

## 1.1 Attachment 11 – Key Staff Reference Form

### *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 33: Key Staff Reference Form

| KEY STAFF REFERENCE FORM                                                                                    |                                                                                           |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| KEY STAFF NAME: SIVAPRAKASH RAMACHANDRAN                                                                    |                                                                                           |
| PART 1 – REFERENCE'S INFORMATION                                                                            |                                                                                           |
| THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN <b>ATTACHMENT 10 – KEY STAFF QUALIFICATIONS</b> . |                                                                                           |
| Customer/Client Reference Name:                                                                             | Rob Rodocker                                                                              |
| Customer/Client Reference Title:                                                                            | Section Chief, SOS II, Information Technology Management Branch (ITMB)                    |
| Agency, Department, Organization or Company where staff member performed:                                   | Department of Healthcare Services, State of CA                                            |
| Project Title on which staff member performed:                                                              | OLCC, OPUS, Provider Portal - CA-MMIS (California Medicaid Management Information System) |
| Reference Phone Number:                                                                                     | 707-685-1164                                                                              |
| Reference E-mail Address:                                                                                   | Rob.Rodocker@dhcs.ca.gov                                                                  |

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 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |
| <p>1. Describe the performance of the Contractor's staff during this engagement.</p> <p>Throughout the Eye on the Cloud (EOTC-OPUS, OLCC) and Provider Portal projects, Sivaprakash showcased outstanding technical stewardship and a thorough grasp of the Department's architectural frameworks and compliance standards. He skillfully converted intricate business requirements into robust, forward-looking solutions, delivering top-tier architectural documentation and models. His strategic input guided critical technology choices, ensuring they remained closely aligned with the organization's long-term vision and priorities.</p> |                                                                                                                                                                                                                                                               |

Sivaprakash promoted strong synergy among cross-functional teams and took a proactive approach to identifying and addressing potential issues, which led to accelerated delivery schedules, minimized implementation hurdles, and elevated the overall quality of outcomes. His impact was instrumental in the achievements of the EOTC program and further solidified his reputation as a reliable and influential leader within the organization.

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

As a solutions architect, Sivaprakash proved highly adept at managing time and orchestrating project activities with precision. He applied a methodical approach to task prioritization and workflow alignment, which ensured that critical deadlines were consistently met. His dependable nature and unwavering adherence to schedules played a vital role in sustaining project momentum and delivering results on target, underscoring his professionalism and dedication to excellence.

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

Sivaprakash displayed outstanding proficiency in both verbal and written communication, consistently presenting ideas with accuracy and ease of understanding. He produced clear, well-organized documentation and fostered open, solution-oriented discussions with CA-MMIS teams, which greatly improved the overall understanding of the EOTC initiative and promoted stronger collaboration across groups. By maintaining consistent and transparent communication channels, Sivaprakash kept stakeholders informed, aligned, and engaged throughout the duration of the project.

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

Throughout the EOTC engagement within CA-MMIS, Sivaprakash built and maintained strong, cooperative relationships with team members by showing genuine respect, openness, and a spirit of collaboration. He made a conscious effort to appreciate varied viewpoints and worked seamlessly with cross-functional teams to tackle issues and find effective solutions. His friendly and accessible nature, combined with his dedication to collective success, contributed to a supportive culture and helped drive high performance across the project.

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

On the EOTC and Portal initiatives within CA-MMIS, Sivaprakash showcased extensive expertise in essential domain areas, applying recognized industry standards and time-tested methodologies to every phase of the projects. His strategic direction influenced pivotal decisions and resulted in solutions that balanced practical implementation with long-term vision. Through his technical mastery and keen analytical insight, Sivaprakash enhanced both the quality and overall success of the EOTC engagement, solidifying his value as a key contributor to the team and the organization.

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

In his capacity as a solution architect, Sivaprakash was highly effective in building strong connections with system users, making certain that their input and priorities were accurately gathered and thoughtfully addressed. He organized productive, well-planned conversations, clarified objectives, and adeptly converted user perspectives into actionable, high-impact design deliverables. By fostering transparent, cooperative communication throughout the project lifecycle, Sivaprakash greatly improved user approval and ensured that the final outcomes were tightly aligned with stakeholder expectations during the EOTC initiative within CA-MMIS.

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?

10

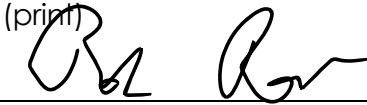
*By signing this form, the Reference is certifying that all information provided on this form is correct.*

Rob Rodocker

Department of Healthcare Services, State of CA

Name of Reference (print)  
(print)

Name of Company Reference



10-21-25

Signature of Reference

Date