

APPENDIX E

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RFA 28-18: Medical Assistance Transportation Program Full Risk Broker Services in Pennsylvania

Key Personnel Reference Questionnaire

The Pennsylvania Department of Human Services (DHS) has identified Key Personnel for RFA 28-18: Medical Assistance Transportation Program Full Risk Broker Services in Pennsylvania. You have been identified as a reference for an individual proposed in the RFA. As such, we are requesting you complete the attached questionnaire.

Definitions:

- “Applicant”:** The entity submitting an application in response to RFA 28-18
- “Sub-contractor”:** An entity included in the Applicant’s application to whom the Applicant intends to sub-contract
- “Key Personnel”:** For purposes of RFA 28-18, Key Personnel are Pennsylvania Program Manager, Transportation Manager, Special Needs Coordinator, Operations Manager(s), and a Customer Support Manager; and any other professional or technical personnel that will be engaged in the work.
- “Reference”:** The entity providing the reference information

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The Pennsylvania Department of Human Services appreciates your participation

Your specific responses and comments will be held in strictest confidence

Applicant/Sub-contractor Organization where the Key Personnel Individual is/was employed:

Applicant/Sub-contractor's Key Personnel Individual about whom this information is provided:

Reference Organization:

Reference Contact Name & Title:

Reference Contact Signature:

Date:

How long has this individual had a Business Relationship with the Reference Organization? Describe the Program Objectives. Describe this individual's role in the program, the nature of the work this individual completed, and his/her total estimated hours worked on behalf of the Reference Organization.

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Rating Guideline	
Rating	Description
10, 9	Excellent
8, 7	Very Good
6, 5	Good
4, 3	Fair
2, 1	Poor

**Please Rate this Individual's Performance in the Following Areas Circle
the Applicable Rating**

Please explain ratings of 1, 2 or N/A in the Comments section below.

Area	Rating	
1. Proficiency in Managing a Large Implementation Project	10 9 8 7 6 5 4 3 2 1	N/A
2. Proficiency in Problem Identification and Resolution	10 9 8 7 6 5 4 3 2 1	N/A
3. Proficiency in Work Plan Development	10 9 8 7 6 5 4 3 2 1	N/A
4. Ability to Work with Staff Members from his/her Own Organization	10 9 8 7 6 5 4 3 2 1	N/A
5. Ability to Work with Your Management Team	10 9 8 7 6 5 4 3 2 1	N/A
6. Ability to Work with Your Organization's Staff	10 9 8 7 6 5 4 3 2 1	N/A
7. Written Communication Skills	10 9 8 7 6 5 4 3 2 1	N/A
8. Verbal Communication Skills	10 9 8 7 6 5 4 3 2 1	N/A
9. Ability to accept and complete new assignments	10 9 8 7 6 5 4 3 2 1	N/A
10. Ability to Accept Changes in Direction or Assignments	10 9 8 7 6 5 4 3 2 1	N/A
11. Flexibility and Ease to Work with when Accepting Direction	10 9 8 7 6 5 4 3 2 1	N/A
12. Adherence to Established Procedures, Policies, and Methodologies	10 9 8 7 6 5 4 3 2 1	N/A
13. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	N/A
14. How successful is/was this Individual in Accomplishing Your Program Goals	10 9 8 7 6 5 4 3 2 1	N/A
15. How would you rate this individual on their ability to accurately and timely submit reports	10 9 8 7 6 5 4 3 2 1	N/A

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Area	Rating	
16. How successful is/was this individual in Completing Your Program Requirements in prescribed timeframes	10 9 8 7 6 5 4 3 2 1	N/A
17. How would you rate this individual's ability to manage risks and issues?	10 9 8 7 6 5 4 3 2 1	N/A
18. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	N/A
19. Would you recommend this Individual to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	N/A
20. Would you accept this Individual to work on future Contracts/Projects with your Organization? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	N/A

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1) Please explain ratings of 1, 2 or NA (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: