**REFERENCE CHECK FORM**

**State of Indiana Contact:**

Teresa Deaton-Reese

Senior Account Manager

Indiana Department of Administration

tdeaton@idoa.in.gov

Phone: (317) 233-3818

RFP-20-029 for
 DDRS Quality Services for FSSA, DDRS

Response Due Date on or before:

**September 5, 2019, at 3:00 PM EST**

 **INSTRUCTIONS: You have been asked by the vendor listed below to provide a reference as they are responding the current solicitation with the state of Indiana. This is a standard form created by the state of Indiana and your input is very much appreciated. During this competitive process, a representative from the state of Indiana, may contact you directly for more detail. If you have any questions, please contact the state of Indiana contact listed in the box in the top left side of the form.**

**Please provide the information requested below and submit this reference check form to:**

**idoareferences@idoa.in.gov**

**VENDOR NAME**

|  |
| --- |
|  |

**REFERENCE CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Reference Company Name** |  |
| **Contact Name** |  |
| **Contact Title** |  |
| **Contact Phone** |  |
| **Contact Email** |  |

QUESTIONS: Please provide a response to each of the questions listed below regarding the vendor listed above.

1. If you decline to provide a reference, please indicate that below and provide any comments you would be willing to share regarding the reason.

|  |
| --- |
|  |

1. Does the vendor currently provide your company with quality assurance services? If so, are the quality assurance services for Home and Community-Based Services (HCBS) waivers for individuals with intellectual and developmental disabilities (I/DD)? Additionally, does the vendor currently provide a web-based system for your company?

|  |
| --- |
|  |

1. How long did you/have you and/or members of your team worked with the vendor? Please provide the specific dates of service.

|  |
| --- |
|  |

1. What was the vendor's staff turnover rate? If high or medium, what were the causes?

|  |
| --- |
|  |

1. With what type of internal and external stakeholders did the vendor have to communicate with? Did the vendor interact with providers serving individuals with I/DD and/or individuals with I/DD?

|  |
| --- |
|  |

1. Has the vendor been cited for any financial audit issues? If you are able to, please describe the issue briefly, and any corrective actions required. Did the vendor ultimately address the issue(s) in a satisfactory manner?

|  |
| --- |
|  |

1. Has the vendor been subject to any requests for corrective action to cure performance issues? If you are able to, please describe the issue briefly, and any corrective actions required. Did the vendor ultimately address the issue(s) in a satisfactory manner?

|  |
| --- |
|  |

1. Would you rate your experience with the quality of services/work provided by vendor as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you rate the vendor's knowledge of your business as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating. Further, if the vendor conducts quality assurance for your company or if your company interacts with HCBS waivers for individuals with I/DD, please describe the vendor’s knowledge of best quality assurance practices and/or HCBS waivers for individuals with I/DD.

|  |
| --- |
|  |

1. Would you rate the overall quality of the vendor’s staff as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you describe the quality of the vendor’s engagement and communication with stakeholders (internal and external) throughout the project as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating. Further, if the vendor interacts with providers serving individuals with I/DD and/or individuals with I/DD, please describe the quality of the vendor’s engagement and communication with these groups throughout the project.

|  |
| --- |
|  |

1. Would you rate the vendor’s ability to provide appropriate staff and resources for the project, as needed, at all times as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you rate the vendor's performance regarding cost and/or schedule overruns on the project as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating. Further, if the vendor provides a web-based system for your company, please describe the vendor’s performance regarding system maintenance and uptime.

|  |
| --- |
|  |

1. Are there any other topics you believe Indiana should consider during its reference evaluation or comments you would like to share?

|  |
| --- |
|  |

1. Would your overall rating of the vendor be poor, satisfactory, or superior?

|  |
| --- |
|  |