

## 11.11 ATTACHMENT 11 – KEY STAFF REFERENCE FORM

### Instructions:

For each Key Staff role, provide two (2) Individual References from two different Projects cited in the **Attachment 10, Part 2 - Key Staff Minimum Qualification Table**, unless only one (1) project is used that meet the MQs identified in this RFP. If only one (1) cited project meets the MQs, then two references from that project are required. Each Individual Reference must clearly identify the Customer/Client Reference individual and that individual's Agency, Department, Organization or Company where Key Staff performed the experience.

The Individual references must be submitted within the Business Proposal as defined within RFP Section 6 - Proposal Structure and Submission including signature of the customer/client reference.

### References:

Provide two customer/client references from customers/clients who have first-hand knowledge of the job skills, experience, and abilities sited in the résumé.

The Consortium reserves the right to contact individuals, entities, or organizations who have had contracts or relationships with the Key Staff proposed for this effort, whether or not they are identified as references, to verify that the person has successfully performed their contractual obligations on other similar projects.

Table 1 - Key Staff Reference Form

KEY STAFF REFERENCE FORM	
<b>Key Staff Name: Mike Henry</b>	
<b>Part 1 – Reference's Information</b> This information should match the information provided in <i>Attachment 10 – Key Staff Resumes/Qualifications</i> .	
Customer/Client Reference Name:	Ricardo Blanco
Customer/Client Reference Title	CIO
Agency, Department, Organization or Company where Staff member performed:	State of Texas Health and Human Services
Project Title on which Staff member performed	Medicaid Applications Maintenance and Development (AMD)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please provide your comments and the appropriate rating based on your experience with the proposed Staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed Staff Reference Form to Contractor.

Part 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed <b>Attachment 10 – Key Staff Resumes /Qualifications</b> for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in <b>Attachment 10 – Key Staff Resumes /Qualifications</b> , including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" checked, explain here.)

Part 3 – The Reference Must Complete This Table.
The Reference shall complete performance and abilities statements for the proposed candidate and overall performance rating.
<b>Performance and Ability Statements</b>
<p>1. Describe the performance of the Contractor's Staff during this engagement. As the Transition Manager, Mike led the successful transition of application maintenance and operations of over 40 Medicaid applications within 9 months. Mike was transparent and an effective communication, keeping the agency aware of transition-in risks and issues.</p>
<p>2. Describe the ability of the Contractor's Staff to perform the contractually, required work in a timely manner. Mike transitioned the M&amp;O services of Texas HHSC's Medicaid information technology applications from AMD including provider management, visit verification aggregator and portal, authorization, and client self-service.</p>
<p>3. Describe the verbal and written communication skills of the Contractor's Staff. Mike demonstrated excellent written and verbal communication skills. He delivered transition training across all centralized application processing sites. He was also responsible for program reporting, executive briefings, and external communications with transition stakeholders.</p>

**Part 3 – The Reference Must Complete This Table.**

The Reference shall complete performance and abilities statements for the proposed candidate and overall performance rating.

4. Describe the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.

Mike developed positive working relationships with project team members and internal and external stakeholders. He ensured that everyone was aware of key transition activities and milestones.

5. Describe the knowledge of the Contractor's Staff in the required areas of expertise.

As the Transition Manager Mike was responsible for overseeing all transition activities for the over 40 Medicaid applications, including transition training and user adoption curriculum, reporting, and inter-agency communication. Mike was able to successfully manage all transition activities, support alignment across multiple teams and partners, and ensure shared understanding of transition activities and schedule.

6. How well did the Contractor handled engagement with end users and User input.

Mike ensured that both the self service (customer) portal users and state Worker portal users were consulted throughout the process, ensuring that key features such as eligibility and case management features, renewals, and interfaces continued to work as expected.

7. Would you rehire this person?

Yes, I would rehire Mike.

8. Optional Comments:

**Part 3 – The Reference Must Complete This Table.**

The Reference shall complete performance and abilities statements for the proposed candidate and overall performance rating.

On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this individual's overall performance?

10

**By signing this form, the Reference is certifying that all information provided on this form is correct.**

Ricardo Cruz Blanco

State of Texas

Name of Reference (print)  
(print)

Name of Company Reference

29-Jul-2024 | 9:22:03 AM PDT

Date