)	HOURLY Rate (paid by the State)	Total Price
Contract Management	Project Manager	173.33	\$ 70.29	\$ 146,201.55
Operations Management	Operations Supervisor	173.33	\$ 57.01	\$ 118,575.87
Onboarding and Training	Training Coordinator	173.33	\$ 57.71	\$ 120,035.50
Clinical Review and LOC Oversight	Level of Care Determination Advisor	22.41	\$ 322.03	\$ 86,613.62
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
Total		542.41		\$ 471,426.54

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

Attachment D.1: Cost Proposal Template - Scope A

Key Staff Hours Summary

Respondent Name:

Maximus
Please Complete Yellow Shaded Regions

Instructions:
There is no response necessary on this worksheet. The blue cells will populate automatically based on information entered on other worksheets.

Total Designated Hours Per Week by Position

Position	Hours/Week
Project Manager	40.00
Operations Supervisor	40.00
Information Systems Coordinator	40.00
Training Coordinator	40.00
Level of Care Determination Advisor	5.17

Best and Final Offer Narrative

Maximus US Services, Inc. (Maximus) appreciates the invitation to submit our Best and Final Offer (BAFO) Cost Proposal in response to Request for Proposal (RFP 23-72675 for Long-Term Services and Supports (LTSS) Enrollment Services [Scope A]). We have comprehensively reviewed our proposed solution elements and cost designed to meet Indiana's unique needs and program goals. We have taken a thoughtful approach to providing the updated pricing attached to this Best and Final Offer response.

Our new total 4-year cost is \$129,182,927.78.

Maximus is confident that we offer the highest value and the lowest risk for your investment. We are committed to providing best-value pricing, and we look forward to the opportunity to discuss with the State how we can provide the best possible solution at the best possible price. The cost savings reflected in this new price do not reflect any cuts to staffing. Reductions in cost reflected in this BAFO proposal are a result of planned technology enhancement and process efficiency.

Proposed Costs

Included in the monthly rates are the following for Scope A only:

- Staffing costs for PASRR Level I-II, LOC Assessment and Determinations, Intake Counselors, IHCP Application Assistants, and Customer Service Representatives (CSRs) to meet the operational requirements of the contract
- Staffing costs for supervisors, quality assurance, training, and managers to provide management and oversight of the project
- Staffing costs for program support staff required to ensure a smooth transition for the State and stakeholders such as a Stakeholder Outreach Specialist
- Staffing costs for management and administration of the contract, including human resources, information systems, finance, contracts, reporting, operations, and executive oversight

Completed cost form tabs include:

1. Cost Summary
2. Key Staff
3. Other Staff: As included in the original submission, the following position remains:

Position	Position Description	Minimum Work Experience Required	Degree(s) Required	Certifications Required	HOURLY Wage Rate Per Position	Administrative Overhead (%)	Total HOURLY Cost Per Position
OCM Analyst	Assists program staff and client with activities related to OCM for new policy and program initiatives to ensure a successful roll-out.	Minimum of 3 years' experience conducting large, complex project implementations and related OCM activities.	Bachelor's degree in business, project management or closely related field.	None	\$60.00	84.67%	\$110.80

4. Helpline Services: Price per call and price per email

Please note we identified an omission in our previous submission. The *Helpline Position FTE Volume for Emails* section of the Helpline Services tab was left blank. We now include the position name and FTE numbers on row 68 of this tab. Inclusion does not increase pricing from the original proposal in any cell of the worksheet.

5. PASRR Level I: Price per assessment
6. LOC Assessments: Price per assessment
7. LOC Determinations: Price per determination for a submitted LOC assessment
8. PASRR Level II Assessment (MI): Price per assessment
9. PASRR Level II Assessment (IDRC): Price per assessment
10. Intake Counseling: Price per recipient
11. IHCP Application Assistance: Per applicant assistance request
12. Information Systems: Annual costs and staffing detail
13. Other Tasks: Additional staffing requirements

Cost Assumptions, Conditions, and Constraints

Maximus' proposal is not conditional in any way. We have leveraged our expertise and most recent experience to deliver a refined, informed solution based on very specific assumptions. Our assumptions are based on volume and related information provided by the State through the RFP and Questions and Answers process. This proposal is submitted subject to the parties' negotiation of mutually agreed upon scope at contract award as described in the table below. We look forward to the opportunity to further discuss those assumptions and refining how we can best meet the States' needs.

These major assumptions addressing volume level expectations could affect the level of effort and subsequent pricing required for this engagement as well as other pricing assumptions. While our experience helps us accurately determine these factors, we recognize that there are unique elements in this project that have yet to be defined by State that could influence the pricing.

#	Assumptions
1	Provided prices in each cost form assumes all volumes provided by the State are accurate estimates in which we based our pricing.
2	Volumes used are those provided in the initial RFP, amended RFP documents and answers to questions provided by the State.
3	Pricing includes facility and related costs to accommodate all on-site project staff.
4	Pricing includes travel and mileage cost estimates for field employees.
5	Pricing includes workstation (laptops) refresh in year 3.
6	Staffing estimates for Level of Care Assessments assume all assessments will be conducted in-person unless expressly authorized by the State.
7	PASRR Level II Evaluators are not paid on an hourly basis; they are paid per assessment. Therefore, there is no hourly rate or FTE noted on the Detailed Cost Form.
8	We assume all MCE integrations will be standardized or uniform, and that each MCE will not require a custom integration.



Alpha Rae Personnel Inc.®

Universal Staffing Services

Affiliates Nationally

Web: <http://www.alpha-rae.com>

December 9, 2022

Alpha Rae Personnel, Inc.
347 W Berry Street, #700
Fort Wayne, IN 46802

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$4,778,781 (3.7%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Customer and administrative support staffing.
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

Rae Pearson
rlpearson@alpha-rae.com
President/CEO



December 9, 2022

Elizabeth Wilson
AltaStaff, LLC
19 S. LaSalle St. Suite 800
Chicago, IL 60603

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$9,981,665 (7.7%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Provide clinical personnel to support completion of statewide Nursing Facility and HCBS Waiver Level of Care (LOC) assessments
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

Elizabeth Wilson
Business Owner



December 9, 2022

Carol Lynne Griffin
Ascend Behavioral Health and Counseling Services, LLC
9660 Commerce Drive
Suite 202
Carmel, IN 46032

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$934,740 (0.7%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Recruit and maintain high-quality clinical staff to conduct PASRR Level II MI and IDD evaluations
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

Carol Lynne Griffin
Administrative Director

Nakia Thigpen
Clinical Director



December 9, 2022

Kathleen Daly-Kline
Indiana Wellness Consultants, LLC
20435 Queen Rd
Culver, IN 46511

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$4,765,340 (3.7%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Provide on-site Level II mental illness (MI) and intellectual and developmental disability (IDD) evaluations
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

Kathleen Daly-Kline
Business Owner

December 9, 2022

Timothy J. Puglielli
The Panther Group
5 Mill & Main Place Suite 430
Maynard, MA 01754

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$11,645,276 (9.0%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Provide clinical personnel to support completion of statewide Nursing Facility and HCBS Waiver Level of Care (LOC) assessments and customer service staff
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,



Timothy J. Puglielli
President



Solutions That Drive Results

December 9, 2022

Steve Harney
Printer Zink Inc. (DBA One Point)
1047 Broadway
Anderson, IN 46012

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$1,764,819 (1.4%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Provide mailroom and printing and mailing services.
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

A handwritten signature in black ink that reads "Steve Harney".

Steve Harney
CEO



Ventures USA LLC d/b/a V24 Staffing
3643 S Keystone Avenue, Building E
Indianapolis, IN 46227
(317) 509-3954
www.v24staffing.com

December 12th, 2022

Teresa Deaton-Reese
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, IN, 46204

RE: Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services - RFP #23-72675

Dear Ms. Deaton-Reese:

This letter serves as acknowledgement of our proposed subcontract with Maximus US Services, Inc. for the Long-Term Services & Supports (LTSS) Enrollment Services and MLTSS Member Support Services.

- **Subcontract Amount (Base Term):** \$9,900,135 (7.7%)
- **Applicable Scope:** Scope A
- **Description of Products/Services:** Provide clinical personnel to support completion of statewide Nursing Facility and HCBS Waiver Level of Care (LOC) assessments and customer service staff
- **Approximate Date of Work to be Performed:** Throughout implementation and the length of the contract – 1/1/24–12/31/27 + the two additional option years
-

We look forward to continuing our partnership with Maximus as we continue to serve the residents of Indiana. Please accept this letter as our commitment to this project, our willingness to work together with Maximus to ensure this project is successful, and as acknowledgement of the responsibilities as defined above.

Sincerely,

A handwritten signature in black ink that reads 'Alise Cool'.

Alise Cool
Branch Manager
(317) 431-4475

RFP- 23-72675

RFP 23-72675 ATTACHMENT A MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR COMMITMENT FORM

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

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "**TOTAL BID AMOUNT**" should match the sum of the amounts entered in the "4. Cost Proposal Summary" tab, cell C7 of **Attachment D.1** and **Attachment D.2** -- Cost Proposal Template, respectively, depending on if the subcontractors identified on this form are supporting Scope A or Scope B. The MBE and/or WBE subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. The subcontractor commitment shall apply to the life of the contract including any time after the initial term.

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

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

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

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

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

RFP- 23-72675

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

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

RFP- 23-72675

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 23-72675

DUE DATE: September 27^{30th}, 3:00~~4:30~~pm ET (BAFO Due Date: December 12, 2022, 4:30 pm ET)

TOTAL BID AMOUNT: \$ 129,182,927.78

MBE Firm	x WBE Firm		
Company Name: AltaStaff, LLC		Contact Person: Elizabeth Tazewell Wilson	
Address: 19 S. LaSalle St Suite 800 Chicago, IL 60603		E-mail: taz@altastaff.com	
Sub-Contract Amount: \$9,981,665.00		Telephone Number: (312) 269-9990	Fax Number: () N/A
Sub-Contract Percentage of Total Bid: 7.7%		<u>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</u> Provide clinical personnel to support completion of statewide Nursing Facility and HCBS Waiver Level of Care (LOC) assessments	
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027			

MBE Firm	x WBE Firm		
Company Name: Indiana Wellness Consultants (IWC)		Contact Person: Kathleen Kline	
Address: 20435 Queen Rd Culver, IN 46511		E-mail: kathleen@indianawellnessconsultants.com	
Sub-Contract Amount: \$4,765,340.00		Telephone Number: (574) 933-4455	Fax Number: () N/A
Sub-Contract Percentage of Total Bid: 3.7%		<u>Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract:</u> Onsite Level II Mental Illness (MI) and Intellectual Disability (ID) evaluations	
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027			

x MBE Firm	WBE Firm		
Company Name: Ascend Behavioral Health and Counseling Services, LLC		Contact Person: Carol Lynne Griffin	
Address:		E-mail: ascendbhcs@yahoo.com	

RFP- 23-72675

9660 Commerce Drive Suite 202 Carmel, IN 46032	<table border="1"> <tr> <td>Telephone Number: (317) 740-9352</td> <td>Fax Number: () N/A</td> </tr> </table>	Telephone Number: (317) 740-9352	Fax Number: () N/A
Telephone Number: (317) 740-9352	Fax Number: () N/A		
Sub-Contract Amount: \$934,740.00	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Recruit and maintain high-quality clinical staff to conduct PASRR Level II MI and IDD evaluations.		
Sub-Contract Percentage of Total Bid: 0.7%			
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027			

<input checked="" type="checkbox"/> MBE Firm	<input type="checkbox"/> WBE Firm			
Company Name: Alpha Rae Personnel, Inc.		Contact Person: Rae Pearson		
Address: 347 W. Berry Street, 7 th Floor Fort Wayne, IN 46802		E-mail: rlpearson@alpha-rae.com		
Sub-Contract Amount: \$4,778,781.00		<table border="1"> <tr> <td>Telephone Number: (260) 426-8227</td> <td>Fax Number: () N/A</td> </tr> </table>	Telephone Number: (260) 426-8227	Fax Number: () N/A
Telephone Number: (260) 426-8227	Fax Number: () N/A			
Sub-Contract Percentage of Total Bid: 3.7%		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Customer and administrative support staffing.		
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027				

<input checked="" type="checkbox"/> MBE Firm	<input type="checkbox"/> WBE Firm			
Company Name: The Panther Group		Contact Person: Timothy Puglielli		
Address: 5 Mill & Main Place Suite 430 Maynard, MA 01754		E-mail: Jdonovan@thepanthergrp.com		
Sub-Contract Amount: \$11,645,276		<table border="1"> <tr> <td>Telephone Number: (781) 373-602</td> <td>Fax Number: () N/A</td> </tr> </table>	Telephone Number: (781) 373-602	Fax Number: () N/A
Telephone Number: (781) 373-602	Fax Number: () N/A			
Sub-Contract Percentage of Total Bid: 9.0%		Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Provide clinical personnel to support completion of statewide NF and HCBS Waiver LOC assessments and customer service staff		
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027				

RFP- 23-72675

Maximus US Services, Inc.	703.251.8500
Respondent Firm	Telephone Number
1600 Tysons Blvd. Suite 1400	703.251.8240
Address	Fax Number
McLean, VA 22102	USproposals@maximus.com
City/State/Zip Code	Email Address
Tariq Khan	Tariq Khan (Dec 9, 2022 16:13 EST)
Representative	Authorizing Signature
September 26, 2022	Tariq Khan, Sr. Director, Contracts
Date	Printed Name and Title

☐ Please check if additional forms are attached.

Page 3 of 3

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

RFP-23-72675

RFP 23-72675 - ATTACHMENT A1 INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR COMMITMENT FORM¹

If participation is met through use of respondents who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in “**TOTAL BID AMOUNT**” should match the sum of the amounts entered in the “4. Cost Proposal Summary” tab, cell C8 of **Attachment D.1** and **Attachment D.2** -- Cost Proposal Template, respectively, depending on if the subcontractors identified on this form are supporting Scope A or Scope B. The IVOSB subcontractor amount and subcontractor percentage is based on the initial term of the contract for scoring purposes only. However, the subcontractor commitment shall apply to the life of the contract including any time after the initial term.

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

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

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

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

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

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

RFP-23-72675

INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT

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

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

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

RFP-23-72675

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 23-72675

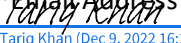
DUE DATE: September 27^{30th}, 3:00~~4:30~~pm ET (BAFO Due Date: December 12, 2022, 4:30 pm ET)

TOTAL BID AMOUNT: \$129,182,927.78

Company Name: Printer Zink (dba: One Point)	Contact Person: Steve Harney	
Address: 1047 Broadway Anderson, IN 46012	E-mail: robhenderson@startatonepoint.com	
Sub-Contract Amount: \$1,764,819.00	Telephone Number: (765) 644-3959	Fax Number: () N/A
Sub-Contract Percentage of Total Bid: 1.4%	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Mailroom/printing services	
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027		

Company Name: Ventures USA, LLC (dba: V24)	Contact Person: Alise Cool	
Address: 3653 S. Keystone Ave Indianapolis, IN 46227	E-mail: alise@v24staffing.com	
Sub-Contract Amount: \$9,900,135.00	Telephone Number: (317) 431-4475	Fax Number: (317) 509-3954
Sub-Contract Percentage of Total Bid: 7.7%	Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u> Provide staff augmentation services for clinical and non-clinical staff	
Provide approximate dates when Sub-Contractor will perform on this project: 1/1/2024 – 12/31/2027		
Note: Ventures was recently recertified as an IVOSB and is valid through 8/28/2023. Documentation of their certification is attached.		

RFP-23-72675

Maximus US Services, Inc.	(703) 251-8500
Respondent Firm	Telephone Number
1600 Tysons Blvd. Suite 1400	(703) 251-8240
Address	Fax Number
McLean, VA 22102	USPROPOSALS@MAXIMUS.COM
City/State/Zip Code	Email Address
Tariq Khan	 <small>Tariq Khan (Dec 9, 2022 16:13 EST)</small>
Representative	Authorizing Signature
September 26, 2022	Tariq Khan, Sr. Director, Contracts
Date	Printed Name and Title

☐ Please check if additional forms are attached.

Page 2 of 2

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

Indiana Economic Impact Form, Attachment C

Instructions

1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the

2. Line 16: Enter N/A

3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.

The state defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.

Please populate the yellow-shaded cells in the FTE Details worksheet.

Respondents shall provide a job title for each of the FTE's proposed for The State of Indiana contract as well as the number of FTE that job title contributes to the total.

PROJECT MANAGER - 1 FTE

Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTE's for this scenario would be 2.5.

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)
DEPARTMENT OF ADMINISTRATION
Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).


Indicate which Scope(s) you are to responding (Scope A, Scope B or both)	Scope A
1 Legal Name of firm:	Maximus US Services, Inc.
2 Address/City/State/Zip Code:	1600 Tysons Blvd., McLean, VA 22102
3 Telephone #/Fax #/Website:	703.251.8500 / 703.251.8240 / www.maximus.com
4 Federal Tax Identification Number:	26-0307682
5 State/Country of domicile/incorporation:	Indiana / United States / Corporation
6 Location of firm's headquarters or principal place of business:	1600 Tysons Blvd., McLean, VA 22102
7 Name of parent company or holding company (if applicable):	Maximus, Inc.
8 State/Country of domicile/incorporation of company listed in #7:	Virginia / United States / Corporation
9 Address of company listed in #7:	1600 Tysons Blvd., McLean, VA 22102
10 IN Department of Workforce Development (DWD) account number:	5043297
11 IN Department of Revenue (DOR) account number:	26-0307682
12 Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:	328
13 Total number of employees per most recently completed IRS Form W-2 distribution:	53,715
14 Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:	8,227,868.03
15 Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:	1,187,387,834.52
16 Total amount of this proposal, bid, or current contract:	N/A

ACCOUNTING OF INDIANA RESIDENT EMPLOYEES

17 Prime Contractor Company Name:	Maximus US Services, Inc
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18	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	83.53
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Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A			
19	<u>Subcontractor Company Name:</u>	Alpha Rae	Altastaff	The Panther Group	Ventures USA
20	<u>Address/Contact Person/Telephone Number/Tax ID Number:</u>	347 West Berry Street, #700, Fort Wayne, IN 46802	19 South LaSalle Street, Suite 800, Chicago, IL 60603	5 Mill & Main Place Suite 430, Maynard, MA 01754	3653 S. Keystone Ave, Indianapolis, IN 46227
21	<u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract:	24.00	30.00	35.00	30.00

22	<u>Affirmation by authorized official:</u> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:				
	Signature:				
	Name of auththorized official:	Tariq Khan			
	Title:	Sr. Director, Contracts			
	Date:	12/12/2022			

FTE DETAILS
Job Titles and Contributing FTE

- Populate the yellow-shaded cells; with all applicable job titles and the total FTE count.

- Respondents may insert additional rows to account for all job titles attributing to the total FTE count.

Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: The project length of the contract is 48 months. There are 10 employees working on the contract over the 48 month contract period. 5 employees are working solely on the project for 48 months. 3 employees are working equal time on 2 projects for 48 months. 2 employees are working solely on the project for 12 months.

The FTEs would be calculated as follows:

5 employees x 48 months (48 months working solely on this project) x 1 (time spent solely on this project) = 240 months / 48 months (length of contract) = 5 FTEs

3 employees x 48 months x .5 (splitting time equally between 2 projects) = 72 months / 48 months = 1.5 FTEs

2 employees x 12 months (12 months dedicated solely to this project) x 1 (time spent solely on this project) = 24 months / 48 months = .5 FTEs

Column Title Definitions:

Number of Employees = Number of employees working on this State contract.

Duration (In Months) = Amount of time that the employee(s) will spend on the State contract.

Time Spent (Percentage) = Percentage of time the employee(s) will be working on the contract.

Duration of Initial Contract Term (In Months)	48	*Number based on initial contract term
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Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A		
PRIME CONTRACTOR COMPANY				
EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Project Managers</i>	5	24	100%	2.50
<i>Example: Project Coordinators</i>	3	24	50%	0.75
<i>Example: Project Directors</i>	2	6	100%	0.25
Sr. Ops Director	1	48	40.00%	0.40
Project Manager, Ops Sup. IS Coordinator Training Coordinator	3	48	100.00%	3.00
LOC Advisor	1	48	12.50%	0.13
LOC Assessment Staff	30	48	100.00%	30.00
HelpLine App Support, Administrative Support and Supervisor	12	48	100.00%	12.00
Stakeholder Outreach, Knowledge Mgt Analyst and Analytics Analyst	3	48	100.00%	3.00
Intake Counseling Staff	32	48	100.00%	32.00
Quality Clinicians and Reviewers	3	48	100.00%	3.00
TOTAL FTE COUNT				83.53

Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A		
SUB CONTRACTOR COMPANY NAME				<i>Alpha Rae</i>
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.25
Customer Service Reps	19	48	100%	19.00
Administrative Support Coordinators	5	48	100%	5.00
				0.00
TOTAL FTE COUNT				24.00

Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A		
SUB CONTRACTOR COMPANY NAME				<i>Altastaff</i>
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.25
LOC Assessors	30	48	100%	30.00
				0.00
				0.00
TOTAL FTE COUNT				30.00

Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A		
SUB CONTRACTOR COMPANY NAME				<i>The Panther Group</i>
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.25
LOC Assessors	35	48	100%	35.00
				0.00
				0.00
TOTAL FTE COUNT				35.00

Indicate which Scope(s) you are to responding (Scope A, Scope B or both)		Scope A		
SUB CONTRACTOR COMPANY NAME				<i>Ventures USA</i>
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
<i>Example: Developer</i>	2	6	100%	0.25
LOC Assessors	30	48	100%	30.00
				0.00
				0.00
TOTAL FTE COUNT				30.00