**IT STAFFING SERVICES SOLICITATION UNDER  
DEPARTMENT OF INFORMATION RESOURCES  
IT STAFF AUGMENTATION CONTRACT (ITSAC)**

**CANDIDATE REFERENCE**

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| Solicitation Number: 529601535R | Title/Level: Project Manager 2 |
| Candidate Name: | Category: Project Management |

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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)**:** |  | | |
| **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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| **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 |

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

**CANDIDATE QUALIFICATIONS**

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| Solicitation Number: 529601535R | Title/Level: Project Manager 2 |
| Candidate Name: | Category: Project Management |

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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 |
|  | 7 | Required | Experience in management of large-scale IT projects, including system integration, resource management, procurement transition and vendor management. |
|  | 7 | Required | Experience with Medicaid Enterprise Systems, including Medicaid Management Information Systems (MMIS). |
|  | 7 | Required | Ability to identify problems, evaluate alternatives, and implement effective solutions; to develop and evaluate policies and procedures; to prepare reports. |
|  | 7 | Required | Demonstrated ability to meet tight deadlines. |
|  | 7 | Required | Experience with Medicaid business operations. |
|  | 7 | Required | Experience overseeing the planning and execution of major projects, including facilitation and documentation of high-level critical path dependencies across multiple projects. |
|  | 7 | Required | Experience successfully leading meetings and facilitating discussions between multiple stakeholder groups, including vendors. |
|  | 7 | Required | Expertise using Microsoft Office products: Teams, Word, Excel, PowerPoint, Project, Outlook. |
|  | 7 | Required | Ability to establish project goals and objectives that support the state and HHS strategic plans as well as federal directives. |
|  | 7 | Required | Proven ability to work successfully with technical and non-technical groups and manage multiple responsibilities. |
|  | 7 | Required | Excellent analytical, problem-solving, and coordination skills. |
|  | 7 | Required | Experience and judgment to plan and accomplish goals and independently perform a variety of complicated tasks; a wide degree of creativity and latitude is expected. |
|  | 7 | Required | Oral and written communication skills. |
|  | 4 | Required | Required certification in Project Management by a recognized project management organization. |
|  | 3 | Preferred | Knowledge of Texas Medicaid programs. |
|  | 2 | Preferred | Experience with Texas Health and Human Services programs. |
|  | 2 | Preferred | Experience with provider enrollment systems. |
|  | 1 | Preferred | Scrum Master certification preferred. |

**CANDIDATE ACKNOWLEDGEMENT**

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| RFO: 445 Solicitation Number: 529601535R | Title/Level: Project Manager 2 |
| Candidate Name: | Category: Project Management |

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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 529601535R 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:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |