APPENDIX G

Appendix G Executive Management Reference Questionnaire

Offeror Information	Refer	ence Information
Offeror	Corpo	ration/Company
Address	Contac	ct Person
	Teleph	none Number
Telephone Number		
Q1. What function did this person perform for y	our organization?	,
Q2. How would you characterize this person's e	experience with:	
• Medicaid?		
• Medicare?		
Managed Care?		
Long-term Services and Supports		
Ratings: Summarize contractor's performance by completing the blank or circling the number, which corresponds to the rating. Please use the following rating scale		
0-Unsatisfactory 1-Poor 2-Fair 3-Good 4-	0 0	
Q3. How would you rate this individual's managerial skills?	Rating: 0	Comments:
-	1 2	
	3 4	

Appendix G Executive Management Reference Questionnaire

Q4. How would you rate the individual's	Rating:	Comments:
technical competency to initiate a large-scale	0	
project and handle the development effort?	1	
F-J	2	
	3	
	4	
Q5. To what degree did this individual	Rating:	Comments:
approach the work in a well-organized and	0	
logical manner?	1	
	2	
	3	
	4	
Q6. How would you rate the completeness and	Rating:	Comments:
quality of the project deliverables by this	0	
individual as well as timeliness?	1	
	2	
	3	
	4	
	D. (
Q7. How effective was this individual's	Rating:	Comments:
ability to identify and define problems with	0	
respect to the following?	1	
a. Timeliness	$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	
	3 4	
b. Accuracy	4	
	a.	
	b	
Q8. What do you view as this individual's	Comments:	
greatest strength?		
	~	
Q9. What to you view as this individual's	Comments:	
greatest weakness?		
Q10. Would you hire this individual again?	Yes	Comments:
	No	Comments.
	L	

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PRINT NAME:	SIGNATURE:
TITLE:	DATE: