



Proposal to Provide
**Fiscal/Employer Agent
Support to Self-Direction
Members**

**For the State of West Virginia
Department of Health and Human Resources
Bureau of Medical Services**

**December 12, 2017
RFP# BMS 1800000002
COST PROPOSAL**

ORIGINAL

Attachment C: Cost Sheet

Vendor may elect to provide discounts based on increases in enrollment volume.

| | | A | B | C | | |
|--|------------------------|--|---------------------------------|-------------------|---|-------------|
| Base Contract | Year 1 | Tiered Volumes | Estimated Monthly Participants* | Estimate PMPM Bid | Estimate Total Annual Cost (A*B)*12 = C | Cell Number |
| Start-up Cost | | | | | | 7 |
| Fiscal Agent Support | 0 to 2,000 Members | 1,000 | \$85.00 | \$1,020,000.00 | | 8 |
| | 2,001 to 4,000 Members | 3,000 | \$85.00 | \$3,060,000.00 | | 9 |
| | ≥ 4,001 Members | 5,000 | \$70.00 | \$4,200,000.00 | | 10 |
| Fiscal Agency Support for ADW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 11 |
| Fiscal Management Services for Processing TBIW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 12 |
| Resource Consulting | 0 to 2,000 Members | 1,000 | \$210.00 | \$2,520,000.00 | | 13 |
| | 2,001 to 4,000 Members | 3,000 | \$210.00 | \$7,560,000.00 | | 14 |
| | ≥ 4,001 Members | 5,000 | \$195.00 | \$11,700,000.00 | | 15 |
| Ad hoc Reporting | | | | | | 16 |
| | | Hourly Rate | Estimated Hours | | | 17 |
| *Ad hoc Reporting \$ _____ (all inclusive hourly rate) X 20 hours (Estimated) | | \$ 200.00 | 20 | | \$4,000.00 | 18 |
| Additional Services | | | | | | 19 |
| | | Hourly Rate | Estimated Hours | | | 19 |
| *Additional Services \$ _____ (all inclusive hourly rate) X 40 hours (Estimated) | | \$ 200.00 | 40 | | \$8,000.00 | 20 |
| Estimate Subtotal - Base Year 1 (Add Cells C7 through C20) | | | | | \$30,082,000.00 | 21 |
| Optional Renewal: Year 1 | | | | | | |
| Fiscal Agent Support | 0 to 2,000 Members | 1,000 | \$85.00 | \$1,020,000.00 | | 24 |
| | 2,001 to 4,000 Members | 3,000 | \$85.00 | \$3,060,000.00 | | 25 |
| | ≥ 4,001 Members | 5,000 | \$70.00 | \$4,200,000.00 | | 26 |
| Fiscal Agency Support for ADW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 27 |
| Fiscal Management Services for Processing TBIW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 28 |
| Resource Consulting | 0 to 2,000 Members | 1,000 | \$210.00 | \$2,520,000.00 | | 29 |
| | 2,001 to 4,000 Members | 3,000 | \$210.00 | \$7,560,000.00 | | 30 |
| | > 4,001 Members | 5,000 | \$195.00 | \$11,700,000.00 | | 31 |
| Ad hoc Reporting | | | | | | 32 |
| | | Hourly Rate | Estimated Hours | | | 32 |
| *Ad hoc Reporting \$ _____ (all inclusive hourly rate) X 20 hours (Estimated) | | \$ 200.00 | 20 | | \$4,000.00 | 33 |
| Additional Services | | | | | | 34 |
| | | Hourly Rate | Estimated Hours | | | 34 |
| *Additional Services \$ _____ (all inclusive hourly rate) X 40 hours (Estimated) | | \$ 200.00 | 40 | | \$8,000.00 | 35 |
| Estimate Subtotal - Optional Year 1 (Add Cells C24 through C35) | | | | | \$30,082,000.00 | 36 |
| Optional Renewal: Year 2 | | | | | | |
| Fiscal Agent Support | 0 to 2,000 Members | 1,000 | \$85.00 | \$1,020,000.00 | | 39 |
| | 2,001 to 4,000 Members | 3,000 | \$85.00 | \$3,060,000.00 | | 40 |
| | ≥ 4,001 Members | 5,000 | \$70.00 | \$4,200,000.00 | | 41 |
| Fiscal Agency Support for ADW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 42 |
| Fiscal Management Services for Processing TBIW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | | 43 |

| | | | | | |
|---|------------------------|--|----------|------------------|----|
| Resource Consulting | 0 to 2,000 Members | 1,000 | \$210.00 | \$2,520,000.00 | 44 |
| | 2,001 to 4,000 Members | 3,000 | \$210.00 | \$7,560,000.00 | 45 |
| | ≥ 4,001 Members | 5,000 | \$195.00 | \$11,700,000.00 | 46 |
| Ad hoc Reporting | Hourly Rate | Estimated Hours | | | 47 |
| *Ad hoc Reporting \$_____ (all inclusive hourly rate) X 20 hours (Estimated) | \$ 200.00 | 20 | | \$4,000.00 | 48 |
| Additional Services | Hourly Rate | Estimated Hours | | | 49 |
| *Additional Services \$_____ (all inclusive hourly rate) X 40 hours (Estimated) | \$ 200.00 | 40 | | \$8,000.00 | 50 |
| Estimate Subtotal - Optional Year 2 (Add Cells C39 through C50) | | | | \$30,082,000.00 | 51 |
| Optional Renewal: Year 3 | | | | | |
| Fiscal Agent Support | 0 to 2,000 Members | 1,000 | \$85.00 | \$1,020,000.00 | 54 |
| | 2,001 to 4,000 Members | 3,000 | \$85.00 | \$3,060,000.00 | 55 |
| | ≥ 4,001 Members | 5,000 | \$70.00 | \$4,200,000.00 | 56 |
| Fiscal Agency Support for ADW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | 57 |
| Fiscal Management Services for Processing TBIW Community Transition Services | N/A | Not to exceed 100 Membes per Fiscal Year | \$50.00 | \$5,000.00 | 58 |
| Resource Consulting | 0 to 2,000 Members | 1,000 | \$210.00 | \$2,520,000.00 | 59 |
| | 2,001 to 4,000 Members | 3,000 | \$210.00 | \$7,560,000.00 | 60 |
| | ≥ 4,001 Members | 5,000 | \$195.00 | \$11,700,000.00 | 61 |
| Ad hoc Reporting | Hourly Rate | Estimated Hours | | | 62 |
| *Ad hoc Reporting \$_____ (all inclusive hourly rate) X 20 hours (Estimated) | \$ 200.00 | 20 | | \$4,000.00 | 63 |
| Additional Services | Hourly Rate | Estimated Hours | | | 64 |
| *Additional Services \$_____ (all inclusive hourly rate) X 40 hours (Estimated) | \$ 200.00 | 40 | | \$8,000.00 | 65 |
| Estimate Subtotal - Optional Year 3 (Add Cells C54 through C65) | | | | \$30,082,000.00 | 66 |
| Estimate Total Contract Price** (C21+C36+C51+C66) | | | | \$120,328,000.00 | |

***All-inclusive Hourly Rate for Additional Services and Ad hoc Reporting:**

The Bureau and Vendor will jointly determine a 'not-to-exceed' number of hours, time frame, and staff for each Additional Service and/or Ad hoc report. The Vendor must agree to provide a Statement of Work (SOW) and estimation of effort and receive Bureau approval of the actual 'not-to-exceed' hours, time frame, and staff prior to work beginning.

Notes:

- 1.) *The estimated monthly participants are for cost bid evaluation purposes only.
- 2.) The cost bid will be inclusive of all anticipated training, travel and related expenses, including supplies.
- 3.) The vendor will invoice monthly in arrears at the PMPM rate for the number of participants served in the previous month.
- 4.) The Ad hoc reporting section will cover special reports requested by BMS that are not covered as part of the original contract.
- 5.) The additional service section will cover externally driven changes and requirements including any state or federal laws, rules and regulations that would result in BMS policy changes.
- 6.) The Vendors Total will include all general and administrative staffing (secretarial, clerical, etc.), travel, supplies and other resource costs necessary to perform all services within the scope of this procurement.
- 7.) Vendor must receive an approved delivery order before beginning any work for additional services and the ad hoc reporting.
- 8.) The cost bid will be evaluated on the Estimated Total Cost for the four (4) year period.
- 9.) The additional services section will be calculated by multiplying the hourly rate by 40 hours.

10.) The ad hoc reporting section will be calculated by multiplying the hourly rate by 20 hours.

11.) Estimate Total Contract Price for four (4) Year Contract Period is calculated by adding estimate Subtotal-Base Year 1 (C21)+ Estimate Subtotal-Optional Year 1 (C36) + Estimate Subtotal-Optional Year 2 (C51) + Estimate Subtotal-Optional Year 3 (C66)

12.) Ad hoc reporting will be invoiced upon successful completion and acceptance by agency of report.

13.) Additional services will be invoiced monthly upon successful completion and acceptance by agency of service.

14.) Vendor will be ineligible to invoice for operations while start-up is ongoing.

Consumer Direct Care Network for West Virginia
(Company)

Ben Bledsoe, President/CEO
(Representative Name, Title)

406-532-2001
(Contact Phone/Fax Number)


Signature

12/9/2017
(Date)
