**Attachment C**

**Cost Proposal**

State Unit on Aging Improved Federal Funding

 **RFP # 6170 Z1**

Please provide the cost for the items in the tables below. Prices submitted on the Cost Proposal form shall remain fixed for the initial term of the contract. See section III.F of the RFP for price increases for Optional Renewal periods. Prices to include the cost of all expenses, including but not limited to travel and personnel. **For each contract year that there is a monthly charge, you must multiply the monthly amount by twelve (12) and insert that in the Yearly Amount for the total. For each contract year that there is a quarterly charge, you must multiply the quarterly amount by four (4) and insert that in the Yearly Amount for the total.**

BIDDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Description** | **Initial Contract Period – Year One**  | **Initial Contract Period – Year Two**  |
| Document Medicaid Related Time |  |  |
| 1. Time study codes and definitions
 | $ |  |
| 1. Time study survey cycles, preparing quarterly submissions
 | $ | $ |
| 1. Training materials
 | $ | $ |
| 1. Survey monitoring, collection of data, preparing quarterly submissions
 | $ | $ |
| 1. Focus group
 | $ | $ |
| Establish Costs for Staff Time |  |  |
| 1. Cost pool spreadsheet
 | $ | $ |
| 1. Cost categories
 | $ | $ |
| 1. Cost per person, collection of data, preparing quarterly submissions
 | $ | $ |
| 1. Instruction manual
 | $ | $ |
| Compilation of Time and Costs for Administrative Claiming |  |  |
| 1. Summary of infrastructure built for Administrative Claiming
 | $ | $ |
| 1. Submission preparation, quarterly
 | $ | $ |
| 1. Preparation of net Administrative Claiming funds to be redistributed to participating agencies, quarterly
 | $ | $ |

**Optional Services**

|  |  |  |
| --- | --- | --- |
| **Description** | **Initial Contract Period – Year One**  | **Initial Contract Period – Year Two**  |
| Cost per location for additional providers providing ADRC services that participate in the time study and Medicaid administrative claiming.  | $ | $ |

**OPTIONAL RENEWAL PERIODS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **First Optional Renewal Period**  | **Second Optional Renewal Period** | **Third Optional Renewal Period** | **Fourth Optional Renewal Period** |
| Document Medicaid Related Time |  |  |  |  |
| 1. Time study codes and definitions
 | $ | $ | $ | $ |
| 1. Time study survey cycles, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Update Training materials on a quarterly basis
 | $ | $ | $ | $ |
| 1. Survey monitoring, collection of data, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Focus group
 | $ | $ | $ | $ |
| Establish Costs for Staff Time |  |  |  |  |
| 1. Updated Cost pool spreadsheet
 | $ | $ | $ | $ |
| 1. Updated Cost categories
 | $ | $ | $ | $ |
| 1. Cost per person, collection of data, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Updated Instruction manual
 | $ | $ | $ | $ |
| Compilation of Time and Costs for Administrative Claiming |  |  |  |  |
| 1. Summary of infrastructure built for Administrative Claiming
 | $ | $ | $ | $ |
| 1. Submission preparation, quarterly
 | $ | $ | $ | $ |
| 1. Preparation of net Administrative Claiming funds to be redistributed to participating agencies, quarterly
 | $ | $ | $ | $ |

**Optional Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **First Optional Renewal Period**  | **Second Optional Renewal Period** | **Third Optional Renewal Period** | **Fourth Optional Renewal Period** |
| Additional provider providing ADRC services that participate in the time study and Medicaid administrative claiming. Provide cost per location. | $ | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Fifth Optional Renewal Period**  | **Sixth Optional Renewal Period** | **Seventh Optional Renewal Period** | **Eighth Optional Renewal Period** |
| Document Medicaid Related Time |  |  |  |  |
| Time study codes and definitions  | $ | $ | $ | $ |
| 1. Time study survey cycles, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Update Training materials on a quarterly basis
 | $ | $ | $ | $ |
| 1. Survey monitoring, collection of data, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Focus group
 | $ | $ | $ | $ |
| Establish Costs for Staff Time |  |  |  |  |
| 1. Updated Cost pool spreadsheet
 | $ | $ | $ | $ |
| 1. Updated Cost categories
 | $ | $ | $ | $ |
| 1. Cost per person, collection of data, preparing quarterly submissions
 | $ | $ | $ | $ |
| 1. Updated Instruction manual
 | $ | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Fifth Optional Renewal Period**  | **Sixth Optional Renewal Period** | **Seventh Optional Renewal Period** | **Eighth Optional Renewal Period** |
| Compilation of Time and Costs for Administrative Claiming |  |  |  |  |
| 1. Summary of infrastructure built for Administrative Claiming
 | $ | $ | $ | $ |
| 1. Submission preparation, quarterly
 | $ | $ | $ | $ |
| 1. Preparation of net Administrative Claiming funds to be redistributed to participating agencies, quarterly
 | $ | $ | $ | $ |

**Optional Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Fifth Optional Renewal Period**  | **Sixth Optional Renewal Period** | **Seventh Optional Renewal Period** | **Eighth Optional Renewal Period** |
| Additional provider providing ADRC services that participate in the time study and Medicaid administrative claiming. Provide cost per location. | $ | $ | $ | $ |