<u>**EXHIBIT A-2**</u>

Statement of Work Template

Original ☒   **Amended** ☐

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, Division of Medicaid
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

5/8/2025

Jill Chastant
Mississippi Division of Medicaid
550 High St. Suite 1000 Jackson, MS 39201

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 140671
- **IT Contingent Worker Name:** Ruth Quirion
- **Vendor Name:** Public Consulting Group LLC
- **Position Title:** Consultant
- **Regular Hourly Bill Rate:** $150.00
- **OT Hourly Bill Rate** *(if applicable)*: $150.00
- **Original Number of Hours to be worked:** 35 hrs./wk, 1820 hrs./yr, 5460 hrs total
- **Amendment 1: Number of hours to be worked:** Click or tap here to enter text.
- **Amendment 2: Number of hours to be worked:** Click or tap here to enter text.
- **Amendment 3: Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW:** *(Not to exceed)* $273,000/Yr, $819,000/total
- **Amendment 1: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Amendment 2: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Amendment 3: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Start Date of Service:** 7/1/2025
- **Original End Date of Service:** 6/30/2028
- **Amendment 1: End Date of Service:** Click or tap to enter a date.
- **Amendment 2: End Date of Service:** Click or tap to enter a date.
- **Amendment 3: End Date of Service:** Click or tap to enter a date.
- **Work Location:** Remote/Walter Sillers Building

Vendor hereby acknowledges and agrees that Vendor's Contingent Worker (Contingent Worker) to perform under this SOW is based on that Contingent Worker's skill and expertise to efficiently supplement DOM staffing needs. As such, Vendor hereby agrees to prioritize all job duties enumerated within this SOW as the Contingent Worker's primary employment obligation. In response to this SOW and prior to DOM's acceptance and approval of Contingent Worker, Vendor shall provide DOM advance written notice disclosing any outside work that Contingent Worker is currently performing and/or intends to perform for clients other than DOM during the active term of this SOW. DOM shall review Vendor's notice of Contingent Worker's outside work to screen for conflicts of interest and provide a written response indicating DOM's approval or disapproval of the outside work.

In the event of DOM's disapproval of Contingent Worker's outside work, the Purchase Order and/or SOW under which the Contingent Worker is retained for service shall be subject to termination pursuant to Article 13 of the Knowledge Services Master Agreement if Vendor elects to assign Contingent Worker to perform the outside work.

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Division of Medicaid	**GuideSoft Inc., d/b/a Knowledge Services**
Cindy Bradshaw	*Katie Belange*
Authorized Signature	Authorized Signature
Cindy Bradshaw	Katie Belange
Printed Name	Printed Name
Executive Director	Corporate Counsel
Title	Title
6/12/2025 | 9:28:05 AM CDT	**05/20/2025**
Date	Date

Vendor: Public Consulting Group LLC

Heather Caldwell
Authorized Signature

Heather Caldwell
Printed Name

Associate Manager
Title

5/23/2025
Date

STATE OF MISSISSIPPI JOB POSTING QUESTIONNAIRE – REQUEST A CONTRACTOR

1.	Position Overview				
Posting Title	Cost Allocation Contractor			**# of Positions**	1
Desired Career Level	Advanced		**Education Level**		Professional Degree
Contract Start Date	7/1/2025	⦿ ASAP	**Contract End Date**		6/30/2028
Project Name	Cost Allocation Contractor for Medicaid Division		**Requesting Agency**		MS Division of Medicaid
Work Location	Walter Sillers Building, 550 High Street, Jackbon, MS 39201 and Remote				
Remote Option	Position can be performed remotely except for the 4-hour training.				

2.	Position Information				
Shift Start Time	Enter text here	AM	**Shift End Time**	Enter text here	PM
Schedule Required	Mon - Fri ⊠	**Other** *(Please specify)*	Enter text here		
Hours per Week	35	**Overtime?**	**Overtime Not Required**	*Answer "yes" even if OT will be rare.*	
On-Call Required	No	**On-Call Details**	None required.		
Expenses Reimbursed	No	**Travel**	No	**Travel Frequency**	Occassional; In/Out of state
Criminal Background Check/Drug Screen Requirement			Waive Background Check/Drug Screen		
If "other" please explain		Enter text here			

3.	Position Description and Job Skill Set

Description of the job functions the contractor will be expected to perform.

The State of Mississippi, Division of Medicaid (DOM), is seeking proposals from interested and qualified professional entities to provide a Cost Allocation Contractor. This contractor will assist DOM with the Cost Allocation Plan (CAP) as described below.

Vendor should provide the following:
1. Review Cost Allocation Plan (CAP) submissions to ensure compliance with federal regulations including drafting CAP narrative edits (DOM will submit at least one CAP per year, and may submit two.)
2. Identify opportunities to increase federal funding for activities and make changes to software configurations as needed
3. Assist with cost impact calculations related to CAP updates
4. Assist the Comptroller with responding to questions from Cost Allocation Services and Centers for Medicare & Medicaid Services on CAP submissions
5. Provide training on site at least four (4) hours annually on current cost allocation principles, specifically focused on Medicaid topics
6. Respond to questions from DOM's Senior Leadership on the applicability of cost allocation principles and federal administrative claiming principles in projects or programs under consideration
7. Perform updates to AlloCAP software to optimize use of the software and make identification of issues easier
8. Perform updates to AlloCAP software for updates made to state administrative software (MAGIC, SPAHRS, Workday, etc.)

For onsite trainings, DOM will provide meeting space at DOM's Central Office location in the Walter Sillers Building at 550 High Street, Jackson, Mississippi, 39201. The resource must comply with all DOM security and physical access

rules. The resource will be required to execute a Business Associate Agreement (BAA) with DOM. This contract will be a three (3) year contract, no options for renewals.

Required Skills/Experience
Provide the **minimum** required skills and/or experience the contractor must possess to qualify for this position. These requirements will be transferred to the Score Sheet and candidates without these requirements reflected on their resume will NOT be presented to the manager for consideration.
The successful resource will have five or more years of experience in the following area: Experience in Medicaid Cost Allocation Plan (CAP) methodologies. Experience in application of Medicaid Cost Allocation Plan (CAP) methodologies. Experience in federal administrative cost claiming. Demonstrate experience in and knowledge of federal regulations, including, but not limited to: - 2 CFR 200 Uniform Administrative Requirements - Cost Principles - Audit Requirements for Federal Awards. Experience in updating AlloCAP software configurations and settings.

Preferred/Not Required
Provide any skills/experience that would be helpful for the candidate to possess but **not** required. *Examples*: *Previous supervisory experience, WebLogic experience helpful, etc.*
Enter text here

Beginner: 1-2 years Intermediate: 3-5 years Advanced: 5-7 years SME: 7+ years			
Skill Set	**Skill Level** *(See key code above)*	**Required/Preferred**	**Notes**
Operating Systems			
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Programming Language/Development Tools			
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Beginner: 1-2 years Intermediate: 3-5 years Advanced: 5-7 years SME: 7+ years			
Skill Set	**Skill Level** *(See key code above)*	**Required/Preferred**	**Notes**
Hardware			
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Database Systems/Database Tools			
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Framework/SLD/Methodology			
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here
QA/Testing – Approaches, Application			
Enter text here	Select	Select	Enter text here

Enter text here	Select	Select	Enter text here
Enter text here	Select	Select	Enter text here

4.   Scoring Method

Criteria	Score Percentage *Must equal 100%*
Resume Score	20%
Interview Score	45%
Cost Score	35%
Enter text here	Enter text here

5.   Manager Information

Is this your first time using the MSP to acquire temporary labor?	Yes

Requesting Manager		Report-To Manager	
Manager Name	Christine Woodberry	Enter text here	
Manager Phone	601-359-2328	Enter text here	
Manager E-mail	Christine.Woodberry@medicaid.ms.gov	Enter text here	

Access to Bids / Resumes		
Name	Phone	Email
Jennifer Austin	601-576-9326	Jennifer.Austin@medicaid.ms.gov
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here

Timesheet Approver: Primary		
Name	Phone	Email
Christine Woodberry	601-359-2328	Christine.Woodberry@medicaid.ms.gov

Back-up Time Approver(s)		
Katie Gilmore	601-359-2288	Katie.Gilmore@medicaid.ms.gov
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here

FIRST TIME USERS:
First time users of the MSP service must complete the following sections. Please consult with your accounting department to ensure invoices are routed correctly and contain the information necessary for the state of Mississippi to submit payment.

6.	Invoicing:

Please provide the specific information that must be included on the invoice for the agency to bill successfully.
Example: PO#, Department Code, Bill Code, Rebill Code, etc.

1.	Enter text here
2.	Enter text here
3.	Enter text here
4.	Enter text here

7.	Invoice Recipient and Contact Information

PRIMARY CONTACT *(KS invoices arrive on Wednesdays via email on the bi-weekly basis)*

First Name	Enter text here	Last Name	Enter text here
Phone #	Enter text here	Email	Enter text here

Complete Agency Name	Enter text here		

Street Address/PO Box	Enter text here		Suite/Floor	Enter text here
City	Enter text here	State	Enter text here	Zip	Enter text here

ADDITIONAL ACCOUNTING CONTACTS *(Please indicate whom should receive a copy of the invoices via email)*

Name	Phone	Email
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here
Enter text here	Enter text here	Enter text here

8.	Purchase Order Management

Please tell us when the funding is requested and the PO is created for the agency to fund the services.

Choose an item.

If "Other" please provide details	Enter text here
Please use this section to provide any additional pertinent information regarding your accounting process you feel KS should know.	Enter text here

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