

**EXHIBIT A-2**

**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**

3/8/2023

Grant Banks  
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:** 112567
- **IT Contingent Worker Name:** Raja Sekar Reddy Abbavaram
- **Vendor Name:** Optimize Manpower Solutions
- **Position Title:** Project Manager
- **Regular Hourly Bill Rate:** \$95.00
- **OT Hourly Bill Rate (if applicable):** \$95.00
- **Original Number of Hours to be worked:** 6,240 total, not to exceed 2,080 per year
- **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)** \$592,800 total, not to exceed \$197,600 per year
- **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:** 3/22/2023
- **Original End Date of Service:** 3/22/2026
- **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:** 550 High St. Suite 1000  
Jackson, MS 39201

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 Department of Division of  
Medicaid**

*Drew Snyder*

Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

3/23/2023 | 3:09:43 PM CDT

Date

**GuideSoft Inc., d/b/a Knowledge Services**

*Katie Belange*

Katie Belange (Mar 10, 2023 10:33 EST)

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

Mar 10, 2023

Date

**Vendor: Optimize Manpower Solutions**

*Krish Shelton*

Authorized Signature

Krish Shelton

Printed Name

Account Manager

Title

03/09/2023

Date



## STATE OF MISSISSIPPI JOB POSTING QUESTIONNAIRE – REQUEST A CONTRACTOR

**Email completed form and direct questions to the SOMS MSP Team:** Doreen DeLancy doreend@knowledgeservices.com  
 Direct: 601.432.8123 Cell: 678.502.0617 CC: MSMSP@knowledgeservices.com

**dotStaff Job Posting ID#:** Provided by Knowledge Services

### 1. Position Overview

<b>Posting Title</b>	Senior Project Manager		<b># of Positions</b>	1
<b>Desired Career Level</b>	SME		<b>Education Level</b>	Bachelors
<b>Contract Start Date</b>	Select Date	<input checked="" type="radio"/> ASAP	<b>Contract End Date</b>	1/4/2026
<b>Project Name</b>	Enter text here		<b>Requesting Agency</b>	MS Division of Medicaid
<b>Work Location</b>	Sillers Building and Remote			
<b>Remote Option</b>	Preference will be given to candidates who can work 40 hours a week at the DOM office, located in Jackson MS, for the duration of the contract. Alternatively, candidates who travel will be considered, however, they will be required to be in the office, in Jackson, MS, every other week, for the duration of the contract. If candidates are traveling, please propose fully loaded rate.			

### 2. Position Information

<b>Shift Start Time</b>	8	AM	<b>Shift End Time</b>	5	PM
<b>Schedule Required</b>	Mon - Fri <input checked="" type="checkbox"/>	<b>Other (Please specify)</b>	Enter text here		
<b>Hours per Week</b>	40	<b>Overtime?</b>	<b>Occasional Overtime</b>	Answer "yes" even if OT will be rare.	
<b>On-Call Required</b>	Yes	<b>On-Call Details</b>	See posting details		
<b>Expenses Reimbursed</b>	No	<b>Travel</b>	No	<b>Travel Frequency</b>	Occasional; In/Out of state
<b>Criminal Background Check/Drug Screen Requirement</b>	Waive Background Check/Drug Screen				
<b>If "other" please explain</b>	Enter text here				

### 3. Position Description and Job Skill Set

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

The Medicaid Senior IT Project Manager will work with the Division of Medicaid (DOM) IT team on procuring, implementing, upgrading, and operating of DOM IT systems.

The DOM Senior IT Project Manager will:

- Provide project management for complex, enterprise IT projects;
- Lead highly technical IT projects with multiple team members, including vendors, staff, consultants, stakeholders, trading partners, other State Agencies, etc.;
- Report and communicate with management, reporting project status, reporting project achievements, and reporting project risks;
- Facilitate meetings and discussions with technical and non-technical staff and project teams;
- Ensure the project stays on the appropriate timeline, budget, and plan, reporting variations to management immediately;
- Document and report status, opportunities, findings, and risks to DOM management as well as State and federal partners (Centers for Medicare and Medicaid Services, CMS), etc.
- Perform other duties as assigned.

Applicants who do not meet ALL of the required skills/experience minimums may not be considered further.

### 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.

7 years working in a Project Management role on an Information Technology (IT) project.  
 3 years leading an IT project in a Project Management role  
 3 years management of a project schedule, project resources, and the project path  
 3 years experience with Microsoft Project  
 3 years experience with project reporting and communication, including both verbal and written, including communicating with management, reporting project status, reporting project achievements, and reporting project risks.  
 3 years experience facilitating meetings and discussions with project members, including State staff, vendors, stakeholders, and other members.  
 3 years of meeting critical timelines and deadlines for IT projects

**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.*

3 years experience with Healthcare IT projects  
 3 years experience with Medicaid projects or Healthcare payer projects  
 2 years experience with HIPAA, privacy and security of healthcare data, healthcare and encryption technologies and processes.  
 2 years experience working with State procurements, including RFPs  
 2 years experience with the Centers for Medicare and Medicaid Services (CMS) rules, requirements, reporting, etc.

Beginner: 1-2 years		Intermediate: 3-5 years	Advanced: 5-7 years	SME: 7+ years
Skill Set	Skill Level <i>(See key code above)</i>	Required/Preferred	Notes	
<b>Operating Systems</b>				
Enter text here	Select	Select	Enter text here	
Enter text here	Select	Select	Enter text here	
Enter text here	Select	Select	Enter text here	
<b>Programming Language/Development Tools</b>				
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				
<b>Hardware</b>							
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
<b>Database Systems/Database Tools</b>							
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
<b>Framework/SLD/Methodology</b>							
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
Enter text here	Select	Select	Enter text here				
<b>QA/Testing – Approaches, Application</b>							
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 <i>Must equal 100%</i>
Resume Score	20%
Interview Score	45%
Cost Score	35%
Enter text here	Enter text here
Enter text here	Enter text here

5. Manager Information			
Is this your first time using the MSP to acquire temporary labor?	No		
Requesting Manager		Report-To Manager	
Manager Name	Jacob Black	Enter text here	
Manager Phone	601-359-5774	Enter text here	
Manager E-mail	Jacob.Black@medicaid.ms.gov	Enter text here	

Access to Bids / Resumes		
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

Timesheet Approver: Primary		
Name	Phone	Email
Jacob Black	601-359-5774	Jacob.Black@medicaid.ms.gov

Back-up Time Approver(s)		
Brad Estess	601-359-6516	Brad.Estess@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				
<b>PRIMARY CONTACT</b> <i>(KS invoices arrive on Wednesdays via email on the bi-weekly basis)</i>				
<b>First Name</b>	Enter text here	<b>Last Name</b>	Enter text here	
<b>Phone #</b>	Enter text here	<b>Email</b>	Enter text here	
<b>Complete Agency Name</b>	Enter text here			
<b>Street Address/PO Box</b>	Enter text here	<b>Suite/Floor</b>	Enter text here	
<b>City</b>	Enter text here	<b>State</b>	Enter text here	<b>Zip</b> Enter text here
<b>ADDITIONAL ACCOUNTING CONTACTS</b> <i>(Please indicate whom should receive a copy of the invoices via email)</i>				
<b>Name</b>		<b>Phone</b>		<b>Email</b>
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.	
<b>If "Other" please provide details</b>	Enter text here
<b>Please use this section to provide any additional pertinent information regarding your accounting process you feel KS should know.</b>	Enter text here