

## **Request for Applications (RFA) 20210330 Shared Services Audit**

### **Audit Services of Shared Duties Between MDHS & MDCPS**

The Mississippi Department of Human Services (MDHS) and the Mississippi Department of Child Protection Services (MDCPS) are jointly seeking up to two (2) contract workers to provide audit services to identify the shared services between the two (2) agencies and to assess and evaluate the efficiency and effectiveness of those shared services. This contract shall commence on or about April 15, 2021, and shall be effective for a period of 90 days from that date with a maximum number of 100 hours. The rate of compensation shall be \$125.00 per hour. The maximum compensation payable per contract shall be \$12,500. No travel will be paid by MDHS. In addition, MDHS will pay the employer's share of FICA.

### **Scope of Services**

The scope of work to be performed by the contract worker(s) shall include, but not be limited to the following: conducting independent one-on-one interviews with senior level management, mid-level management and programmatic/technical personnel at the MDHS and the MDCPS; review of all necessary documents and accounting systems, compiling the information obtained and preparing reports; and interfacing with the Executive Director of the MDHS and the Commissioner of the MDCPS, along with senior level executive management of both agencies, to present those reports and to conduct any follow-up interviews as determined appropriate by the Executive Director and the Commissioner.

At a minimum, contract worker(s) shall provide a project status update to MDHS and MDCPS on a bi-weekly basis at a mutually agreed upon date and time following contract worker agreement start date.

The contract worker(s) also shall provide a comprehensive report with recommendations to the Executive Director of MDHS and the Commissioner of MDCPS with a focus on determining the nature and extent of shared functions and the current relationship between the two agencies, including, but not limited to the following:

(1) Describing a mechanism for the transfer of any equipment, supplies, records, furnishings or other materials, resources or funds dedicated to the operation of MDCPS which were formerly located at MDHS prior to the separation of the two agencies, including purchasing, receiving and entering property into MAGIC (Mississippi's Accountability System for Government Information and Collaboration is Mississippi State Government's Enterprise Resource Planning (ERP) solution. MAGIC is the statewide accounting and procurement system of record, encompassing Finance (accounting, budgeting, grants management), Logistics (procurement, fleet management, inventory management), and Data Warehouse functionality.), inventory audits, property transfers and related steps to complete transfer and receipt of any property by and to one agency from the other;

(2) Determining the allocation of resources between MDCPS and MDHS including any personnel and personnel functions;

(3) Determining the allocations of functions where the performance of those functions may efficiently and effectively be shared between MDCPS and MDHS and are likely to generate a savings of expended funds in the following areas: (a) travel processing, training, and payment; (b) accounting for timekeeping of personnel between the two agencies, including the use of NOVATime or any other timekeeping function; (c) grants management with respect to federally funded grants or other grant funding streams; (d) procurement and contract management functions, including, but not limited to: the preparation, evaluation, and ultimate award of contracts through any Request for Proposals or Invitation for Bids process currently utilized or likely to be utilized by either agency in the future; contract management related to various supply and service vendor contracts, and shared leasing agreements with respect to any office equipment, office space, or maintenance and repair functions; (e) management information systems or information technology services, including the operation and maintenance of any hardware and software systems pertaining to the eligibility or case tracking functions of either agency; (f) budget functions, including the direction and control of budget entries and adjustments and the preparation of any and all budget requests and documentation required to be submitted to the Mississippi Legislature on an annual basis; (g) general accounting functions including receiving, approval, and payment of any and all accounts receivables and accounts payable for both agencies and the standard operating procedures, if any, maintained by each agency for the accomplishment of such general accounting functions, including bank accounts maintained by either agency; (h) investigative functions regarding fraud, waste and abuse and personnel/human resources issues; and, (i) any other areas of administrative services where combination of process and functions could generate a cost savings.

The final comprehensive report should provide an analysis of any cost and any benefit associated with sharing or severing services between the two agencies, to include, but not be limited to actual financial gains or losses, efficiency of MDCPS service delivery consistent with agency mission, and compliance with regulatory authority including, but not limited to federal, state, and the Olivia Y. Second Modified Settlement Agreement.

### **Minimum Qualifications**

- A bachelor's degree issued by an accredited college or university and ten (10) years' experience in supervising and directing operational and program audits or investigations to evaluate the efficiency and effectiveness of State or federal agencies OR ten (10) years of experience conducting operational and program audits of governmental entities.
- Minimum of five years' high-level experience as it relates to audits and investigations, preferably with governmental agencies (Federal or State), including experience with a State or Federal Office of Inspector General or serving as an Inspector General or Chief Compliance Officer or Supervisory Special Agent with a State or Federal governmental agency.

- \*Successful applicant must comply with *Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office.*

**Preferred Qualifications/Experience (the following are desired and may be given additional consideration but not are required)**

- Experience in auditing and evaluating policies, procedures, and operations of either State or Federal government agencies and entities.
- Experience in auditing and assessing compliance of large-scale government operations for compliance with federal and/or state regulations.
- Experience investigating State or Federal governmental agencies and various functions of those agencies to identify waste and abuse in relation to program operation; and,
- Experience in directing and/or coordinating with audit firms conducting investigations into potential misspending by governmental entities or agencies, including work directly with the U.S. Department of Health and Human Services, Office of Audit Services or the Internal Revenue Service, Office of Investigations

**Other**

MDHS and MDCPS will provide space, as needed, at the MDHS central office at 200 South Lamar Street, Jackson, MS 39201 and at the MDCPS central office at 750 North State Street, Jackson, MS 39202. The contractor will be expected to spend part of the time at either the MDHS central office and/or the MDCPS central office. While the contractor is not required to spend any specific amount of time at either of the State-provided spaces, because of the need to collect information and observe aspects of MDHS and MDCPS, as well as to work with MDHS and MDCPS staff, it is expected that working from State- provided space will enhance the contractor's ability to successfully perform contract requirements.

**Application Information**

MDHS will accept applications until 5:00 p.m., April 13, 2021, for the purpose of hiring a contract worker(s). Applications can be found online with this request. Applications can be submitted to MDHS via electronic mail to [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or by hand delivery to 200 South Lamar Street, Jackson, MS 39201. For more information please contact Bryan C. Wardlaw by email at [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or phone 601-359-4500.

MDHS and MDCPS reserves the right to reject any and all applications during any step of the procurement or awarding process (even after negotiations have begun).

# STATE OF MISSISSIPPI APPLICATION



**Return Completed Application to:**  
**Mississippi State Personnel Board**  
 210 East Capitol Street, Suite 800  
 Jackson, MS 39201  
 www.mspb.ms.gov

**For Staff/Official Use Only**

Received: \_\_\_\_\_

**Important! Please Read Before you begin the application process:**

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

**-TYPE OR PRINT IN BLACK INK-**

### JOB INFORMATION

POSITION #:	POSITION TITLE:
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### PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Specialist's Degree	

### HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES  NO   
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7  8  9  10  11  12

### COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

**WORK HISTORY**

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

### WORK HISTORY

<b>DATES</b> From _____ To _____			<b>EMPLOYER</b>	<b>POSITION TITLE</b>
<b>ADDRESS, CITY, STATE</b>				
<b>PHONE NUMBER</b>		<b>SUPERVISOR (NAME &amp; TITLE)</b>		
<b>HOURS PER WEEK</b>	<b>SALARY</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>DUTIES</b>				

<b>DATES</b> From _____ To _____			<b>EMPLOYER</b>	<b>POSITION TITLE</b>
<b>ADDRESS, CITY, STATE</b>				
<b>PHONE NUMBER</b>		<b>SUPERVISOR (NAME &amp; TITLE)</b>		
<b>HOURS PER WEEK</b>	<b>SALARY</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>DUTIES</b>				

### AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES  NO
2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (CURRENT JOB TITLE)
3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES  NO
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (PREVIOUS JOB TITLE) (DATE OF RIF)
5. ARE YOU A VETERAN OF THE ARMED FORCES?  YES  NO  
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED?  YES  NO
7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?  
 YES  NO

**TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)**

- |  |   |   |
|--|---|---|
| 8. INDICATE YOUR RACE<br><input type="checkbox"/> AMERICAN INDIAN<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> Other | 9. INDICATE YOUR GENDER<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | 10. AGE GROUP:<br><input type="checkbox"/> UNDER 18<br><input type="checkbox"/> 18-25<br><input type="checkbox"/> 26-39<br><input type="checkbox"/> 40-54<br><input type="checkbox"/> 55-69<br><input type="checkbox"/> 70+ |
|--|---|---|

### ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

### APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## SUPPLEMENTAL QUESTIONS

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

## ADDITIONAL WORK HISTORY

<b>JOB INFORMATION</b>		
JOB NUMBER:	POSITION TITLE:	
<b>COLLEGE/UNIVERSITY EDUCATION</b>		
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES ATTENDED
SCHOOL LOCATION (CITY/STATE)	MAJOR	
<b>CERTIFICATES &amp; LICENSES</b>		
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
<b>WORK HISTORY</b>		
DATES From <span style="margin-left: 20px;">To</span>	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		