

APPENDIX E

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RFP 03-17: Independent Enrollment Broker for the Community HealthChoices Program and Other Long-Term Services and Supports Programs *Key Personnel Reference Questionnaire*

Purpose of this Questionnaire:

To obtain feedback from the Key Personnel Reference Contacts

This questionnaire is to be completed by:

All Key Personnel Reference Contacts who receive this questionnaire.

Definitions:

- “Offeror”: The entity submitting a proposal in response to RFP 03-17.
- “Sub-contractor”: An entity included in the Offeror’s proposal to whom the Offeror intends to sub-contract.
- “Key Personnel”: For purposes of RFP 03-17, Key Personnel includes the Pennsylvania Program Manager, Pennsylvania Financial Analyst, Pennsylvania Systems Analyst and Designated Backup, Operations Manager(s) and Enrollment Center Manager (RFP Section III, Part III-5). Include any other individual(s) the Offeror proposes as Key Personnel.
- “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

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

Offeror/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 NA in the Comments section below.

Area	Rating	
1. Proficiency in managing a large program	10 9 8 7 6 5 4 3 2 1	NA
2. Proficiency in managing a large staff	10 9 8 7 6 5 4 3 2 1	NA
3. Proficiency in problem identification and resolution	10 9 8 7 6 5 4 3 2 1	NA
4. Proficiency in work plan development	10 9 8 7 6 5 4 3 2 1	NA
5. Knowledge of the business area(s) impacted by your program	10 9 8 7 6 5 4 3 2 1	NA
6. Ability to work with staff members from his/her own organization	10 9 8 7 6 5 4 3 2 1	NA
7. Ability to work with other programs’ staff members	10 9 8 7 6 5 4 3 2 1	NA
8. Ability to work with your management team	10 9 8 7 6 5 4 3 2 1	NA
9. Ability to work with your organization’s staff	10 9 8 7 6 5 4 3 2 1	NA
10. Written communication skills	10 9 8 7 6 5 4 3 2 1	NA
11. Verbal communication skills	10 9 8 7 6 5 4 3 2 1	NA
12. Attitude with which assignments are accepted	10 9 8 7 6 5 4 3 2 1	NA
13. Ability to accept changes in direction or assignments	10 9 8 7 6 5 4 3 2 1	NA
14. Flexibility and ease to work with when accepting direction	10 9 8 7 6 5 4 3 2 1	NA
15. Adherence to established procedures, policies, and methodologies	10 9 8 7 6 5 4 3 2 1	NA
Area	Rating	
16. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	NA

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Area	Rating	
17. How successful is/was this individual in accomplishing your program goals	10 9 8 7 6 5 4 3 2 1	NA
18. How successful was this individual in administering a human services program	10 9 8 7 6 5 4 3 2 1	NA
19. 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	NA
20. How successful is/was this individual in completing your program requirements in prescribed timeframes	10 9 8 7 6 5 4 3 2 1	NA
21. How would you rate this individual on their ability to ensure financial stability of the organization and the proper distribution of funds allocated to the organization	10 9 8 7 6 5 4 3 2 1	NA
22. How would you rate this individual on their knowledge of programs and services for persons with disabilities, including those with limited English proficiency or who have alternative communication needs.	10 9 8 7 6 5 4 3 2 1	NA
23. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	NA
24. 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	NA
25. 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	NA

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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: