**IT STAFFING SERVICES SOLICITATION UNDER  
DEPARTMENT OF INFORMATION RESOURCES  
IT STAFF AUGMENTATION CONTRACT (ITSAC)  
RFO DIR-CPO-TMP-445**

**CANDIDATE REFERENCE**

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| Solicitation Number: 529501070 | Title/Level: Business Analyst 3 |
| Candidate Name: | Category: Applications/Software Development |

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| --- | --- | --- | --- |
| **Reference Name** (Required): |  | | |
| **Title:** |  | | |
| **Company Name** (Required): |  | | |
|  | |  | |
| **Phone Number** (Required include area code): | |  | |
| **E-mail Address:** |  | | |
| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

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| --- | --- | --- | --- |
| **Reference Name** (Required)**:** |  | | |
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| **Company Name** (Required)**:** |  | | |
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| **Phone Number** (Required include area code): | |  | |
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| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

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| **Phone Number** (Required include area code): | |  | |
| **E-mail Address:** |  | | |
| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

**NOTE: ONLY INCLUDE THE INFORMATION REQUESTED ON THIS FORM. DO NOT INCLUDE ADDITIONAL INFORMATION.**

**CANDIDATE QUALIFICATIONS**

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| Solicitation Number: 529501070 | Title/Level: Business Analyst 3 |
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| **Minimum Requirements:** Candidates that do not meet or exceed the **minimum** stated requirements (skills/experience) will be displayed to customers but may not be chosen for this opportunity. | | | |
| Actual Years Experience | Years Experience Needed | Required/ Preferred | Skills/Experience |
|  | 8 | Required | Experience in performing complex business analysis and writing technical documentation. |
|  | 8 | Required | Experience reporting project status to management including risks, issues, and key decisions. |
|  | 8 | Required | Experience identifying project risks and issues; and developing/implementing mitigation strategies. |
|  | 8 | Required | Experience in effective general written/oral communication, including documenting requirements, deliverables, test scenarios and project status. |
|  | 8 | Required | Experience utilizing business analysis skills and interacting with business end users to gather, validate and document business requirements and translate into technical solutions to satisfy the business needs. |
|  | 8 | Required | Experience performing review and approval processes of complex technical user and system requirements written by vendors. |
|  | 8 | Required | Experience with Microsoft Office products (Teams, Word, Excel, PowerPoint). |
|  | 8 | Required | Experience coordinating and developing test plans/strategies, exit criteria and test scenarios. |
|  | 8 | Required | Experience executing detailed test cases within a complex software environment. |
|  | 8 | Required | Experience using testing management software. |
|  | 8 | Required | Experience with Microsoft Project or similar project management software. |
|  | 8 | Required | Experience utilizing the Agile software development methodology. |
|  | 8 | Required | Experience as Senior Business Analyst and Agile Product Owner. |
|  | 8 | Required | Experience with Medicaid systems and processes. |
|  | 8 | Required | Experience in claims processing. |
|  | 4 | Preferred | Knowledge of Texas Medicaid programs. |
|  | 2 | Preferred | Experience with long term care services. |

**CANDIDATE ACKNOWLEDGEMENT**

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| RFO: 445 Solicitation Number: 529501070 | Title/Level: Business Analyst 3 |
| Candidate Name: | Category: Applications/Software Development |

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| I hereby authorize **Innosoul, Inc. dba Innosoul Information Technologies, Inc.** to submit my resume in response to the temporary staffing Solicitation 529501070 for **Texas Health and Human Services Commission**.  I understand that submission of my resume by multiple vendors may result in my disqualification from this opportunity. Customers reserve the right to hire a candidate submitted by multiple vendors.   Worker signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |