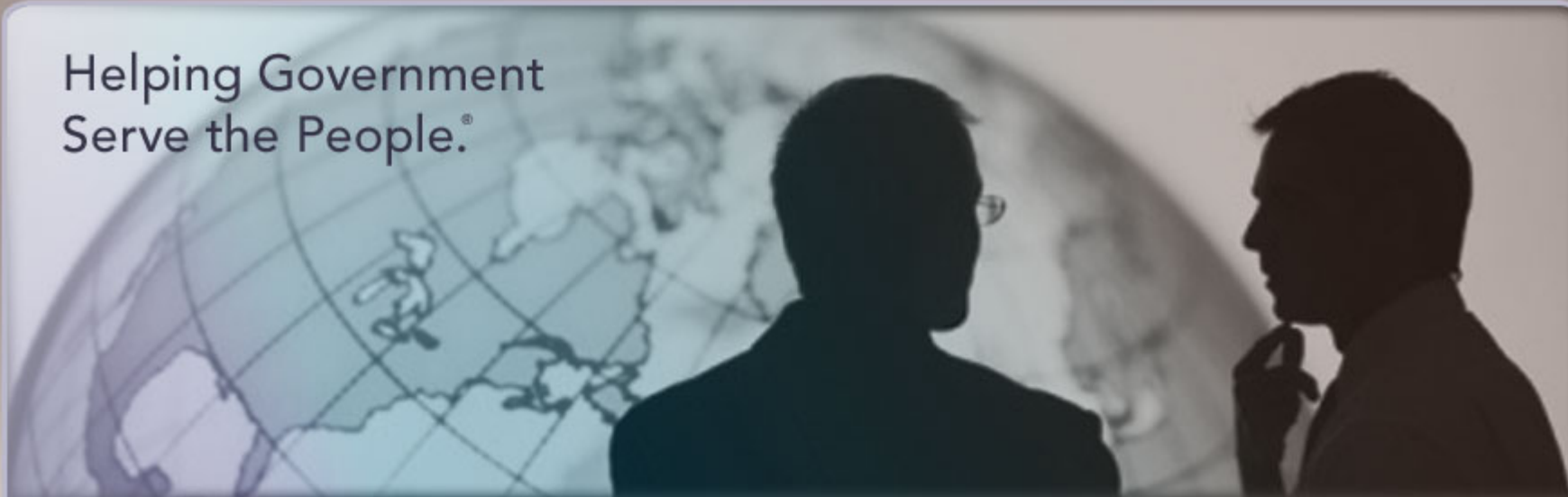


Helping Government
Serve the People.®



Richard A. Montoni, Chief Executive Officer Bruce Caswell, President Health Services

A number of statements being made today will be forward-looking in nature. Such statements are only predictions and actual events or results may differ materially as a result of risks we face, including those discussed in our SEC filings. We encourage you to review the summary of these risks in Exhibit 99.1 to our most recent Form 10-K filed with the SEC. The Company does not assume any obligation to revise or update these forward-looking statements to reflect subsequent events or circumstances.

MAXIMUS Highlights

Recognized Leader in the Administration of Government Health and Human Services Programs Worldwide

- Superior positioning in core markets
 - Largest Medicaid & CHIP administrator in United States
 - Largest provider for health insurance appeals for Medicare
 - Most established welfare-to-work provider in Australia
 - Well positioned for UK's welfare reform
- Global initiatives and demographics creating demand
 - Health care, long-term care, welfare reform, rising caseloads
- Strong outlook for FY 2011
 - FY 11 top-line growth of 7% - 11%
 - FY 11 bottom-line of 9% - 15%
- Healthy balance sheet

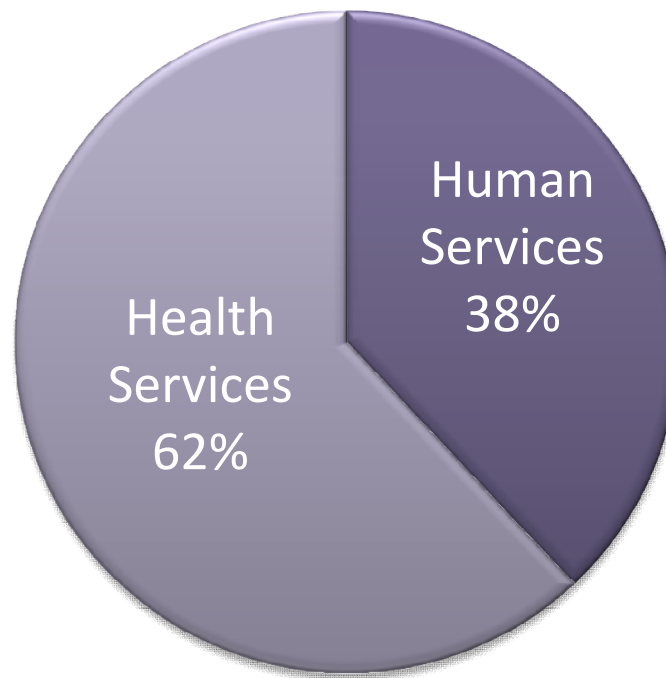


Core Health & Human Services Offerings

FY 2010 Revenue Mix

Health Services

- Medicaid & CHIP eligibility and enrollment; program modernization
- Health Insurance Exchanges
- Consumer outreach, education, application assistance & counseling
- Multilingual customer contact centers, multi-channel consumer self-service options
- Health insurance appeals



Human Services

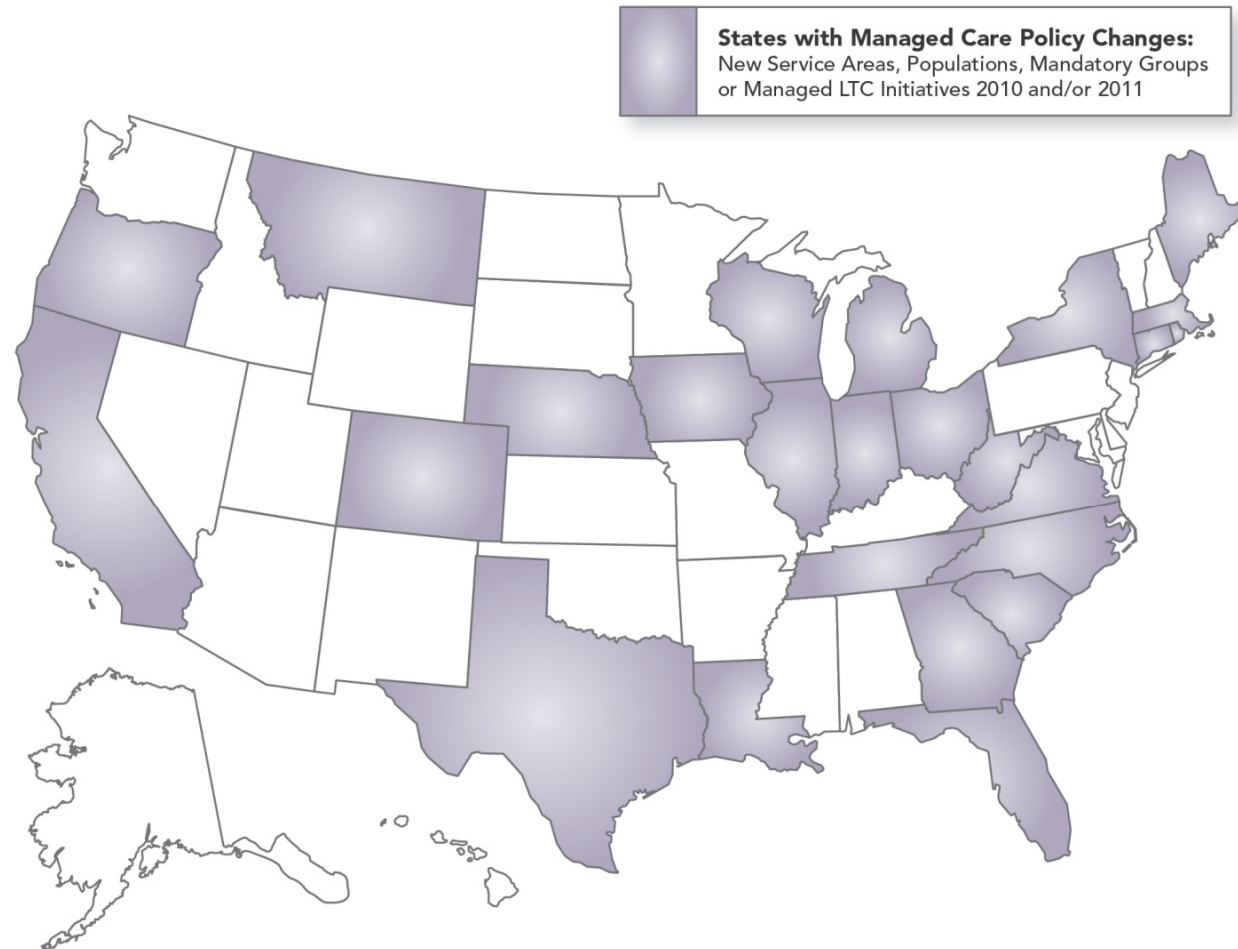
- Welfare-to-work eligibility case management, job training, job search, employer outreach
- Child support enforcement
- Multilingual customer contact centers, in-person case management services

Medicaid Managed Care Supply Chain

	Serving Medicaid Beneficiaries			Managing the Delivery System		
	Eligibility	Outreach	Enrollment	Health Plan Mgt	Network Mgt	Oversight & Appeals
State Medicaid Agency	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
MAXIMUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Community Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Health Plans / MCOs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers & Hospitals			<input type="checkbox"/>		<input type="checkbox"/>	
State Insurance Commission						<input type="checkbox"/>

Managed Care Expansion Boosts Demand

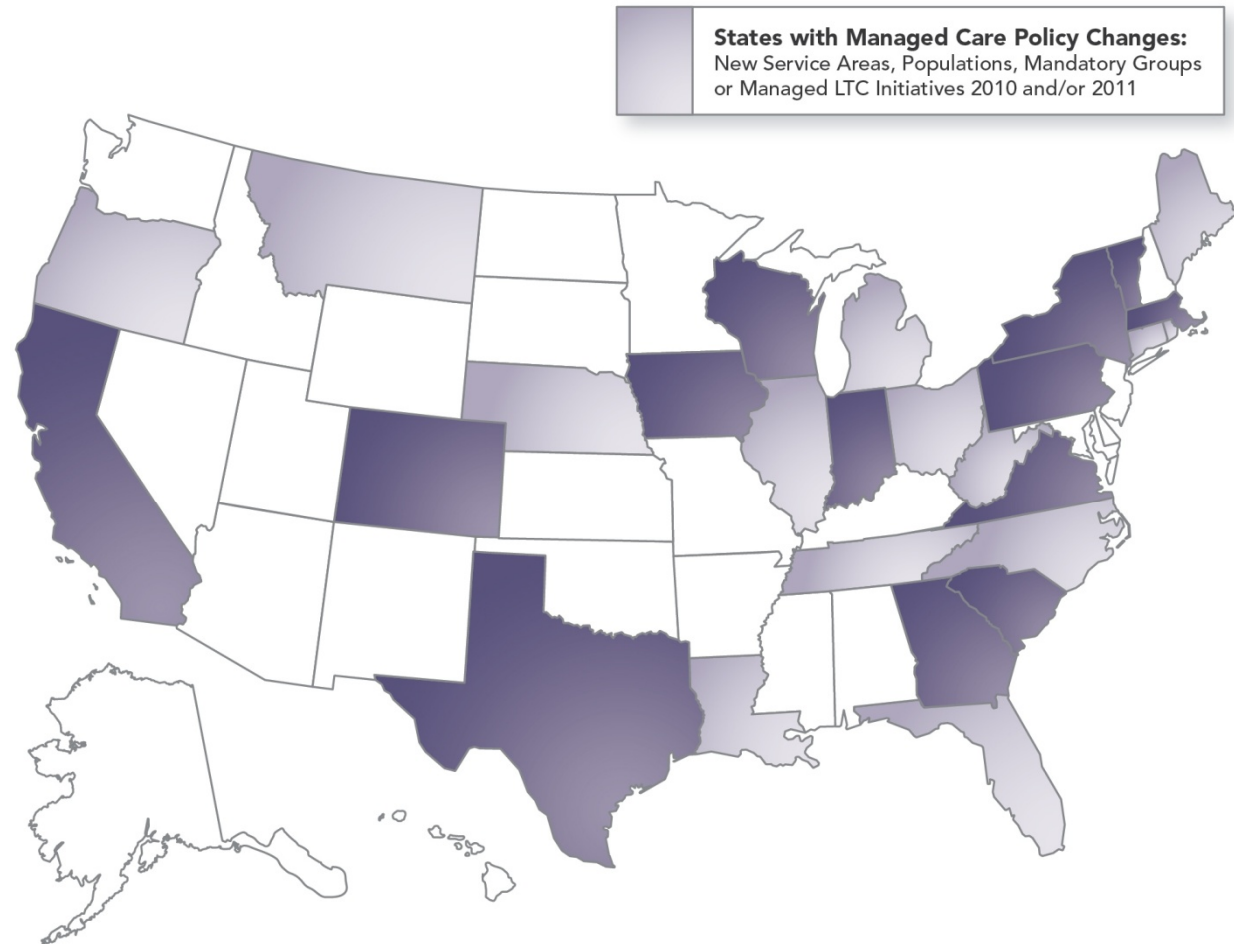
- MMS is the largest Medicaid administrative vendor
- Shifting Medicaid recipients from FFS to managed care saves states money
- Nearly 30% of Medicaid recipients remain on traditional FFS (and account for nearly 80% of the total Medicaid spend)
- Long-term, Medicaid expansion is the biggest vehicle for insurance coverage under ACA



Source: 2011 The Kaiser Commission on Medicaid and the Uninsured

MAXIMUS Holds Significant Market Presence

- MMS is the largest Medicaid administrative vendor
- Shifting Medicaid recipients from FFS to managed care saves states money
- Nearly 30% of Medicaid recipients remain on traditional FFS (and account for nearly 80% of the total Medicaid spend)
- Long-term, Medicaid expansion is the biggest vehicle for insurance coverage under ACA



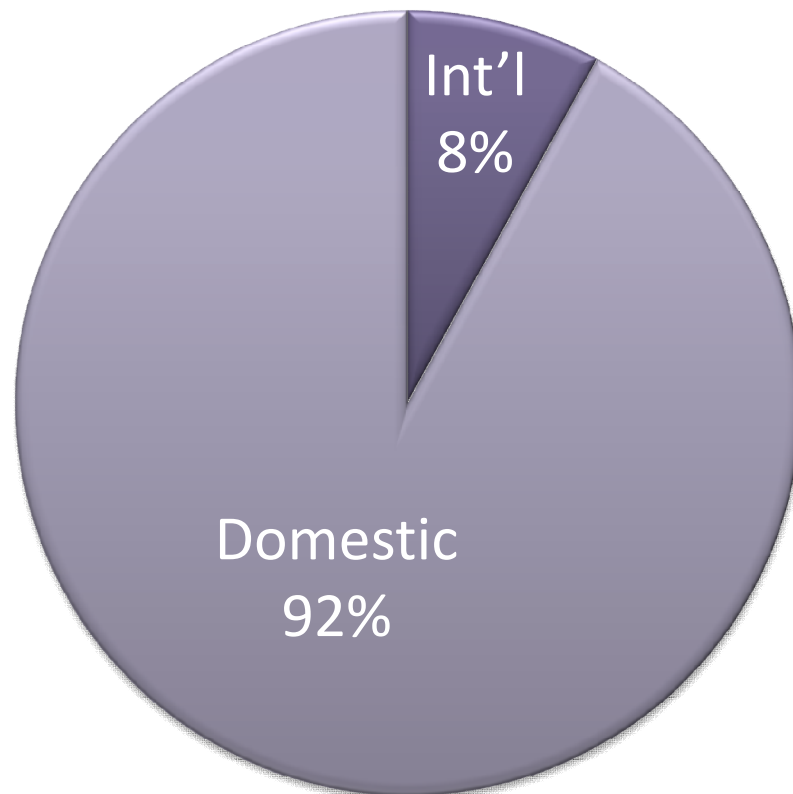
Source: 2011 The Kaiser Commission on Medicaid and the Uninsured

Core Competencies Intersect with Affordable Care Act (ACA)

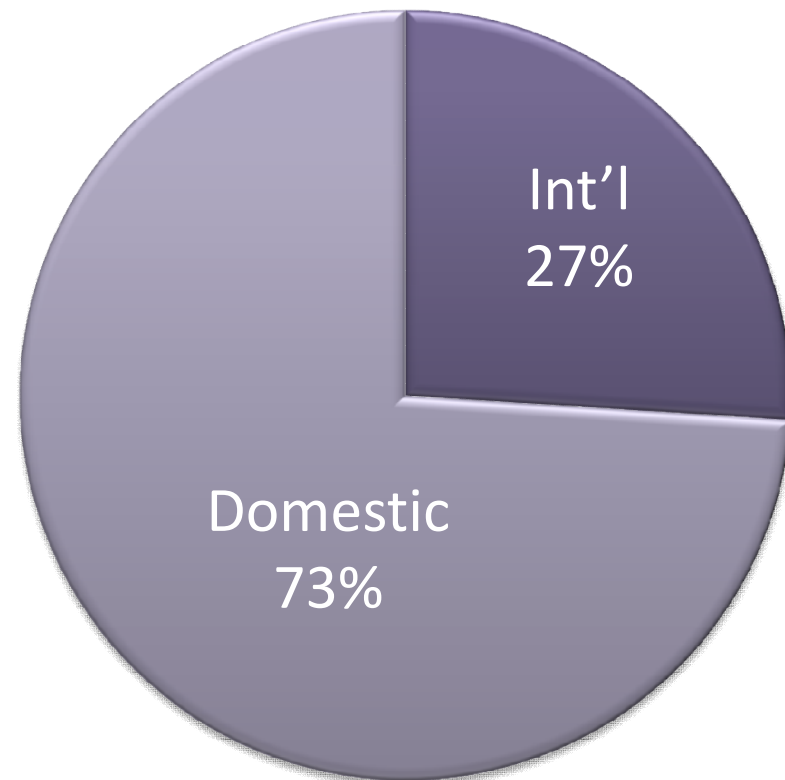
Provision/Function	Opportunity	MMS Qualifications
Health Insurance Exchanges (HIX)	Education, outreach, eligibility & enrollment, health appeals	Aligned with core capabilities
Medicaid Expansion & Eligibility Modernization	Key building block for expanding coverage	Largest installed base in US; leader in modernization
CHIP	Eligibility, enrollment, premium processing; convergence with HIX	Largest installed base in US
Long-Term Care	ACA provides greater flexibility and financial support for LTC	Aligned with core capabilities
Health Plan Oversight	Education, outreach, quality, patient protection, eHealth	Quality contractor for TRICARE & regional VA programs
High Risk Pools	Administration services supporting eligibility and enrollment	Aligned with core capabilities

Beyond the Domestic Market: Premiere Global Provider

FY 2005

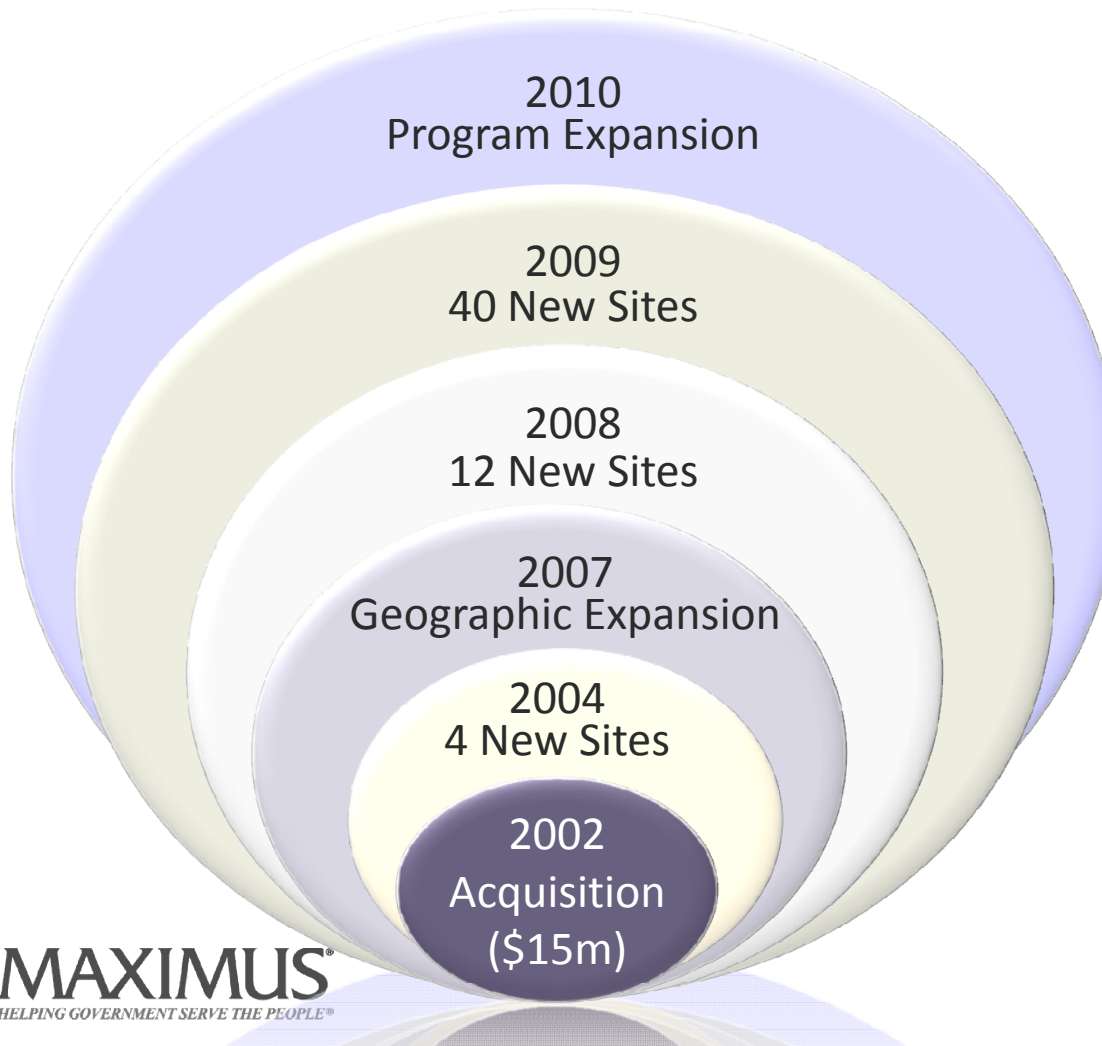


FY 2010



Cornerstone of Growth Strategy: Land and Expand

Australia revenue grew 800% in 8 years



- Geographic extension of core capabilities
- Match services with rising social demands in unsustainable programs (welfare reform in UK)
- Stable countries, developed economies, stable currency, democracy, favorable regulatory environment

The United Kingdom's New Work Programme

- 2008: Completed tuck-in acquisition
- 2009: Won five-year, \$200m FND contract
- 2010: UK government launched welfare reform effort called the Work Programme
- MMS named Preferred Supplier in seven regions
 - Regional bids completed; awards in April
- A number of variables will determine how any potential new work affects financials:
 - What regions, if any, we are awarded
 - Final terms and conditions, accounting treatment
 - How government will transition current vendor contracts to the Work Programme



MAXIMUS is ranked #1 one in job placement and job retention under FND 1

Q1 Selected Financial Results from Continuing Operations

(\$mm, except per share data)	Q1 FY '11 <i>Actual</i>	Q1 FY '10 <i>Actual</i>	\$ change	% change
Revenue				
Health Services	\$ 130.0	\$ 130.6	\$ (0.6)	(0.5%)
Human Services	84.1	72.7	11.4	15.7%
Total	\$ 214.1	\$ 203.3	\$ 10.8	5.3%
Operating Income (Loss)				
Health Services	\$ 18.8	\$ 17.5	\$ 1.3	7.5%
Human Services	8.5	7.4	1.1	15.2%
Other	-	(0.1)	0.1	nm
Legal expense	-	(0.7)	0.7	nm
Total	27.3	24.1	3.2	13.3%
<i>Operating margin % (excl legal)</i>	<i>12.7%</i>	<i>12.2%</i>		
Interest and other income, net	0.5	0.1	0.4	400%
Income before taxes - continuing ops	27.8	24.2	3.6	14.9%
Provision for income taxes	10.2	9.6	0.6	6.3%
Income from continuing operations	\$ 17.6	14.6	\$ 3.0	20.5%
Fully diluted EPS - continuing ops	\$ 0.99	\$ 0.81	\$ 0.18	22.2%
Pro forma adjustments*	\$ -	\$ 0.06	\$ (0.06)	nm
Adjusted EPS - continuing operations	\$ 0.99	\$ 0.87	\$ 0.12	13.8%

Record Q1 Revenue

Q1 FY11 revenue grew 5.3% to \$214.1m

Revenue was in-line with management expectations and reflects seasonal trends

Q1 operating margin of 12.7% reflect stronger-than-expected margins in Health Services

GAAP & Adjusted Diluted EPS

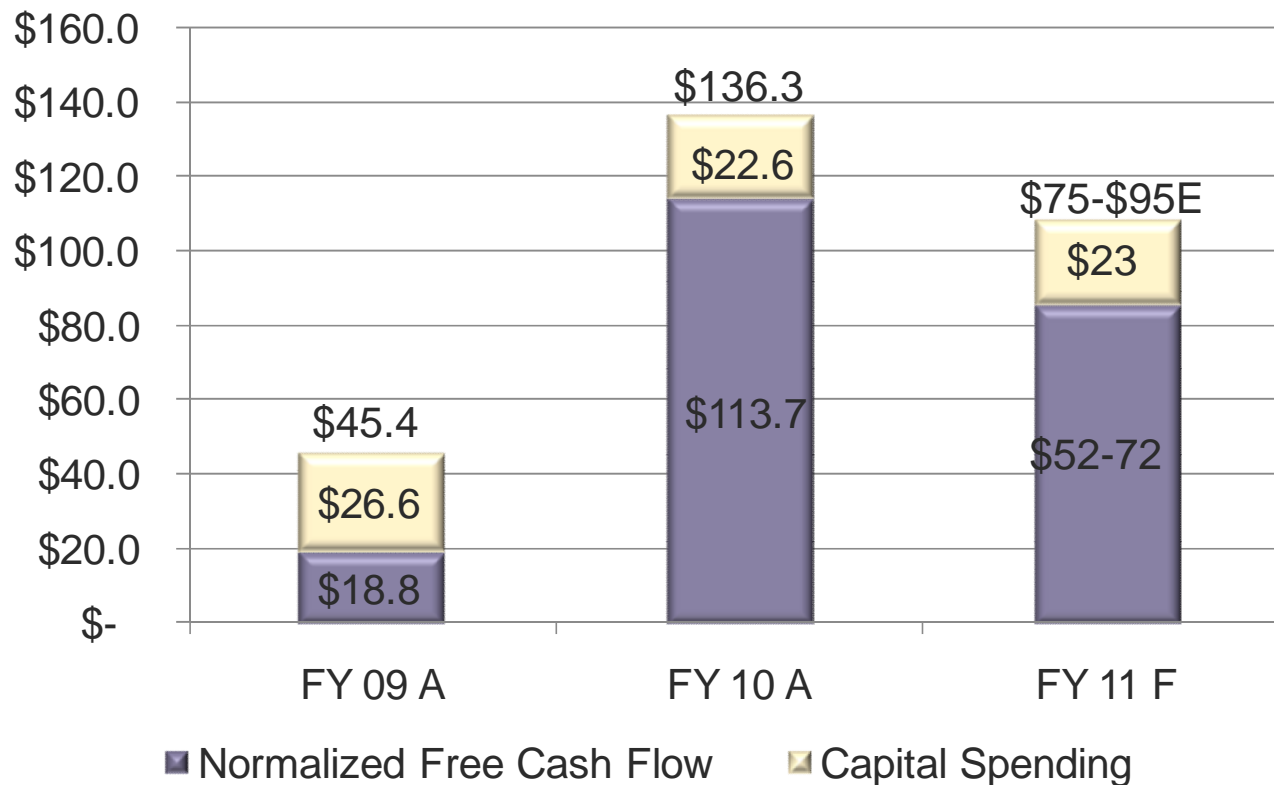
Income from continuing operations increased 20.5% to \$17.6m

Adjusted diluted EPS from continuing operations increased 13.8% to \$0.99

* Pro forma adjustments: Normalized to exclude \$0.02 of legal expense and \$0.04 related to 2010 year tax adjustments

Consistently Strong Cash From Continuing Operations

Consolidated Cash Flow from Continuing Operations (\$USmm)



FY 2010

- Record cash flows – benefitted from timing
- Strong cash flow driven by solid earnings, favorable payment contract terms and timing of collections

FY 2011

- Cash flow expectations lower Y/Y due to deferred revenue balances being recognized and collections accelerated into FY 10

Note: Free cash flow has been normalized for legal and settlements costs, related insurance proceeds, and an estimate for tax impact.

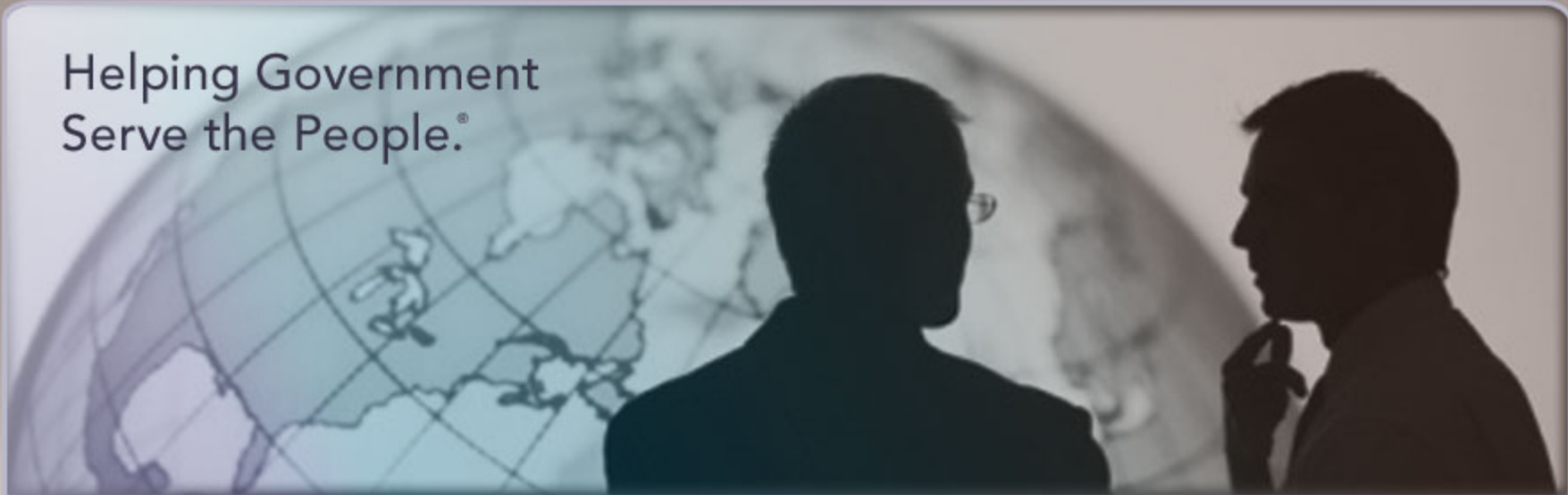
Poised to Capitalize on Growth Opportunities



Capitalizing on Growing Demand

- ✓ Established global leader in the administration of government health and human services programs
- ✓ Positioned for significant growth opportunities
 - Health Care Reform in US
 - Welfare Reform in UK
- ✓ Robust financial condition
 - Cash on hand to invest in organic & acquisitive growth
 - Financial wherewithal to provide clients dependability from start-up through implementation
- ✓ Strong financial outlook
 - Excellent balance sheet
 - Quarterly dividend, active share repurchase program with \$118.6 million available

Helping Government
Serve the People.®



MAXIMUS, Inc (NYSE:MMS)

Appendix

Established Leader in Medicaid Managed Care

Medicaid Managed Care

- Largest administrative vendor
- Will be largest expansion to insurance coverage under health care reform

Core services

- Consumer outreach, education, choice counseling, health plan enrollment, citizenship verification
- Multilingual consumer contact centers with multichannel consumer self-service options

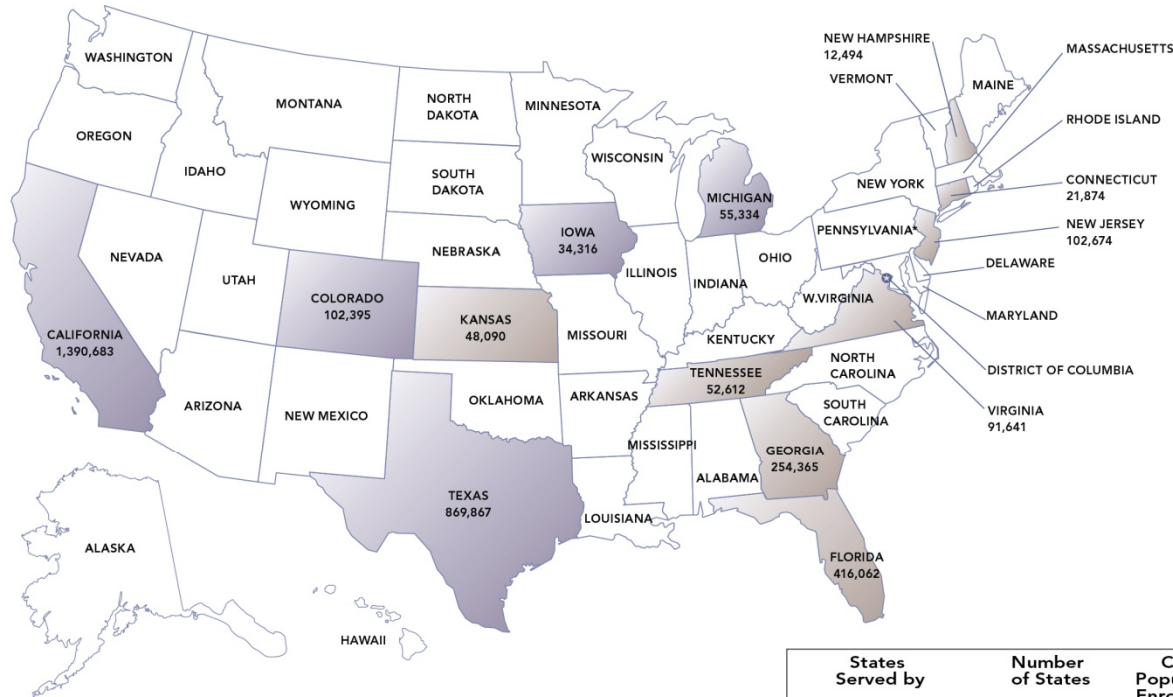


Source: 2009 CMS Data

States Served by	Number of States	Medicaid Managed Care Population
MAXIMUS	13	16,658,284
Other Vendors	15	9,417,144
Vendor Subtotal	28	26,075,428
No Vendors	23	9,149,205
Total	51	35,224,633

OF_Medicaid States by Number_02.11.11

Most Established CHIP Provider in the Nation



States Served by	Number of States	CHIP Population Enrolled in Separate Program
MAXIMUS	5	2,452,595
Other Vendors	8	999,812
Vendor Subtotal	13	3,452,407
No Vendors	38	2,053,388
Total	51	5,505,795

Note: Total includes the District of Columbia

Source: 2009 CMS Data

CHIP Program Administration

- CHIP provider in 5 states, including new Colorado contract
- Services comprising 68% of the market served by third party administrators

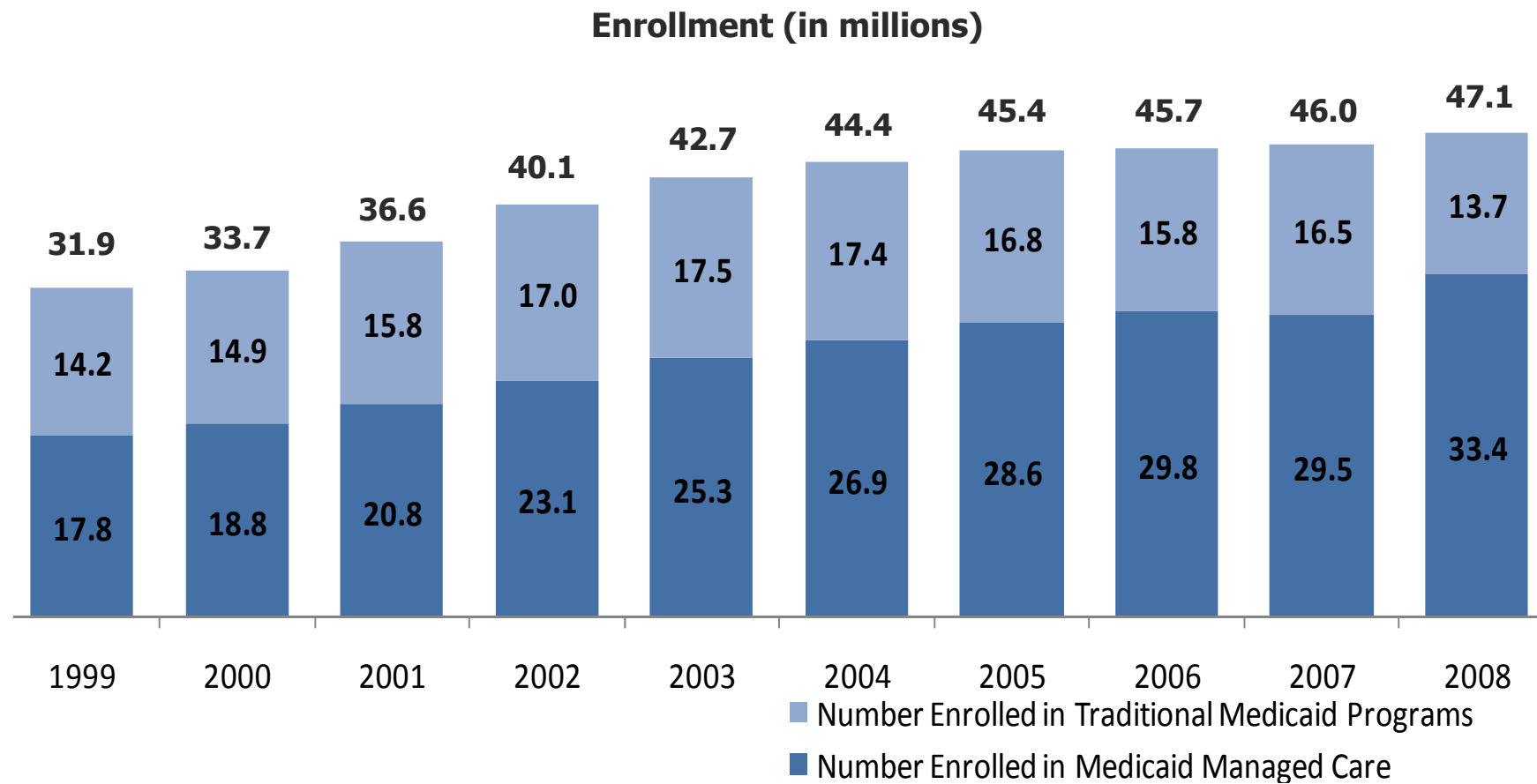
Core Services

- Intake, eligibility determination & case maintenance
- Premium billing, payment processing
- Outreach, provider and health plan enrollment, health literacy

Innovation & Technology

- Self-service portals (TX)

Medicaid Managed Care VS. Traditional FFS Enrollment



Note: Numbers may not produce totals because of rounding. Unduplicated count. Includes managed care enrollees receiving comprehensive and limited benefits.

SOURCE: 2008 Medicaid Managed Care Enrollment Report. CMS., Chart created by Kaiser Family Foundation.

Expected Growth for Health Insurance Populations

EFFECTS ON INSURANCE COVERAGE /a

(Millions of nonelderly people, by calendar year)

		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Current Law	Medicaid & CHIP	40	39	39	38	35	34	35	35	35	35
Coverage /b	Employer	150	153	156	158	161	162	162	162	162	162
	Nongroup & Other /c	27	26	25	26	28	29	29	29	30	30
	Uninsured /d	<u>50</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>52</u>	<u>53</u>	<u>53</u>	<u>54</u>
	TOTAL	267	269	271	273	274	276	277	279	281	282
Change (+/-)	Medicaid & CHIP	*	-1	-2	-3	10	15	17	16	16	16
	Employer	*	3	3	3	4	1	-3	-3	-3	-4
	Nongroup & Other /c	*	*	*	*	-2	-3	-5	-5	-5	-5
	Exchanges	0	0	0	0	8	13	21	23	24	24
	Uninsured /d	*	*	-1	-1	-19	-25	-30	-31	-31	-32
<u>Post-Policy Uninsured Population</u>											
	Number of Nonelderly People /d	50	49	50	50	31	26	21	22	22	23
	Insured Share of the Nonelderly Population /a										
	Including All Residents	81%	82%	82%	82%	89%	91%	92%	92%	92%	92%
	Excluding Unauthorized Immigrants	83%	83%	83%	84%	91%	93%	95%	95%	95%	95%

Memo: Exchange Enrollees and Subsidies

Number w/ Unaffordable Offer from Employer /e

* 1 1 1 1 1

Number of Unsubsidized Exchange Enrollees

1 2 4 5 5 5

Average Exchange Subsidy per Subsidized Enrollee

\$5,200 \$5,300 \$5,500 \$5,800 \$6,000

a. Figures for the nonelderly population include only residents of the 50 states and the District of Columbia.

b. Figures reflect average annual enrollment; individuals reporting multiple sources of coverage are assigned a primary source.

c. Other, which includes Medicare, accounts for about half of current-law coverage in this category; the effects of the proposal are almost entirely on nongroup coverage.

d. The count of uninsured people includes unauthorized immigrants as well as people who are eligible for, but not enrolled in, Medicaid.

e. Workers who would have to pay more than a specified share of their income (9.5 percent in 2014) for employment-based coverage could receive subsidies via an exchange.

3/18/2010