

## 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 cited 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: Quinn Hawkinson</b>	
<b>Part 1 – Reference's Information</b>	
This information should match the information provided in <b>Attachment 10 – Key Staff Resumes/Qualifications</b> .	
Customer/Client Reference Name:	Aleeta Massey
Customer/Client Reference Title	Senior Project Manager
Agency, Department, Organization or Company where Staff member performed:	Mississippi Division of Medicaid
Project Title on which Staff member performed	Takeover Project and M&O
Reference Phone Number:	601.359.6843
Reference E-mail Address:	<a href="mailto:Aleeta.Massey@medicaid.ms.gov">Aleeta.Massey@medicaid.ms.gov</a>

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.

**Performance and Ability Statements**

1. Describe the performance of the Contractor's Staff during this engagement.  
Quinn was in the background during our project start-up, but quickly became a key player in the Contractor's PMO. He is always ready to discuss any issues and very collaborative. That said, he does not always wait for DOM to initiate a need, but often recognizes a need and facilitates action when appropriate. I am not familiar who is on his staff, but assume he manages them well to accomplish the efforts I just described.

2. Describe the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.  
Quinn is very efficient and timely with the duties of his role.

3. Describe the verbal and written communication skills of the Contractor's Staff.  
Quinn has excellent verbal and written skills. He can also think on his feet and willing to collaborate with the MS DOM staff when that is the best option to follow.

4. Describe the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.  
While I am not familiar with who reports to Quinn, I believe he must manage them well to accomplish the tasks that fall in his area.

5. Describe the knowledge of the Contractor's Staff in the required areas of expertise.  
Quinn has a great understanding of the GWT Interchange product and tools. He brings his appropriate staff into a meeting and willing to work with the GWT PM's when an operational modification is needed.

6. How well did the Contractor handled engagement with end users and User input.  
Quinn is very receptive to other's ideas. He is always very cordial and respectful of the State and Contractor's staff.

7. Would you rehire this person?  
Certainly, I would rather not lose him!

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

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

**8. Optional Comments:**

Quinn has positively evolved over the course of our DDI and the shift to Maintenance and Operations. Based upon past performance, I would assume he will always look for ways to improve himself and the Contractor's staff.

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.**

Aleeta Massey  
Name of Reference (print)

Mississippi Division of Medicaid  
Name of Company Reference

Aleeta Massey  
Signature of Reference

7/29/2024  
Date

Table 1 - Key Staff Reference Form

KEY STAFF REFERENCE FORM	
<b>Key Staff Name: Quinn Hawkinson</b>	
<b>Part 1 – Reference's Information</b>	
This information should match the information provided in <b>Attachment 10 – Key Staff Resumes/Qualifications</b> .	
Customer/Client Reference Name:	Jacob Black
Customer/Client Reference Title	MMIS Manager - State of Mississippi
Agency, Department, Organization or Company where Staff member performed:	Mississippi Division of Medicaid
Project Title on which Staff member performed	Takeover Project and M&O
Reference Phone Number:	(601) 562-5304
Reference E-mail Address:	<a href="mailto:jacob.black@medicaid.ms.gov">jacob.black@medicaid.ms.gov</a>

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.
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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?
X <input type="checkbox"/> Yes <input type="checkbox"/> No	X <input 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.

**Performance and Ability Statements**

1. Describe the performance of the Contractor's Staff during this engagement.

I have always found Quinn to be very dedicated to the success of the Mississippi project and to always deliver strong performance to help ensure our success.

2. Describe the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.

Quinn has always done an outstanding job of maximizing the resources available to get the work done timely and in the event the resources were not sufficient, always engaged in open and honest communication. Through this open and honest communication, we have always been able to chart a path forward that allowed for successful projects.

3. Describe the verbal and written communication skills of the Contractor's Staff.

Quinn has excellent verbal and written communication skills to include being very detail and data oriented which helps to ensure that everyone has a good understanding of the issue, the path forward, and the work that must be completed to ensure success.

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

While Quinn and I have not always agreed on every issue and path forward, we have always been able to have good discussions about the issues that the State agency faces and the issues that are faced by the Gainwell team which has assisted us with ensuring a good working relationship between Contractor staff and the state agency. Quinn has always been an honest partner which I value and find to be the bedrock of a working relationship.

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

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

5. Describe the knowledge of the Contractor's Staff in the required areas of expertise. Quinn is very efficient in the areas of expertise that are required for this position. Quinn has worked closely with me during this project to ensure that the Project Management Plan is followed, updated when necessary, and to ensure that all projects provided transparency and accountability throughout our efforts.

6. How well did the Contractor handled engagement with end users and User input. Quinn has a good working relationship with the end users at the Mississippi Division of Medicaid. I have always found him open to listening to others input, working to incorporate any feedback received, or communicating very clearly when that input could not be incorporated. When feedback could not be incorporated into the system or path forward, the manner in which Quinn has communicated and work with the end user, we have been able to have some tough conversations with end users in a manner that maintained good working relationships which are critical for success.

7. Would you rehire this person?

Yes. Quinn is a resource that I hate to see move on from the Mississippi account and I will hire him back if the opportunity ever presents itself.

8. Optional Comments:

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?

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

Jacob Black

Name of Reference (print)  
(print)

Mississippi Division of Medicaid

Name of Company Reference

 Jacob Black

Signature of Reference

7/30/24

Date

Table 1 - Key Staff Reference Form

KEY STAFF REFERENCE FORM	
<b>Key Staff Name: Quinn Hawkinson</b>	
<b>Part 1 – Reference's Information</b>	
This information should match the information provided in <b>Attachment 10 – Key Staff Resumes/Qualifications.</b>	
Customer/Client Reference Name:	April Caughron, CPM
Customer/Client Reference Title	Chief of Information Services
Agency, Department, Organization or Company where Staff member performed:	Nevada Division of Medicaid
Project Title on which Staff member performed	Takeover Project and M&O
Reference Phone Number:	775.430.1978
Reference E-mail Address:	<a href="mailto:acaughron@dhcfp.nv.gov">acaughron@dhcfp.nv.gov</a>

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

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**Performance and Ability Statements**

1. Describe the performance of the Contractor's Staff during this engagement.

From what I can recall, Quinn was knowledgeable, responsive and engaged throughout the project.

2. Describe the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.

It has been 12 years since I worked with Quinn. I do not recall there being any issues with his performance as far as being unable to meet timelines for contract related tasks.

3. Describe the verbal and written communication skills of the Contractor's Staff.

Communication skills were professional and informative.

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

Quinn was very engaged and easy to work with.

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

To the best of my recollection, Quinn was knowledgeable on topics discussed.

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

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

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

Very receptive and responsive.

7. Would you rehire this person?

Yes

8. Optional Comments:

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?

8

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

<u>April Caughron</u>	<u>Nevada Division of Health Care Financing &amp; Policy</u>
Name of Reference (print) (print)	Name of Company Reference

<u>April Caughron</u>	<u>7/30/2024</u>
Signature of Reference	Date