



**Mississippi Department of Human Services
Division of Aging and Adult Services**

**STATE PLAN ON AGING
2011-2014**

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Aging and Adult Services
Older Americans Act of 1965, as amended
State Plan on Aging

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I. Designation of the State Unit on Aging

The State Plan on Aging is hereby submitted for the State of Mississippi for the period October 1, 2010, through September 30, 2014. This Plan includes all assurances and policy to be conducted by the Mississippi Department of Human Services, Division of Aging and Adult Services, under the provisions of the Older Americans Act of 1965, as amended, during the period identified. The Division of Aging and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purpose of the Act, i.e., to serve as an effective and visible advocate for the elderly by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly, to provide technical assistance to any agency, organization, association, or individual representing the needs of the elderly, and to develop comprehensive and coordinated systems for the delivery of supportive services.


This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

This State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements and the mandates of the Older Americans Act of 1965, as amended.

6/22/10
(Date)

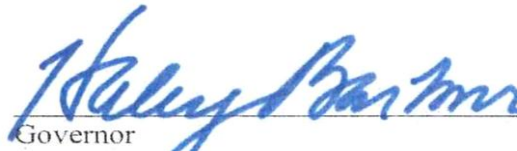

Executive Director Mississippi Department of Human Services

6/22/10
(Date)


Director, State Unit on Aging Division of Aging and Adult Services Mississippi Department of Human Services

I hereby approve this State Plan on Aging for Mississippi and submit it to the Assistant Secretary for Aging for approval.

6/21/10
(Date)


Governor
State of Mississippi

II. EXECUTIVE SUMMARY

The Older Americans Act of 1965, as amended (OAA), administered by the U. S. Department of Health and Human Services, Administration on Aging, under the direction of the Assistant Secretary for Aging, requires the Governor of the State of Mississippi to designate a single state agency to develop and administer a State Plan on Aging. The Division of Aging and Adult Services under the umbrella of the Mississippi Department of Human Services has been designated by the Governor as that agency and is hereinafter referred to as the DAAS.

The DAAS, as the designated State Unit on Aging (SUA) for Mississippi, is required to submit a State Plan on Aging in order to receive its allocation of OAA funds to provide programs and services for individuals sixty years of age and older.

The State Plan on Aging for Mississippi has been prepared as required by the OAA.

- The State Plan will guide the DAAS' statewide activities for older citizens during the period of October 1, 2010, through September 30, 2014, a period of four years.
- The State Plan provides a statewide vision and mission for programs.
- The State Plan outlines Strategic Goals and Objectives to implement Title III and Title VII requirements and any objectives established by the Administration on Aging via the rule-making process.
- The State Plan describes how the DAAS will direct efforts to improve: access for an integrated array of health and social supports; traditional aging services; family care supports; and healthy lifestyles by older Mississippians.
- The State Plan represents the DAAS' response for addressing the long-term care, social, supportive, legal, protection, and other service needs of elderly Mississippians.
- The Intrastate Funding Formula is the method of distribution of Title III and Title VII funds to meet needs identified in each Planning and Service Area.
- The budget pages describe the plan of use for Title III and Title VII funds administered by the DAAS.
- The State Plan on Aging has been developed with the assistance and advice of the Area Agencies on Aging and other organizations in the State and has taken into consideration the views, opinions, concerns and recommendations of older citizens, elected officials, and the general public.

III. NARRATIVE

Vision

The Vision of the Mississippi Department of Human Services Division of Aging and Adult Services is to see **“Every older Mississippian living the best life possible.”**

Mission Statement

The mission of Division of Aging Adult Services is to **“Protect the rights of older Mississippians while expanding their opportunities for and access to quality service.”**

A. Division of Aging and Adult Services

The Mississippi Department of Human Services, Division of Aging and Adult Services (DAAS) is the state entity designated by the Governor to receive and administer federal funds received through the Older Americans Act. Working with a network of local Area Agencies on Aging and local service organizations, DAAS plans and administers programs and services to improve the quality of life for all of Mississippi’s older citizens. As the official state office on aging, the DAAS works closely with a network of planning and service agencies to ensure comprehensive activities, programs and services for older Mississippians are offered statewide. Additionally, the DAAS works with many other state agencies as well as with the private sector, to create recognition of the needs and interests of older adults and to develop new resources.

As the SUA, the DAAS proactively carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring, and evaluation. The DAAS pays special attention to those older adults who have the greatest social, economic, and health needs and to low income minority elders.

The basic responsibilities of the DAAS include:

1. Developing and administering the State Plan

The State Plan is based on information gathered from consultations between the DAAS and AAAs and on Area Plans submitted to the DAAS for approval. Through direct contact with the AAAs and review of the Area Plans, the DAAS assesses the needs of older persons, establishes statewide priorities, examines procedures for implementing the Plan, and assures consistency among the State and AAA objectives. The State Plan provides for proper and efficient methods of administering Aging programs.

2. Conducting public hearings on the State Plan

The DAAS holds public hearings on the proposed State Plan that afford opportunities for comment to older persons, area agencies on aging, service recipients, the general public, officials of general purpose local government, and other interested parties. This

process guarantees all interested parties an opportunity to communicate their views verbally or through written correspondence regarding the State Plan, and on matters of general policy arising in the development and administration of the State Plan, and its effect on service delivery at the community level. Public hearings are planned and conducted jointly with the ten AAAs annually. A copy of the 2010 schedule and a copy of a public information “flyer” is provided in the State Plan. Hearings subject matter includes Title III services and VII programs for Elder Rights Protection as well as other programs funded through the AAA.

3. Serving as an advocate for older persons in the State

The DAAS serves as the effective and visible advocate for the elderly by engaging in direct action; encouraging and supporting participation by older persons in activities which help them promote their own interest; and assuming a strong leadership role to guide, direct, and support other State advocacy efforts. Direct advocacy includes such activities as: representing the interests of older persons before legislative and other formal bodies within the State; drafting or reviewing proposed legislation upon request from the legislative body; and reviewing and commenting on State agency plans, budgets, and policy impacting older persons and long-term care systems. The DAAS also guides, facilitates, and supports other elderly advocates within the State by providing technical assistance, training, and support to AAAs, organizations representing the elderly, and other coalition groups, associations, or individuals advocating for older persons.

4. Dividing the State into Planning and Service Areas (PSA)

The DAAS has divided the state into PSAs which are geographic regions composed of one or more local government boundaries. PSAs correspond geographically with the ten multi-purpose, non-profit, quasi-governmental, economic development districts called Planning and Development Districts (PDDs). The following factors are considered when identifying PSAs: distribution of persons age 60 and over, including those with greatest economic or social needs; services needed and the resources to meet the needs; views of local public officials; and boundaries of local government, regional planning councils, Indian Reservations, and economic development districts.

5. Designating and funding AAAs within PSAs

Upon definition of PSAs, AAAs for each PSA are designated and funded to develop comprehensive coordinated service delivery systems to meet the needs of older persons in the local communities. The ten AAAs are designated as a separate organizational unit within a multi-purpose agency (PDD). See attached map of the geographic boundaries of the PSA/AAA.

6. Coordinating strategic planning for systems and activities relating to the OAA purpose

The DAAS develops strategic plans and policy to guide and direct AAAs, improve upon existing relationships and establish new linkages among federal, state, area, and community agencies and organizations to enhance the coordination of service delivery. Pilot programs and new service models established on the state level will be used by the AAAs to replicate planning for and delivery of services at the community level.

Additional responsibilities of the DAAS include:

- Training - The DAAS is responsible for identifying and prioritizing training needs of the State's Aging Network. The DAAS plans and provides the necessary training directly or supports the training efforts of AAAs. The DAAS contracts with universities and colleges throughout the State to provide needed training for the Aging Network personnel.
- Resource Coordination - The DAAS coordinates resources which can be directed toward services for older persons at the state and local levels. Resource coordination is often achieved through inter-agency agreements with other state departments and agencies.
- Monitoring and Evaluation - The DAAS' function for oversight of monitoring and evaluating of AAAs to ensure program and fiscal accountability and adequate progress in implementing the actions set forth in the Area Plan is fulfilled through a working partnership with the Division of Program Integrity Bureau of Audit and Evaluation, Mississippi Department of Human Services.
- Intrastate Funding Formula (IFF) - In consultation with the AAAs, using the best available data, the DAAS developed an intrastate funding formula with a descriptive statement of its assumptions and goals. The formula includes a numerical statement of funding based on the economic, ethnic, and geographic data of the age 60 and older population by AAA. Economic need, social need, and geographic isolation, and the effect on minority individuals, are considered. The formula is weighted 30% age sixty plus, 25% age sixty plus below poverty level, 30% sixty plus minority below poverty level and 15% sixty plus rural. The IFF is attached as a part of the state plan.
- Inclusion - The DAAS provides that activities are planned and directed toward increasing access to services by older individuals in special population categories that might otherwise be overlooked. The goal of the DAAS and the AAAs is to include persons who live in rural areas, do not speak English, or are economically and/or socially needy (particularly economically needy minority), disabled, or Native American. All programs and activities are available to the sixty and older population in Mississippi, where applicable, without regard to income (non means-tested).
- Leadership - As the leader and focal point of the Aging Network, the DAAS assumes a strong role in guiding and directing each of the entities which constitute the State's Aging Network. In this way, the DAAS can impact other programs which have a direct or indirect relationship with aging programs and enhance the coordination and pooling

of resources. The DAAS' strong leadership is necessary to promote an optimal service delivery system for older persons throughout the State.

B. Area Agencies on Aging

Area Agencies on Aging, mandated by the Older Americans Act, are designated by the DAAS to plan, coordinate, and advocate for the development of comprehensive and coordinated service delivery systems for all elderly and provide funds for services. The ten AAAs in the State are private, non-profit organizations and serve as focal points offering a comprehensive array of services at the local level.

AAAs are required to have a full-time director and adequate staff to carry out its purposes; however, staffing patterns vary because of different funding sources available to individual AAAs including federal, state, county, city, or private sources. The OAA allows up to 10% of all Title III funds received by an AAA to be used for administrative costs.

AAAs must develop a comprehensive coordinated service delivery system to meet the needs of older persons and serve as advocates and focal points for older persons in the PSA. Only activities consistent with the AAA mission as prescribed in the OAA and in state policies are included in the development of the system.

C. Area Agencies on Aging – Area Plan

AAAs receive funds from the DAAS through submission and approval of a four year Area Plan, with annual updates or amendments, which identify and prioritize the needs of older persons and specify what services will be provided to meet those needs. The Area Plan describes the development of a comprehensive coordinated service delivery system in the AAA. Based upon the local assessment of need, the Area Plan, or annual update, specifies details of the amount of funds budgeted for each priority service during the fiscal year. Preference in service provision is directed to the elderly with the greatest economic or social need. Activities, objectives, and programs for implementation of Title III and Title VII (Elder Abuse Prevention and Ombudsman) are defined in the Area Plans, funds are allocated through the IFF, and coordinated with other available resources and programs.

The Area Plan has the following objectives:

- Serve as a planning document that describes priority needs to set forth objectives and action steps to be undertaken by the AAA on behalf of older persons in the PSA;
- Formulate a formal commitment to the DAAS setting objectives to be undertaken by the AAA;
- Formalize a commitment to the DAAS describing the manner in which the AAA plans to utilize OAA funds under the various parts in accordance with their purpose and carry out its administrative functions; and
- Formalize a commitment to DAAS to fulfill the AAAs role as planner and advocate on behalf of seniors.

The Area Plan reports demographic information of the PSA, including census and local population statistics on those persons age 60 and older, minority elderly, low-income elderly, low-income minority elderly, and rural geographic. Other important components of the Area Plan include: assessment and prioritization of older persons= needs, identification of services to meet the needs, identification of gaps in service or factors impeding the effective delivery of service, identification of alternative solutions, activities, or services to fill unmet needs, bridge gaps and/or correct deficiencies in the service delivery system for older persons.

The Area Plan defines the programs, services, and activities to be undertaken during a prescribed time frame and the methods by which services will be provided. Consideration of the extent of particular needs in the economic and socially needy and minority population is addressed in the process of determining service provision (particularly to low-income minority).

Services may include congregate meals, home-delivered meals, nutrition education, information assistance/referral and outreach, transportation, homemaker, adult day care, respite, ombudsman, legal services, and others. Coordination of these home and community-based services with designated community focal points for service delivery are also set forth in the Plan.

The Plan assures that the AAA spends an adequate portion of its OAA Title III-B social services allotment to provide access, in-home, and legal services, unless it documents to the DAAS that services from other sources meet the needs of older persons in the PSA for that category of service. Access, in-home, and legal services are discussed below.

- Access services facilitate access to services in the community including: transportation; outreach; and, information, assistance/referral. The Plan must provide for information and referral/ assistance so that all persons within the PSAs are assured reasonable access to these services. AAAs that have Native Americans residing within its borders will pursue activities to increase access to services and benefits as applicable. Outreach, an important aspect of access, is arranged at the community level to identify elders eligible for assistance and inform them of the availability of assistance, with special emphasis on reaching economic and socially needy and low-income minority elders.
- In-home services enable elders to remain in their homes for as long as possible in order to prevent premature institutionalization. The service mix may include nutrition (the AAA accommodates, wherever possible, the particular dietary needs of participants), homemaker, visiting and telephone reassurance, case management, and respite.
- Legal services increase availability of legal aid and assistance for elders to secure their rights. These services include legal counseling and other legal assistance. Additionally, the AAA attempts to involve the private bar association in the provision of legal services on a pro bono or reduced-fee basis for older persons.

The Area Plan includes assurances relative to affirmative action plans, compliance with Civil Rights Act requirements, compliance with the Section 504 of the Rehabilitation Act of 1973, as amended, Debarment policy, Drug-free workplace policy, and other requirements. In addition, all services provided by the AAA or local service providers meet existing State and local licensing, health regulations, and safety requirements for the provision of service.

The Area Plan contains objectives for appropriate procedures for data collection and the compilation and transmittal of data to the DAAS, including the National Aging Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS) requirements. The Area Plan includes information compiled on courses of post-secondary education offered to older persons (Mississippi waives post-secondary tuition for persons age sixty and over) and made available to elders at focal points within the community.

Priority needs of older persons, how these needs will be met, and how services are to be provided with OAA and other sources of funds, are identified and assigned in the Area Plan. In addition, the Plan establishes the manner in which the AAA will develop a comprehensive and coordinated service delivery system. Therefore, all activities undertaken as a responsibility of the AAA, whether funded by public or private funds, are described in the Area Plan and must comply with all laws, regulations, and policies.

The Area Plan activities are evaluated and considered by the public during the public hearing process each year. At that time, input is solicited from older persons, older persons who are service recipients, the general public, officials of local government, and other interested parties. The Plan is submitted to the DAAS for approval prior to the receipt of OAA funds at the AAA level.

AAAs are required to designate, if feasible, focal points for comprehensive service delivery within each community. The AAAs must specify in the Area Plan specific communities in which focal points are designated and developed.

Formal subgrants are made to the AAAs to carry out the plan narrative. The Subgrant budget must include proposed expenditures for administration, planning, program development, and service provision under the Plan. Budgets submitted with each plan assure that not less than the total amounts expended in Federal Fiscal Year 2000 in carrying out the Long-Term Care Ombudsman Program are expended. In order to demonstrate AAA efforts to coordinate resources with other agencies, the Plan must indicate the amount of resources (other than OAA funds and non-federal matching funds) which support the development of a comprehensive and coordinated service delivery system in the PSA.

D. Area Agency on Aging Advisory Councils

Advisory Councils are voluntary groups of citizens who provide information, guidance, advice, and support to the AAA to plan, develop, coordinate and administer services to older persons. The Council helps the AAA carry out the intent and objectives of the OAA. The Council fulfills this obligation by working with the AAA staff and community leadership.

The Advisory Council is a direct means for older Mississippians to have their interests represented in local AAA activities. Advisory Council members participate in programs, communicate with other service recipients, and are representatives of community groups, senior organizations, and AAA staff. An effective working relationship between the AAAs and the Advisory Council assists Council members to exercise their role and responsibility both to the

AAA and to the community they represent. AAA Advisory Councils may serve as the Ombudsman Advisory Council if the council membership includes representatives from the long-term care community.

Each AAA determines the size of the Council, the manner in which participants are chosen, the frequency of meetings (at least quarterly), structure, focus and potential influence on the AAA. The AAA Council assumes a variety of responsibilities, but all Councils must advise the AAA in the following areas:

- Develop and implement the Area Plan;
- Conduct public hearings;
- Represent the interests of elders (advocacy); and,
- Review and comment on all community policies, programs, and actions affecting elders.

The AAA Advisory Council must officially sanction the final Area Plan before it is submitted to the DAAS for approval.

The Advisory Council also plays a significant role in implementing the Area Plan. Council members enhance community awareness of aging services and foster communication between the AAA and the community. Advisory Council members who are consumers of services, understand the development and implementation of the Plan through the services they receive.

The Council identifies gaps in services or deficiencies in the service delivery system; helps minimize duplication of effort in service delivery systems; and assures coordination with all service providers that are part of a continuum of care. The Council oversees the selection of service providers and provides oversight in the monitoring and evaluating process.

Advisory Councils are required to advise the AAA in the Area Plan public hearing process. Council members take a leading role in publicizing the hearings among the groups, clubs and organizations they represent. Council members assume responsibility for conducting the public hearings and ensure that suggestions made during the hearings are considered in the final version of the Area Plan. The Advisory Councils serve to strengthen relationships and enhance communication between the DAAS and AAAs and assure local community input at the State level.

E. Aging Service Providers

The AAAs contract with service providers to deliver home- and community-based services to older adults. Contracts with local service providers are reviewed by the DAAS to assure that integrity and public purpose of services are maintained, that all sources and expenditures of funds are disclosed, and that services are enhanced. In some rural areas, provision of direct services by the AAA is necessary. The AAAs must provide justification to the DAAS that direct provision is necessary to ensure an adequate supply of such service and/or for the economy of service, or that the service is directly related to the AAA=s statutory/administrative function. No services are provided directly by the AAA without an approved waiver from the DAAS.

Local service providers have direct "one-on-one" contact with older Mississippians. Service providers translate dollars into tangible services for the elderly. Service providers are technically defined in the Federal Regulations as an entity that is awarded a contract from an AAA to provide services under the Area Plan. Mississippi's service providers are primarily community action agencies or programs and organizations with a proven record of providing services to older persons.

Services provided by local provider agencies in the state include: home-delivered meals, congregate meals, nutrition education, homemaker services, outreach, adult day care, friendly visiting, shopping assistance, transportation, telephone reassurance, legal services, information assistance/referral, and multi-purpose senior center activities (among other services). Supporting and complementing the AAAs' efforts, service providers deliver quality, efficient, effective, and accessible services to senior citizens. Partnering with the AAAs and service providers are the private and public long-term care providers, community organizations, and medical entities which are concerned and involved with the delivery and quality of care for older Mississippians.

As part of the contract for services, AAAs must assure that local service providers give participants an opportunity to contribute to the cost of the services; however, services are not denied if the person will not, or cannot, contribute. Contributions are used to expand services provided at the community level and confidentiality is assured to protect the privacy of each older person who contributes.

The AAAs must assure that all contracts that include payment of any part of a cost, including administrative, incurred to carry out a commercial relationship or contract will be paid only if carried out to implement Title III. Preference in receiving service will not be given to any individual as a result of a contract or commercial relationship.

The AAAs monitor, evaluate, local service providers for their efficiency and effectiveness in delivering services. Written policies and procedures based on OAA requirements and implementing regulations, reflect the procedural requirements specified by the DAAS.

The AAAs provide training and technical assistance within the PSAs. This may be accomplished through in-service training at universities, workshops, or conferences, monthly technical assistance meetings, and project director meetings. These training activities directly impact the level of productivity and efficiency of AAA staff, service provider staff, and Advisory Councils.

IV. Older Americans Act (OAA) Core Programs

Mississippi's service delivery system consists of a varied mix of services and programs geared to meet the needs and priorities of Mississippi's age sixty and older population so that they may remain independent and in their own home as long as possible. OAA, CMS, Social Services Block Grant (SSBG), and other sources are used to fund aging programs and services.

Programs and services in Mississippi's Aging Network are categorized in the following three systems:

- **Access** - Services that link individuals with information, support, and other services in the community;
- **Legal Assistance/Advocacy** - Services that protect and assist individuals in securing their rights and benefits and ensure quality of care; and
- **Home and Community-Based** - Services that help individuals maintain their functioning level in their homes and communities and contribute to their dignity and self-worth.

Aging programs and services are provided according to the participants' functioning level and need, ranging from independence to dependence. Although there is a mix of programs and services, not all services and programs are provided by each AAA. Programs and services are provided in the ten AAAs based on the priorities identified. A brief description of available programs and services follow in alphabetical order can be located in Attachment I.

The MDHS DAAS plans to enhance coordination with the Title VI Native American programs in state to strengthen the Title III and VII services and other Aging programs. The Medicare Improvement for Patients and Providers Act (MIPPA) for beneficiary outreach and assistance has provided an opportunity for the MDHS DAAS to partner with Native American groups. The MDHS DAAS State Health Insurance Assistance Program (SHIP) has recently made great strides in creating partnerships with the Mississippi Band of Choctaw Indians. The Mississippi Band of Choctaw Indians is located within the East Central Area Agency on Aging planning and service area. ECAAA works closely to provide supportive services to the Pearl River Reservation tribal elders.

The East Central Mississippi Area Agency on Aging through the Mississippi Department of Transportation collaborated with transit providers in their planning and service area to develop a regional transportation system that would improve transportation services for disabled, elderly and low-income individuals throughout their nine counties by ensuring that communities coordinate the transportation resources provided to them through multiple federal programs. East Central Mississippi Area Agency on Aging coordinated with Meridian Transit and Choctaw Transit to provide this service.

The MDHS DAAS is partnering with the Mississippi Band of Choctaw Indians to expand the Chronic Disease Self Management Program (CDSMP). The Mississippi Band of Choctaw Indians will train two CDSMP teams for the Mississippi CDSMP intervention to provide the six-week course called “Motivated to Live a Better Life” and “Motivated to Live a Better Life with Diabetes”, (known as the Stanford University Chronic Disease Self-Management Program), to an estimated 200 to 225 tribal elders sixty years or older who have at least one chronic disease. Participants will learn how to manage their health and maintain active and

fulfilling lives through participation in this highly interactive evidence-based program facilitated by trained community lay and professional people who have chronic disease themselves. The Central Mississippi Area Agency on Aging will provide the lay leader training to the two teams and will provide classroom materials to start a lending library.

V. AoA Discretionary Grants

The Aging network has two Aging and Disability Resource Centers (ADRC) with a third poised to become operational during federal fiscal year 2011. The MDHS DAAS feels that the ADRCs are key to the future of service delivery in the state; therefore much work has been completed to integrate ADRCs into OAA core programs. The two ADRCs operate by incorporating all aspects of the OAA core programs into their daily operations. Staff time is built into program budgets. Training and guidance at the state level is conducted by the Information Program Specialist.

The MDHS DAAS is working on Standard Operating Procedures (SOP) with the primary goal of standardizing the options counseling delivery policies and procedures and investing in staff training. Anticipated outcomes in the implementation of a comprehensive set of standards for Mississippi's ADRC include training on the set of comprehensive standards and policies and tracking the delivery of options counseling to evaluate the effectiveness of the standards.

The SOPs are in draft form under review by the MDHS DAAS program staff. The reviews conducted by the program staff will ensure that all aspects of service delivery are clearly defined. As soon as the internal review is completed, the SOPs will be issued as policy for all ADRCs to follow. The SOP staff review will be completed by February 15, 2011, and issued as policy on or before March 1, 2011.

In addition to the ADRC program, the MDHS DAAS received the Chronic Disease Self Management Program grant funded through the American Recovery and Reinvestment Act (ARRA). The MDHS DAAS partnered with the Mississippi State Department of Health to embed the chronic disease self management program into the existing infrastructure of the Aging network. The MDHS DAAS entered into an Agreement of Understanding with the Mississippi State Department of Health (MSDH) in July 2010. The MDHS DAAS subgranted with the Area Agencies on Aging in the state and partnered with the MSDH to train lay leaders statewide to lead classes through MDHS DAAS' network of congregate meal sites, senior centers and adult day cares and the MSDH's network of faith-based organizations. The program is currently operating statewide.

VI. Consumer Control and Choice

The MDHS DAAS will empower older people in the state to stay healthy and active through the Older Americans Act services and the new prevention benefits under Medicare by educating the public on new Medicare preventive health reform changes. Additionally, MDHS DAAS will continue to ensure the rights of older people and prevent abuse, neglect and exploitation. By expanding and enhancing the Long-term Care Ombudsman Program's advocacy and education

on long-term issues, older persons will live with dignity by promoting senior's rights and reducing abuse, neglect and exploitation. The respect for residents is the fundamental quality to ensuring quality of life; therefore the Ombudsman Program is partnered with the Division of Medicaid to implement the revision of the Minimum Data Set (MDS 3.0) for Nursing Homes that took effect October 1, 2010. The MDS 3.0 gives residents a voice through the direct interview items on the assessment form.

Mississippi recognizes the importance of consumer directed care and is working on an initiative through the Aging and Disability Resource Center (ADRC) that will create a partnership between the Aging network and the health care industry. DAAS is working with one Area Agency on Aging (AAA) in the central part of the state as a pilot site for a Care Transitions program and a Veteran Directed Home and Community Based Services program. Through a Memorandum of Understanding (MOU), the AAA pilot site will work with a local healthcare provider and a local hospital. The hospital will refer patients that are being discharged with diabetes and another chronic condition to the AAA. The AAA will work with the client to identify a chronic disease self management program workshop where the client will learn how to improve their quality of life. The client will also be assigned a community health worker to identify the services needed to remain independent. The community health worker will be a trained options counselor through a partnership with a local university (Jackson State University). In addition to the community health worker, the AAA will hire a registered nurse to complete annual wellness visits to all Medicare eligible clients to develop a preventive health plan. The preventive health plan will identify services the client needs to remain independent and out of a long-term care facility. The services available include all Title III support services, home delivered meals, and congregate meals.

The care transitions pilot project is designed to leverage resources in the Aging network and health care industry to reduce hospital readmissions and overall health care costs by reducing institutional placement. The partnerships created will enhance the ADRC and create sustainability for the CDSMP.

Mississippi is also working with the G.V. (Sonny) Montgomery VA Medical Center on a Veteran Directed Home and Community Based Services program to provide consumer directed care to veterans. The VA will refer clients to the local AAA for home and community based services. The partnership will increase the number of veterans receiving care without duplication of care services. The AAA and VA will work through a MOU to define eligibility criteria. Eligible veterans will choose needed services and will work with the local AAA's care coordinator to design a plan within the allocated budget. The program will decrease institutional placement and increase the veteran's quality of life.

VII. Future Directions

To meet the challenges ahead, the DAAS realizes it must develop partnerships with public and private entities and traditional and non-traditional resources creating new approaches to expand systems for future directions. The DAAS will continue to develop coalitions and build systems with the private sector and non-traditional agencies to meet the growing need of Mississippi's

seniors. The DAAS will seek to initiate dialogues and exchange ideas and strategies with a variety of public and private entities to gain a commitment to unite efforts to benefit seniors. The DAAS must undertake new approaches in order to reach a broader segment of the older population and its needs.

The DAAS plans to continue to review information from various sources in order to understand the needs and concerns of elders. Particular attention will be paid to information gleaned from the age 55-60 population to determine the expectations of the 'baby boom' generation.

The DAAS is guided by activities, initiatives, and priorities established by the Administration on Aging. Many of the resolutions and priority areas identified during the 2005 White House Conference on Aging are also considered in the process of planning and developing systems in DAAS. Priority initiatives from the Administration on Aging Strategic Plan that will direct the focus of the DAAS over the coming years are identified below.

- Increase access to an integrated array of health and social supports.
 - Develop model projects that promote consumer choice through partnerships with Medicaid; beginning with the Aging and Disability Resource Center Project.
 - Promote the implementation of the Medicare Modernization Act through increased partnerships and promotional activities.
- Help older people stay active and healthy.
 - Promote Healthy Aging Initiatives such as Department of Health influenza/pneumonia vaccination and health screening events.
 - Promote Nutrition Program Initiatives.
 - Develop evidenced based health promotion and disease prevention initiatives with the Mississippi Department of Health and apply for Administration on Aging grant opportunities.
 - Promote older persons as resources for their communities.
- Support families in their efforts to care for their loved ones at home and in the community.
 - Promote activities that develop the Family Caregiver Support Program.
 - Increase interest and support for kinship care and grandparents rearing grandchildren.
 - Maintain support services to vulnerable elders in the Home and Community-Based Services Program.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.
 - Promote activities that focus on preventing abuse, neglect, and exploitation.
 - Participate in the Mississippi Leadership Council on Aging organization.
- Promote effective and responsive management.
 - Initiate developmental areas of focus in response to the Deficit Reduction Act that include consumer directed strategies for service delivery.
 - Construct partnerships with Medicaid to promote “money follows the person” and/or “cash and counseling” initiatives.
 - Promote leadership initiatives in SUA and AAA managerial staff.
 - Promote educational opportunities within the Aging Network.

The DAAS will direct efforts toward the following long term initiatives:

- Strengthen partnerships within the Aging Network, e.g. the Mississippi Access to Benefits Coalition;
- Develop statewide electronic client management systems linked to the Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS);
- Promote performance partnerships, e.g., Medicare Health Support project;
- Coordinate advocacy and service efforts with agencies and groups;
- Direct the senior prescription program for free and low-cost medications;
- Promote new directions in nutrition wellness through partnerships between AAAs and Medicare/insurance companies that “prescribe” heart healthy/diabetic meals for their insured; and,
- Teach the special population (seniors and the disabled) needs for emergency preparedness; and,
- Promote long-term-care preparedness for Baby Boomers.

Though much has been done to enhance and improve programs and services for seniors, challenges exist. Particularly problematic is the legislative link of the AAA oversight agency, the Planning and Development Districts, directly to the Medicaid Agency. The direct link severs the DAAS relationship with the Medicaid Elderly and Disabled System making direct partnerships with Medicaid challenging.

Past efforts have created a strong foundation upon which to build in response to the expected population and need growth. The DAAS, with the support of its partners, can make a difference in the lives of many elderly Mississippians now and in the future.

VIII. Statewide Needs Assessment

The overall goal of the 2011 Mississippi Older Adults Needs Assessment and this report is to provide insight into factors that affect Mississippi’s ability to meet the added demands of an increasing aging population and to address the requirements of the Older Americans Act of 1965. Specifically:

1. Project the change in the number of older individuals in the state.
2. Analyze how such changes may affect individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency.
3. Analyze how programs, policies, and services provided by the state can be improved, including coordinating with Area Agencies on Aging (AAA), and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the state.

4. Analyze how the change in the number of individuals aged 85 and older in the state is expected to affect the need for supportive services.

METHODS.

Data:

Data for the 2011 Mississippi Older Adults Needs Assessment were collected from several primary and secondary sources in order to fully address the goals and objectives of the study. Primary data were collected through a telephone survey – the General Needs Assessment Survey – of Mississippians 55 and older, a telephone survey – the Waiting List Needs Assessment Survey – of Mississippians currently on a waiting list for DAAS services, and a focus group of service providers. All primary data collection was undertaken during the months of February and March 2011.

Additional data included administrative and secondary sources consisting of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey, health indicator data from the Centers for Disease Control and Prevention, and service trend data from the Administration on Aging. These supporting sources of data were vital in meeting and fully addressing the goals and objectives of the study because they allowed comparisons to be made between state and national trends and provided a more complete picture of the aging population, its specific characteristics, and the daily challenges they face.

The minimum age for inclusion in the GNAS component of the assessment was 55 years rather than 60, the age when individuals are eligible for services. This was done so agencies can begin planning not only for those currently eligible for services but for those who will become eligible in the next five years. Respondents were selected using list-assisted random-digit-dialing (RDD), which includes both listed and unlisted telephone numbers. A representative sample of 1,025 Mississippians 55 and older completed the survey. There was equal representation of survey respondents from each of the ten AAAs, and the margin of error was +/- 3 percent for responses.

For both telephone surveys, information was gathered on a variety of topics, including the health, well-being, economic situation, and social support status of respondents.

Sample Characteristics:

The characteristics of the sampled populations are reported in Table 1. The sampled group for the GNAS is an accurate representation of Mississippi's overall population of people 55 and older and the population served by DAAS when comparing national data and previous research. The WLNAS sample is more representative of low-income Mississippians, a group that is underrepresented in the GNAS. The underrepresentation of the aging population with low income in the GNAS does not affect results.

Gender. Mississippi's 55-and-older population has a gender breakdown of 53.9 percent male and 46.1 percent female (Current Population Survey 2008-2010). Over 70 percent of AAA

clients were female (Preliminary MDHS 2010 Data). Like most surveys, there was a much higher percentage of female participation compared to male participation. The GNAS included 279 males (27 percent) and 744 females (73 percent). The WLNAS included 50 males (17.7 percent) and 229 females (80.9 percent).

Race. Mississippi's 55-and-older population is 73 percent white and 26 percent African-American (Current Population Survey). The GNAS mirrors this breakdown, while the WLNAS has just over 60 percent of respondents as white and about 37 percent as African-American. Administrative data from the Mississippi Department of Human Services for Fiscal Year 2010 reports that over half of clients were African-American while less than 48 percent were white.

The report presents the results of a study conducted to evaluate the needs of the elderly population along with information that highlights strengths and weaknesses of the services provided to senior citizens in the state. The data came from multiple sources, including the most recent Census data, national and state epidemiological data, and administrative data. Data were also collected through two telephone surveys and a computer-assisted focus group to provide information on the awareness and use of services provided by the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and on the developing need for services over the next 10 years to meet projected changes in the aging population. The telephone surveys and focus group were conducted during February and March 2011. Data collected from the telephone surveys included health, well-being, and economic and social support variables on the general 55-and-older population in the state and from a sample of seniors awaiting services from DAAS.

The data reveal several straightforward conclusions regarding population characteristics, health, services, and needs.

POPULATION CHARACTERISTICS

- Mississippi's elderly population will increase by 30 percent by 2020 and double by 2050
- Thirteen percent of those 65 and older continue to be actively engaged in the workforce
- On average, the elderly population earns just over \$25,000 per year
- Seventeen percent of the elderly population lives in poverty

HEALTH

- An appreciative number of the elderly are disabled
- Obesity and diabetes are becoming the most prevalent health issues among the elderly

SERVICES

- Twenty-nine thousand elderly were served in 2009, an increase of 32 percent from 2006
- Home-delivered meals is the most prevalent service provided
- Congregate meal service needs are growing at a faster rate than other service needs

NEEDS

- Current and future concerns center on personal physical health and financial well-being
- Lack of affordable, accessible, and reliable healthcare and transportation
- Senior discount programs, repair services, home delivered meals, home healthcare, and information and referral services are top-ranked service needs
- Those who seek assistance are among the most vulnerable elderly population in the state
- Clear lack of awareness of services available to seniors

RECOMMENDATIONS

In sum, the 2011 Mississippi Older Adults Needs Assessment shows that older adults have greatly varying needs and that no single service or program will be an answer to every individual. There are, however, recommendations that can help the state better meet the needs of the aging population in Mississippi:

- Increase capacity to absorb the growing elderly population along with the increased demand for services
- Develop capacity to provide home healthcare assistance
- Develop programs to include repair services and referral services
- Develop appropriate workforce to meet the demands for jobs serving the elderly
- Develop marketing campaign for raising awareness of services provided to seniors
- Build strong and sustainable partnerships with for-profit and nonprofit organizations
- Develop educational campaign about aging and the role of the elderly in the community

IX. Attachments

- A. Assurances
- B. De-designation Procedure
- C. Priorities, Goals and Objectives
- D. Budgets
- E. Intrastate Funding Formula
- F. Organization Chart
- G. Area Agency on Aging Map
- H. Demographics of Older Mississippians
- I. Client Demographic Mix
- J. Priority Service Provision

- K. Programs and Services
- L. Waiting List Priority Chart
- M. Mississippi Statewide Needs Assessment
- N. Public Hearing Schedule, Agenda, Comments and Signature Sheets
- O. MDHS Emergency Operations Center Standard Operation Procedures (EOC SOP)

ATTACHMENT A. ASSURANCES

**STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND
INFORMATION REQUIREMENTS
Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals,

older individuals with limited English proficiency, and older individuals residing in *rural* areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(1) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services

provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division
(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(II)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

(A) identify the number of low-income minority older individuals in the State, including the

number of low income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include-- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will- (A) identify individuals eligible for assistance under this Act, with special emphasis on (i) older individuals residing in rural areas; (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; (iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; and (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to

facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3-

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND IOR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

- (2) The State agency:
 - (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public

hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) - (required only if the State funds in-home services not already defined in Sec. 102(19)»

The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identity, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(S)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities.

Section 307(a)(2S)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include-

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State;

and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307: (7) a description of the manner in which the State

agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*
 - (i) public education to identify and prevent elder abuse;*
 - (ii) receipt of reports of elder abuse;*
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph 0) by alleged victims, abusers, or their households; and*
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*
 - (i) if all parties to such complaint consent in writing to the release of such information;*
 - (U) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) upon court order.*

Director

Signature and Title of Authorized Official

8.31.10

Date

GENERAL ASSURANCES

A. GENERAL ADMINISTRATION

1. **Compliance with Requirements**

The State agency agrees to administer the program in compliance with the Older Americans Act of 1965 as amended, the State Plan, and all applicable regulations, policies and procedures established by the Assistant Secretary of the Administration on Aging or the Secretary of Health and Human Services.

2. **Efficient Administration**

The Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. **General Administrative and Fiscal Requirements**

The State agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute or program regulations.

4. **Training of Staff**

The State agency provides a program of appropriate training for all classes of positions and volunteers of personnel with the State agency, AAAs and service providers.

5. **Management of Funds**

The State agency maintains sufficient financial control and accounting procedures to assure proper disbursement of and accounting for Federal funds under this plan.

6. **Safeguarding Confidential Information**

The State agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

7. **Reporting Requirements**

The State agency agrees to furnish such reports and evaluations to the Secretary as may be specified.

8. Standards for Service Providers

All providers of services under this Plan operate in full conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The State agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. State Plan Amendments

State Plan amendments will be made in conformance with applicable program regulations.

B. EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS

1. Equal Employment Opportunity

The State agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 74.

2. Non-Discrimination on the Basis of Handicap

All recipients of funds from the State agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by handicapped persons. Where structural changes are required, these changes shall be made as quickly as possible, in keeping with 45 CFT Part 84.

3. Civil Rights Compliance

The State agency has developed and has implemented a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

C. PROVISIONS AND SERVICES

1. Priorities

The State agency has a reasonable and objective method for establishing priorities for services and such method is in compliance with the applicable statute.

2. Eligibility

The activities covered by the State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

3. Residency

No requirements as to the duration of residence will be imposed as a condition of participation in the State's program for the provision of services.

4. Coordination and Maximum Utilization of Services
The State agency, to the maximum extent possible, coordinates and utilizes the service and resources of the other appropriate public and private agencies and organizations.
5. Activities
The State agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act.
6. Preference of Service Provision
The State agency assures that preference is given to older persons in greatest social or economic need in the provision of service under the Plan.
7. Means Tests
The State agency assures that procedures exist to ensure that all services under this Part are provided without use of any means tests.
8. Licensing, Health, and Safety Requirements
The State agency assures that all services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services.
9. Voluntary Contributions
The State agency assures that older persons are provided opportunities to contribute voluntarily to the cost of services.
10. Priority Area Expenditure of Funds
Area Plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year.
11. Program Policy
The State agency will develop policies governing all aspects of programs operated under this Part, including the manner in which the Ombudsman Program operates at the State level and the relation of the Ombudsman Program .
12. Outreach
The State agency will require AAAs to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals.

13. Reporting

The State agency will have and employ appropriate procedures for data collection from AAAs to permit the State to compile and transmit to the Secretary accurate and timely statewide data requested by the Secretary in such form as the Secretary directs.

14. Preventative Health

If the State agency proposes to use funds received under Section 303(d) of the Act for services other than those for preventive health specified in Section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with greatest economic or social need, with special attention to low income minorities.

15. Post secondary Education Opportunities

AAAs will compile available information, with necessary supplements, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the AAAs to make a summary of the information available to older individuals at multipurpose sites, and in other appropriate places.

16. Congregate Meals for Disabled Household Members

Individuals with disabilities that reside in a non-institutional household with and accompany a person eligible for congregate meals under this Part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to Section 339(H).

17. Title VI Coordination

The State agency assures that services provided under this Part will be coordinated, where appropriate, with the services provided under Title VI of the Act.

18. Program Development and Coordination

The State agency will not fund program development and coordination activities as a cost of supportive services for the administration of Area Plans until it has first spent ten percent of the total of its combined allotments under Title III on the administration of Area Plans; the State and AAAs will, consistent with budgeting cycles, submit details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and the State agency certifies that any such expenditure by an

AAA will have a direct and positive impact on the enhancement of services for older persons in the PSA.

19. Outreach to Older Indians

The State agency assures that where there is a significant population of older Indians in any Planning and Service Area that the AAA will provide outreach as required by Section 306(a)(6)(N) of the Act.

Program Specific Assurances

Section 305

(1) Upon request the State agency will provide an opportunity for a hearing to any unit of general purpose local government if such units make an application for Planning and Service Area (PSA) designation and are denied designation by the State agency. Whenever the State agency designates a new area agency it shall give the right of first refusal to a unit of general purpose local government which meets specific criteria. The State agency shall approve or disapprove any such application in accordance with State agency procedures.

(2) The State agency shall provide assurances satisfactory to the Assistant Secretary, that it will take into account, in connection with matter of general public policy arising in the development and administration of state plans for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. ((a)(2)(B)).

(3) The State agency assures that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas, and will include proposed methods of carrying out the preference in the State plan ((a)(2)(E)).

(4) The State agency requires the use of outreach efforts described in section 307 ((a)(16)(a)(2)(F)).

(5) The State agency will consult with AAAs to set specific objectives for services to low-income minority older individuals; provide assurance that it will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; provide a description of the efforts. ((a)(2)(G)(H)).

(6) In the case of the State specified in subsection (b)(5), the State Agency and area agency on aging shall provide assurance, determined by the State agency, that the area agency will have the ability to develop an area plan and to carry out, directly or

through contractual or other arrangements, a program in accordance with the plan within the planning and service area ((c)(5)).

ATTACHMENT B. De-designation Procedure

DUE PROCESS PROCEDURES

FOR THE INITIATION OF ADVERSE ACTIONS AFFECTING AN AREA AGENCY ON AGING OR PLANNING AND SERVICE AREA

A. The designation of an Area Agency on Aging (AAA) may be withdrawn pursuant to the authority granted unto the Executive Director of the Mississippi Department of Human Services (MDHS) by the Mississippi Constitution and the Mississippi Legislature as set forth in Miss. Code Ann. §43-1-1 et seq (1972, as amended) and, more specifically, by the authority granted unto the Director of the MDHS Division of Aging and Adult Services (DAAS), acting as the Director of the State Unit on Aging (SUA), by the Older Americans Act of 1965 (as amended in 2006) (Public Law 109-356), 42 USC §3025(b)(5)(C) and 45 CFR §1321.

B. The revocation of the designation of a AAA is referenced in the Older Americans Act of 1965 (as amended in 2006) (Public Law 109-356), 42 USC §3025(b)(5)(C) and 45 CFR §1321.35. MDHS due process is also referenced in the Mississippi Administrative Procedures Law, Miss. Code Ann. §25-43-1 et seq (1972, as amended), in MDHS Administrative Policy AP-18 and in the MDHS Subgrantee Manual.

C. In accordance with 45 CFR §1321.35(a), in carrying out §305 of Title III Part A of the Older Americans Act, the State agency shall withdraw the area agency designation whenever it, after reasonable notice and opportunity for a hearing, finds that:

1. An area agency does not meet the requirements of this part;
2. An area plan or plan amendment is not approved;
3. There is substantial failure in the provisions or administration of an approved area plan to comply with any provision of the Act or of this part or policies and procedures established and published by the State agency on aging (SUA); or
4. Activities of the area agency are inconsistent with the statutory mission prescribed in the Act or in conflict with the requirement of the Act that it function only as an area agency on aging.

D. In accordance with the Older Americans Act of 1965 (as amended in 2006) (Public Law 109-356) §307(a)(5), §306(e) and §305(b)(5)(C), the SUA shall provide an opportunity for a hearing:

1. To a AAA when the SUA disapproves the Area Plan or Plan Amendment submitted by a AAA;
2. To a AAA when the SUA proposes to withhold all or part of a AAA's funds for failure to comply with federal or state laws, or with Area Plan requirements, or with Subgrantee Agreement conditions;
3. To any applicant when the SUA denies their application for designation as a Planning and Service Area or as a AAA, or when notice is given of the SUA's intention to withdraw the designation of a AAA; or

4. When the SUA designates a new planning and service area or otherwise affects the boundaries of a Planning and Service Area.

E. DUE PROCESS PROCEDURES START HERE.

These due process procedures pertain specifically to the initiation of de-designation proceedings against a AAA, but these same procedures are to be used for any adverse action affecting a AAA or Planning and Service Area.

When the conditions exist that warrant the initiation of action to withdraw the designation of a AAA, the MDHS, SUA and AAA will take the following steps:

1. The MDHS Executive Director will issue an Executive Order for the Initiation of Action to Withdraw the Designation of the AAA to the SUA Director.
2. The SUA will provide a plan to the Administration on Aging for the continuity of area agency functions and services in the affected Planning and Service Area and designate a new AAA in the Planning and Service Area in a timely manner. This may also involve dividing the affected Planning and Service Area among existing area agencies in order to provide the requisite continuity of services.
3. The SUA Director will deliver to the AAA Director a Notice of Initiation of Action to Withdraw the Designation of the AAA. This SUA Director's notification letter will act as the official notice that the initiation of action to withdraw the designation of the AAA has begun; it will outline and document the need for these actions and reasons for the withdrawal of their designation; it will inform the AAA of its right to have a public hearing on this matter; it will explain that area agencies on aging, service providers and concerned older individuals from the Planning and Service Area are welcome to participate in the process; and it will inform the AAA of its right to appeal the final decision of the MDHS Executive Director to the Assistant Secretary for Aging of the Administration on Aging (see the Older Americans Act of 1965 (as amended in 2006) (Public Law 109-356), Title III, Part A, §305(b)(5)(C)(i)(I), 42 USC §3025(b)(5)(C) and 45 CFR §1321.35). The SUA Director will deliver this Notice of Initiation of Action to Withdraw the Designation of the AAA and a copy of these Due Process Procedures to the AAA Director.
4. If an emergency shutdown of all AAA functions is required, the affected AAA shall voluntarily deliver, or in the alternative, the SUA will confiscate without the need for a subpoena or proper judicial order, any and all pertinent electronic and hardcopy data, files, information, documents, manuals, records, reports, correspondence and any and all other property that belong to MDHS and the SUA from all of the AAA offices and satellite offices. These items include any and all products from the AAA that were created in the process of conducting the business, projects and programs of acting as a AAA, whether directly or indirectly financed by or through MDHS or the SUA, regardless of the funding sources.
5. The AAA Director must respond to the SUA Director, in writing, within 15 days from the date of receipt of a copy of the SUA Director's Notice of Initiation of Action to Withdraw the Designation of the AAA (from step 3) and the Due Process Procedures. In this response, the AAA must declare their intentions whether they will concur, nonconcur, contest, challenge and/or rebut the SUA Director's decision to initiate action to withdraw their designation as the AAA in the Planning and Service Area in question.

In this letter, the AAA Director must inform the SUA of whether or not the AAA requests a public hearing on this matter. If the AAA Director does not respond by the end of the allotted 15-day time period or declines the opportunity for a public hearing, go to step 7.

6. If a public hearing is requested by the AAA Director, the SUA Director will inform the AAA Director, in writing, at least 10 days before the date of the public hearing, of the specific date, time, location and other relevant facts concerning the public hearing, as well as place a notice in the Clarion Ledger, a newspaper with statewide coverage, at least 10 days before the date of the public hearing.

7. Within 10 days after the public hearing; or within 10 days after receiving notice that the AAA Director has declined the opportunity of having a public hearing; or if the AAA Director fails to respond to the SUA Director's notification letter by the end of the allotted 15-day response time period, the SUA Director will inform the MDHS Executive Director and the AAA Director within 10 days, in writing, of his final findings, opinions and decision concerning the withdrawal of the AAA's designation.

8. Within 10 days after receipt of the SUA Director's final decision letter (from step 7), the MDHS Executive Director, after examining all of the relevant facts and evidence, will issue in writing, to the SUA Director and the AAA Director, the MDHS Executive Director's Notice of Final Decision concerning the withdrawal of the AAA's designation. This formal Notice of Final Decision from the MDHS Executive Director is considered to be the MDHS/SUA final ruling on this matter in the state of Mississippi.

9. If the AAA Director does not concur with the conclusion, stated in the MDHS/SUA Notice of Final Decision, to withdraw their designation as the AAA in the Planning and Service Area in question, they have a right to appeal to the Assistant Secretary for Aging of the Administration on Aging (see the Older Americans Act of 1965 (as amended in 2006) (Public Law 109-356), Title III, Part A, §305(b)(5)(C)(i)(I), 42 USC §3025(b)(5)(C) and 45 CFR §1321.35).

10. The Assistant Secretary for Aging may affirm or set aside the decision of the State agency. If the Secretary sets aside the decision, and the State agency has taken adverse actions against the AAA, the State agency shall reverse and nullify those actions. If the Secretary affirms the MDHS/SUA decision, the actions of the withdrawal of designation proceedings stand as the unconditional final administrative action.

DUE PROCESS PROCEDURES END HERE

F. The same due process procedures, that are outlined in paragraph E above, will be followed when MDHS or the SUA initiates any adverse actions affecting a AAA or Planning and Service Area (see paragraph D above), such as withholding funding from a AAA or when adding or effecting changes to the boundaries of Planning and Service Areas.



Don Thompson, Executive Director

Revised as of July 1, 2010

ATTACHMENT C. Priorities, Goals, Objectives, Outcomes and Performance Measures

During the next four years, activities of the DAAS will be guided by the three broad categories of: Home and Community-Based Systems, Elder Abuse Prevention and Advocacy, and Administration and Management that follow with the four (4) goals of the Administration on Aging.

Administration on Aging's Strategic Plan Goals

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Mississippi Department of Human Services Division of Aging and Adult Services' Goals

Goal 1: Increase the number of older people who will have access to an integrated array of health and social supports.

Strategic Objective 1.1 Strengthen DAAS' capacity to deliver access services to people through an integrated array of health and social services.

Implementing Objectives:

1. Promote the Aging and Disability Resource Center (ADRC) concept and expand partnerships and geographic coverage.
2. Enhance collaboration, cooperation, and commitment to the ADRC notion within the aging network.
3. Develop ADRC access methodologies that include state-of-the-art electronic information resource systems capable of answering inquiries about health and social supports and include components for client intake, care plans, assessment of need, service utilization, and tracking service costs.
4. Develop partnerships with state agencies and other public and private entities to partner in the ADRC and information systems projects.
5. Provide a comprehensive array of information, intake, referral, and counseling services for seniors, disabled adults, and caregivers through the ADRC.

6. Educate the public, including low-income, rural, and limited English speaking older people, about the resources available through the ADRC.
7. Collaborate with ADRC partners to write and submit the ADRC State Plan prior to the start of the 2012 federal fiscal year.
8. Enhance public information, education, and awareness activities by developing and disseminating information regarding issues and concerns of older persons through public media.
9. Ensure provision of service to private pay and non-elderly (disabled adults) clients.
10. Empower consumers to make informed decisions about long-term care programs, existing care options, and planning for long-term care needs through a comprehensive information system.
11. Develop measurable performance objectives through consumer response research that address: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.
12. Participate on the state transportation assessment committee and the United We Ride initiative and apply the toolkit to assess needs of the elderly for transportation.
13. Participate in the state coordination transportation effort to assist seniors locate transportation.
14. Implement a total of 10 fully-functioning ADRCs by Federal Fiscal Year 2014.

Performance Measures (PM):

1. ADRC Standard Operating Procedures.
2. Number of fully-functioning ADRCs.
3. Number of partnerships to support the sustainability of ADRCs.
4. Percentage of follow-ups completed within the required fourteen (14) day window following the initial referral.
5. Compliance with implemented waiting list policy using the customer tracking system.
6. Number of visits to the MississippiGetHelp.org website.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM2: # of Fully Functioning ADRCs	1	2	5	7	10
PM 3: # of partnerships to sustain ADRC	Not tracked	0	1	2	4
PM4: % of follow-ups completed within 14 days	Not tracked	50%	75%	90%	100%
PM6: # of visits to website	Not tracked	300,000	600,000	1,200,000	2,400,000

Objective 1.2 Support the Aging Network role in developing systems of care that provide an integrated array of health and social supports.

Implementing Objectives:

1. Provide formula grants to AAAs to support information, outreach, access, nutrition, and supportive services; ensuring development of integrated systems of service through the area plans.
2. Provide a statewide client management system to document use of funds.
3. Identify state-of-the-art models and techniques of care to improve access to resource systems and pilot new projects.
4. Maintain and increase the availability of support services for older adults and their caregivers, (i.e., adult day care, case management, congregate meals, emergency response, home-delivered meals, homemaker, information and referral/assistance, legal assistance, ombudsman, outreach, respite, senior center, transportation) with preference in providing services to older individuals with greatest economic or social need, low income minority individuals, and individuals residing in rural areas.
5. Develop strategies for AAAs to strengthen the Home and Community-Based Service System through exploring consumer choice models for service delivery. (i.e., adult day care, congregate meals, emergency response, home-delivered meals, homemaker, respite, senior center, transportation)
6. Discourage age discrimination by increasing public and private sector awareness and involvement in employing older workers who wish to remain in or return to the work force through unsubsidized placement of Title V enrollees.
7. Support future policy and program development through review and analysis of available resource data to identify strategies and approaches for system improvement.

Performance Measures:

1. Number of partnerships with State agencies to enhance and streamline access to services.
2. Number of persons screened for services.
3. Number of new congregate meal sites.
4. Number of high-risk persons identified.
5. Media campaign targeting rural areas to promote awareness on the benefits of hiring older workers.
6. Number of individuals assisted through the Aging and Disability Resource Center information and assistance service.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM2: # of persons screened for services	23,489	24,000	24,000	24,000	24,000
PM3: # of new	Not Tracked	2	3	6	8

congregate sites					
PM4: # of high-risk persons served	10,437	10,959	11,507	12,082	12,686
PM6: # of individual assisted through the ADRC	3248	10,000	13,000	16,000	19,000

Objective 1.3 Partner with federal, state, and private sector organizations to promote policies, programs, and activities that increase access for seniors.

Implementing Objectives:

1. Explore opportunities to develop, maintain, and expand the Home and Community-Based Services partnership system including:
 - a. Departments of Education-Child and Adult Care Food Program and institutions of higher learning, Health, Mental Health-Alzheimer's Division and Development Disabilities Council, Rehabilitation Services, Transportation and Workforce Investment Act programs.
 - b. State elderly nutrition program.
 - c. Volunteer, community, fraternal, and religious organizations.
2. Develop joint projects and activities with partners.
3. Participate in government-wide and private sector projects and activities that improve access.
4. Encourage AAA development of partnerships in the public and private sector.
5. Promote the implementation of federal actions such as the Medicare Modernization Act.
6. Coordinate with advocacy organizations to advocate for and promote changes in legislation positively affecting elderly citizens.

Performance Measures:

1. Number of Memoranda of Agreements with State agencies for electronic referrals for services through the client tracking system.
2. Number of partnerships at the Area Agency on Aging level with hospital and nursing home discharge planners.
3. Development of a caregiver training curriculum.
4. Number of caregiver trainings.
5. Promote the introduction of at least one piece of legislation promoting positive changes affecting the Aging population per legislative session.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of MOAs with State Agencies for e-refer	0	0	1	2	4

PM2: # of partnerships at AAA with discharge planners	Not Tracked	1	2	5	10
PM4: # of caregiver trainings	Not Tracked	0	1	1	1
PM5: # of bills introduced	2	1	1	1	1

Goal 2: Increase the number of older people who stay active and healthy.

Objective 2.1 Strengthen the DAAS’ capacity to provide information to older people to promote an active and healthy lifestyle and educate the public about the importance of lifestyle choices, health promotion, and disease prevention.

Implementing Objectives:

1. Develop activities and resources that educate seniors about starting and maintaining an active and healthy lifestyle and healthy behaviors.
2. Develop health promotion and disease prevention programs for seniors, particularly low-income, rural, and limited English speaking people, and the public.
3. Develop activities to promote life planning strategies for seniors and baby boomers that address the following topics:
 - a. active aging and social engagement
 - b. retirement
 - c. volunteerism
 - d. money-management
 - e. wellness and health care counseling
 - f. long-term care insurance
 - g. end of life decision making
4. Encourage the development of intergenerational programs, i.e., mentoring children and young adults.

Performance Measures:

1. Number of funding sources utilizing Information and Referral to improve service delivery for promoting a healthy lifestyle.
2. Participation in community health fairs and seminars promoting health.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM2: # of health promotion health fairs	Not Tracked	Not Tracked	20	30	45

Objective 2.2 Develop programs aimed at adopting and maintaining active and healthy lifestyles throughout the Aging Network.

Implementing Objectives:

1. Provide AAAs formula subgrants to support health promotion services and ensure effective use of funds.
2. Provide a statewide client management system to document use of funds.
3. Identify state-of-the-art models and techniques of care that can be used to improve health promotion and disease prevention programs and pilot new projects.
4. Target development and testing programs that help older people stay active and healthy, including the high risk population.
5. Support future policy and program development through review and analysis of available resource data to identify strategies and approaches for improvement.
6. Develop congregate meal program to increase participation and expand wellness programs.
7. Promote older persons as resources for their communities.

Performance Measures:

1. Number of care transition programs available statewide.
2. Number of volunteers utilized at the local level.
3. Number of wellness programs provided at congregate sites.
4. Annual presentation and recognition of the distinguished older Mississippian.
5. Annual recognition of volunteers supporting the Aging network.
6. Number of individuals provided information on the promotion of an active and healthy lifestyle as well as the education of the public about the importance of lifestyle choices, health promotion, and disease prevention.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of care transition programs	Not Tracked	1	2	5	10
PM3: # of wellness programs at congregate sites	Not Tracked	10	15	20	25
PM6: # of individuals provided info on health promotion	Not Tracked	Not Tracked			

Objective 2.3 Partner with government agencies and private sector organizations to promote policies, programs, and activities that encourage people to adopt and maintain active lifestyles and practice healthy behaviors.

Implementing Objectives:

1. Locate joint projects and activities and partner with public and private agencies and organizations to accomplish the objective.
2. In collaboration with the Mississippi Department of Health, assist AAAs to organize health screening fairs.
3. Partner with the Mississippi Department of Health to sponsor influenza/pneumonia vaccination events for seniors.
4. Promote Medicare Prescription Plan enrollment during public health related events.
5. Participate in government and private sector activities and initiatives that have the potential to help older people.
6. Market the Aging Network to the public/private sectors using public awareness activities to develop strategies for communication, coordination, and collaboration and increase awareness and understanding of the benefits of each partnership to promote healthy lifestyles.
7. Co-sponsor SCAM JAMS with Mississippi Secretary of State to help consumers beware of fraud and abuse in the Medicare program. (SMP program)
8. Train SMP volunteer counselors to help detect and report waste, fraud, and abuse.
9. Provide educational events and counseling to help seniors understand Medicare, Medicaid, and other health insurance matters.
10. Maintain and strengthen partnership with Alzheimer's organizations.

Performance Measures:

1. Development of media campaigns to market the Aging network.
2. Participation in local market broadcasting opportunities to promote the Aging network.

Goal 3: Increase the number of families who are supported in the efforts to care for family and friends at home or in the community.

Objective 3.1 Provide information to family and caregivers to support the caregiver role and educate the public on caregiving and the importance of supporting caregivers.

Implementing Objectives:

1. Develop activities and resources that educate seniors, caregivers, and the general public, including policymakers, about family caregiving and the importance of helping families to care for relatives and friends at home.
2. Provide information to families, including low-income, rural, and limited English-speaking families about family caregiving.
3. Promote grandparents caring for grandchildren initiatives.
4. Draft and support state legislation to assist families to care for relatives at home.

Performance Measures:

1. Number of caregiver trainings provided at the area agency on aging level.

- Expand the number of area agencies on aging offering the Grandparenting program.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of caregiver trainings	Not Tracked	0	1	1	1
PM2: # of AAAs offering grandparenting programs	1	1	2	4	5

Objective 3.2 Support the Aging Network’s role in helping family caregivers.

Implementing Objectives:

- Provide formula grants to AAAs to support the National Family Caregiver Support Program (Title III E); ensuring the effective use of the funds.
- Provide a statewide client management system to document use of funds.
- Identify and disseminate state-of-the-art models and techniques of care to improve services that provide support for and help caregivers.
- Support future policy and program development through review and analysis of available resources to identify strategies and approaches for improvement.

Objective 3.3 Partner with other Federal agencies and private sector organizations to promote policies, programs, and activities that support family caregivers.

Implementing Objectives:

- Partner with public and private agencies and organizations on joint projects and activities to accomplish the objective.
- Participate in government and private sector activities and initiatives that have the potential to benefit the family caregiver program goals.

Performance Measures:

- Number of referrals to state agencies to streamline access for caregiver services.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of referrals to state agencies for caregiver services	Not Tracked	0	100	225	500

Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

Objective 4.1 Provide information to older persons on elder rights and consumer protection issues and programs, and educate the public on the importance of such programs.

Implementing Objectives:

1. Develop activities and resources that educate seniors, caregivers, and the general public, including policymakers, on the importance of protecting the rights of older people in preventing elder abuse, neglect, and exploitation.
2. Provide information to seniors, including low-income, rural, and limited English-speaking persons, caregivers, and the general public, about benefits to which they are entitled.
3. Provide the Aging Network with up-to-date information on new amendments or changes to the statutes and/or regulations concerning elder abuse prevention.
4. Support the goals of the Mississippi Leadership Council of Aging to promote the safety and security of older Mississippians.

Performance Measures:

1. Development of a training curriculum to educate the general public on accessing available services.
2. Media campaign to educate the general public on the importance of protecting the rights of older people in preventing elder abuse, neglect and exploitation.

Objective 4.2 Support the Aging Network's role in protecting older consumers in preventing elder abuse, neglect, and exploitation.

Implementing Objectives:

1. Provide formula grants to AAAs to support elder abuse prevention, legal services, legal services hotlines, and long-term care ombudsman programs (Title III B and Title VII); ensuring the effective use of the funds.
2. Provide a statewide client management system and Ombudsman activity tracking program to document use of funds.
3. Identify and disseminate state-of-the-art models and techniques that can be used by states and communities to inform seniors of their rights and prevent elder abuse, neglect, and exploitation.
4. Support the development of new models or techniques that can make it easier for older persons to know their rights.
5. Support future policy and program development through review and analysis of available resources to identify strategies and approaches for improvement in this area.
6. Implement and monitor the Adult Protective Services program in the DAAS.

7. Support the Ombudsman Program to protect residents in nursing and personal care homes from abuse.
8. Promote coordination with law enforcement and the judicial system to educate first responders and increase successful prosecution of persons who are responsible for acts of adult abuse, neglect, and exploitation.
9. Develop training and education opportunities for law enforcement personnel responsible for investigation of adult abuse, neglect, and exploitation.

Performance Measures:

1. Number of resolved nursing home complaints.
2. Number of LTC Ombudsman information and assistance calls.
3. Number of LTC Ombudsman visits to residents.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of resolved complaints	991	1040	1092	1146	1203

Objective 4.3 Partner with other Federal agencies and public and private sectors to promote policies, programs, and activities to inform seniors of their rights and prevent elder abuse neglect and exploitation.

Implementing Objectives:

1. Partner with public and private agencies and organizations on joint projects and activities to accomplish the objective.
2. Participate in government and private sector activities and initiatives that have the potential to benefit the program goals.
3. Coordinate with the Department of Mental Health Development Disability Council about intervention strategies supporting the concept of aging in place for seniors and persons with developmental disabilities.
4. Promote and support efforts in coordinating services and support systems for seniors with developmental disabilities.
5. Cross-train professionals in the aging and developmental disabilities service networks.
6. Support legislative initiatives to enhance the rights of the elderly, specifically those which will preserve independence and self-determination.
7. Coordinate with advocacy organizations to advocate for and promote changes in legislation positively affecting elderly citizens.

Performance Measures:

1. Number of TRIADs at the local level.
2. Creation of a statewide Elder Abuse Prevention Program.
3. Number of materials distributed.
4. Number of presentation, trainings and events.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of TRIADs	Not Tracked	5	10	15	20
PM4: # of presentations regarding EAP	Not Tracked	5	10	15	20

Goal 5: Strengthen the effectiveness of DAAS’ administration and management practices.

Objective 5.1 Improve strategic management of human capital within DAAS.

Implementing Objectives:

1. Manage the planning, development, and coordination of human resources to sustain an adequate supply of trained permanent personnel to meet the needs of the aging programs at the state and local levels.
2. Maintain workforce plans for DAAS and the AAAs.
3. Provide training and professional staff development for DAAS, AAAs and service providers.
4. Serve as the focal point at the state level for information, data collection/dissemination, training, and technical assistance to agencies, organizations, businesses, and etc. about activities and issues impacting older Mississippians.
5. Provide professional development and continuing education credits during the statewide annual Aging and Long Term Care conference and at selected training events.
6. Promote college/university Gerontological program involvement in the Aging Network.
7. Collaborate with Gerontological organizations to develop resources.
8. Develop the necessary orientation, training manuals/materials, and certification, and training activities needed in new program areas.

Performance Measure:

1. Number of professional development seminars for DAAS, AAAs and service providers.

Objective 5.2 Maintain strong financial management practices.

Implementing Objectives:

1. Provide exemplary financial management for the DAAS.
2. Provide oversight for financial management of AAAs.
3. Guide AAA subgrant activities through the Subgrantee Manual and the Service Provider Policy Manual that outline rules and regulations for administration of subgrants and contracts, and fiscal management of federal, state and local funds.

4. Ensure that AAAs issue a request for proposals for services in the PSA.

Performance Measure:

1. Number of quality assurance checks performed.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of quality assurance checks performed	Not Tracked	5	10	10	10

Objective 5.3 Leverage technology for optimal program management service delivery.

Implementing Objectives:

1. Create and maintain an efficient Management Information System which produces accurate and timely data collection.
2. Provide training and technical assistance to AAAs to improve reporting.
3. Monitor reporting for NAPIS, NORS, Title V, CACFP and other programs.
4. Submit grants/subgrants electronically.
5. Communicate electronically with AAAs and other human service agencies/organizations.
6. Continue to upgrade the MIS to meet changing data requirements of AAAs and service providers.
7. Integrate service providers into the Aging Network referral and reporting systems.

Performance Measures:

1. Number of trainings and technical assistance visits to AAAs to improve reporting.
2. Number of service providers participating in the state MIS.
3. Number of collaboration meetings to analyze impact of expenditures and service delivery.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of reporting trainings	Not Tracked	3	2	4	4
PM2: # of provided using MIS	Not Tracked	1	10	20	20

Objective 5.4 Achieve integration of budget and performance.

Implementing Objectives:

1. Evaluate and review of AAA Program Performance Reports (quarterly).
2. Analyze impact of annual subgrants to determine unit cost service delivery/effect on seniors.
3. Monitor NAPIS and NORS requirement outcomes and make modifications as necessary.
4. Review and monitor the AAA reporting systems in NAPIS, NORS, SHIP, SMP, Title V and others.
5. Share performance information with the partners, program stakeholders and advocacy supporters.

Performance Measures:

1. Evaluation of quarterly budget and performance reports to justify expenditures per service and funding source.

Objective 5.5 Provide leadership and oversight in the development, delivery, and provision of Aging programs and services through compliance with established policies, procedures, and Quality Assurance Standards.

Implementing Objectives:

1. Develop State and Area Plan processes.
2. Conduct public hearings.
3. Solicit the views and concerns of older citizens, public officials and the general public on the priority service needs of older Mississippians.
4. Review and monitor Area Plans and take corrective action.
5. Evaluate rural, low income and low-income minority population data in PSAs and formulate fund allocation to meet rural, low income and low-income minority needs through the Intrastate Funding Formula.
6. Monitor and evaluate each AAA's performance and service delivery using the Quality Assurance Review Instruments through desk-top and annual on-site visits.
7. Ensure program coordination.
8. Develop a State Leadership Advisory Council with AAAs.
9. Review and update the Quality Assurance Standards and Review Instruments (with input and recommendations from the AAAs and service providers), Policies and Procedures Manuals, etc. to reflect the reauthorization of the Older Americans Act and Departmental Administrative changes.
10. Ensure that reviews of service providers are conducted to assess effectiveness in serving and meeting the needs of rural, low-income, and low-income minority older persons.

Performance Measures:

1. Number of staff development seminars for DAAS, AAAs and service providers on compliance with established policies and procedures.
2. Attendance at annual public hearings held by each area agency on aging.

3. Number of desktop and annual on-site visits to monitor and evaluate AAA performance and service delivery.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of policy trainings	Not Tracked				
PM3: # of service delivery quality checks	Not Tracked				

Objective 5.6 Actively pursue new funding sources for Aging services and programs.

Implementing Objectives:

1. Demonstrate the need for commitment to and support of new partnerships from federal, state, and local government, and the public and private sector.
2. Explore the feasibility of developing sliding fee scales and cost-sharing strategies to increase revenues to support aging services and programs.

Performance Measures:

1. Number of grants opportunities actively pursued.
2. Number of new partnerships to support Aging services and programs.

Outcomes:

Program	2010 Actual	2011 Projected	2012 Projected	2013 Projected	2014 Projected
PM1: # of new grant opportunities pursued	3	2	2	2	2

Administration on Aging Strategic Goals

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long term care options.
2. Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

ATTACHMENT D. BUDGET

The budget includes the following parts:

1. State Agency Operating Budget - Fiscal Year 2007
2. Fiscal Year 2007 Projected Title III Allocation by PSA
3. Fiscal Year 2007 Projected Title VII Allocation by PSA
4. State Program Allocations by Planning and Service Areas for Fiscal Year 2007.

State Agency Operating Budget - Fiscal Year 2007

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES (DAAS) STATE AGENCY OPERATIONS BUDGET FY 2011			
TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:			
	FEDERAL	STATE	TOTAL AGENCY BUDGET
Title III: DAAS Administration	\$580,808	\$193,603	\$774,411
Title III: (Part B) Long-Term Care			
Ombudsman Program	\$31,500	\$5,559	\$37,059
Title VII: Ombudsman	\$123,702		
Title VII: Elder Abuse	<u>\$47,551</u>		
Title VII Total	\$171,253	\$0	\$171,253
Other Funds	\$477,391	\$1,720	\$479,111
Total	\$1,291,295	\$202,602	\$1,493,897

TITLE III FEDERAL FISCAL YEAR 2011 PROJECTED BY PSA/AAA

PSA/AA A	Area Plan Administ ration \$	Supportiv e Services \$	Congrega te Meals \$	Home Delivered Meals \$	Preventive Health \$	Caregi ver Servic es \$	Total Title III \$
Central	\$164,292	\$458,802	\$558,249	\$277,538	\$32,523	\$185,685	\$1,678,210
East Central	107,035	298,906	363,695	180,814	21,189	121,703	1,093,342
Golden Triangle	64,918	181,289	220,584	109,665	12,851	73,814	663,121
North Central	71,406	199,407	242,630	120,625	14,136	81,191	729,395
Northeas t MS	56,729	158,421	192,759	95,832	11,230	64,503	579,474
North Delta	79,837	222,954	271,280	134,869	15,804	90,778	815,522
South Delta	70,966	198,179	241,135	119,882	14,048	80,690	724,900
Souther n MS	194,438	542,989	660,684	328,464	38,490	221,083	1,986,148
Southwe st MS	92,776	259,086	315,243	156,726	18,366	105,489	947,686
Three Rivers	88,979	248,481	302,340	150,311	17,614	101,171	908,896
Total State of MS	991,375	2,768,514	3,368,599	1,674,726	196,251	1,27,228	10,126,693

Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2009 Allocation.

TITLE VII FEDERAL FISCAL YEAR 2011 PROJECTED BY PSA/AAA

PSA/AAA	Title VII-Ombudsman	Title VII-Elder Abuse
Central	\$22,3058	\$7,632
East Central	14,531	4,972
Golden Triangle	8,813	3,016
North Central	9,694	3,317
Northeast MS	7,702	2,635
North Delta	10,839	3,709
South Delta	9,635	3,297
Southern MS	26,398	9,032
Southwest MS	12,596	4,310
Three Rivers	12,080	4,133
Total State of MS	\$134,593	\$46,053

Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2009 Allocation.

Additional Funding:

The DAAS receives \$6.5 Million from the Social Services Block Grant Funds. The proposed Budget for FFY 2011 follows:

MDHS/DIVISION OF AGING AND ADULT SERVICES
FFY11 TITLE XX/SSBG BUDGET NARRATIVE

DAAS ADMINISTRATION

SALARIES \$ 170,000 **170,000**

Estimated salary of \$340,000 for 9 staff @ 50%

FRINGE BENEFITS **51,000**

Salaries of \$170,000 x 30%

COMMODITIES **5,000**

AVERAGE	<u>PER MONTH</u>	<u>PER YEAR</u>
Office supplies (paper, pens, etc.)	\$ 166.67	\$ 2,000
Printing cost (brochures, etc.)	250.00	<u>3,000</u>
		\$ 5,000

CONTRACTUAL SERVICES **208,566**

<u>PER-RATE SHARE</u>	<u>PER MONTH</u>	<u>PER YEAR</u>
Office space and machines	\$ 416.67	\$ 5,000
Telephone cost	341.67	4,100
Postage	176.333	2,116
Share of legal and auditing fees	445.83	5,350
Estimated MDHS allocation	16,000	<u>192,000</u>
		\$ 208,566

TRAVEL **11,370**

7,070 miles @ \$0.50 per mile	\$ 3,535
IN-STATE: Hotel: 20 days @ \$70 per day	1,400
Meals: 20 days @ \$35 per day	735
OUT-OF STATE: Hotel: 20 days @ \$110 per day	2,200
Meals: 21 days @ \$40 per day	840
Registration fees for conferences and workshops	<u>870</u>
	\$ 11,370

TOTAL DAAS ADMINISTRATION: \$ 445,936

Social Services Block Grant Continued

RECAP OF SERVICES AND ALLOCATION OF FEDERAL FUNDS

SERVICE	FEDERAL ALLOCATION	%	CLIENTS / PARTICIPANTS	UNITS OF SERVICE
Adult Day Care	\$ 149,969	3%	46	11,839
Case Management	299,287	5%	200	8,684
Home Delivered Meals	1,827,020	32%	4,700	459,628
Homemaker / Health Services	1,956,124	35%	4,600	133,889
Information & Assistance (PAP)	100,414	1.2%	3,237	6,474
Ombudsman	22,175	.4%	113	2,705
Respite	130,408	2.4%	11	3,335
Transportation	912,858	16%	1,514	157,457
Adult Protective Services	270,000	5%		
<i>SUB-TOTAL: SERVICES</i>	\$ 5,398,255	100%	14,421	784,011
		85%		
AAA Administration	406,222	7%		
DAAS Administration	445,936	8%		
<i>TOTAL: FEDERAL ALLOCATION</i>	\$ 6,505,467	100%		

Social Services Block Grant funds assist the Aging Network to provide services to meet the needs of older Mississippians.

ATTACHMENT E. INTRASTATE FUNDING FORMULA

The Mississippi Department of Human Services, Division of Aging and Adult Services, in response to requirement of the Older American Act, as amended, and the Administration on Aging's Program Instruction, submits the Intrastate funding Formula for Fiscal Year 2007 - 2010. The Formula is designed to address the needs of Mississippi's older population at the local level in each planning and service area.

The guiding philosophy of the Intrastate Funding Formula is to provide equitable funding to ensure quality service to persons age 60 and above, including those in greatest economic or social need with particular attention to low-income minority individuals.

The Intrastate Funding Formula is intended to address the following goals:

1. To satisfy the requirements of the Older Americans Act and Title III regulations.
2. To be simple and easy to apply.
3. To ensure access to the system by eligible persons.
4. To objectively apply all requirements.
5. To correlate services with need.
6. To achieve balance between prevention and intervention in the allocation of resources.

The Older Americans Act defines greatest social need as the need cause by non economic factors, which include physical and mental disabilities, language barriers, cultural, social, or geographic isolation including those caused by racial or ethnic status with respect to an individual's ability to perform normal daily task or which threaten such individual's capacity to live independently. Since the definition is so broad and nonspecific, it is assumed that many individuals aged 60 and over, who do not fit into a specific category are in greatest social need. Therefore the number of persons age 60 and over is included as a factor.

They Older Americans Act defines greatest economic need as need resulting from an income level at or below poverty level established by the Office of Management and Budget. This definition is applied to the formula by including the number of people age 60 and over, with incomes at or below the poverty level as a factor.

The Older Americans Act provides that particular attention should be paid to low income minority individuals. Over 60% of those at or below the poverty level are minority individuals and approximately one third of the minority individuals are at or below the poverty level. Therefore, by including age 60 and over at or below the poverty level and age 60 and over minority individuals as factors, it is assumed that particular attention has been paid to low income minority individuals.

The Older Americans Act refers to geographic isolation as cause for need. It is assumed that persons who reside in rural area are more geographically isolated, relative to those who

reside in urban areas. Therefore the number of person with a rural residence and 60 and over is included as a factor.

The Mississippi Intrastate Funding Formula, developed in consultation with the Area Agencies on Aging and the Planning and Development Districts, and published and disseminated through public hearing, is weighted as follows:

- 30 % Age 60 and over
- 25 % Age 60 and over Living Below the Poverty Level
- 30 % Age 60 and over Minority Living Below the Poverty Level
- 15 % Age 60 and over Living in Rural Areas.

The Intrastate Funding Formula for Mississippi follows. Table 1 describes the 1990 and 2000 Census comparison and difference by AAA. Table 2 shows the 1990 and 2000 Census comparison pro rate percentage difference by AAA; and Table 3 compares the pro rata percentage difference by AAA. The Intrastate Funding Formula narrative indicates the weighted variables and Chart 1 shows the percent of loss or gain by AAA.

Table 1 shows the numeric difference in the 1990 and 2000 Census.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 1. 1990 AND 2000 CENSUS COMPARISON AND DIFFERENCE BY AAA

AAA	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL		
	Census	Census		Census	Census		Census	Census		Census	Census	
	2000	1990		2000	1990		2000	1990		2000	1990	
	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference
North Delta	33,995	28,672	5,323	6,135	8,848	(2,713)	3,745	5,916	(2,171)	17,035	19,166	(2,131)
South Delta	22,705	26,150	(3,445)	5,690	9,118	(3,428)	4,455	7,171	(2,716)	8,265	10,816	(2,551)
North Central	25,165	26,185	(1,020)	5,910	8,427	(2,517)	3,744	5,375	(1,631)	13,855	15,244	(1,389)
Golden Triangle	27,895	26,408	1,487	4,870	7,167	(2,297)	2,864	4,027	(1,163)	16,355	16,630	(275)
Three Rivers	44,280	40,384	3,896	7,910	10,465	(2,555)	2,363	2,912	(549)	28,740	25,140	3,600
Northeast	26,905	24,862	2,043	5,470	7,387	(1,917)	1,235	1,871	(636)	20,845	16,273	4,572
Central East	82,195	78,836	3,359	11,825	18,016	(6,191)	7,575	11,705	(4,130)	27,850	25,553	2,297
Central East	44,345	42,184	2,161	8,800	11,720	(2,920)	4,180	5,096	(916)	31,365	28,143	3,222
Southern	114,750	100,172	14,578	16,125	20,703	(4,578)	5,045	6,974	(1,929)	51,240	39,842	11,398
Southwest	35,025	34,143	882	7,105	10,136	(3,031)	4,485	6,119	(1,634)	22,990	24,578	(1,588)
Totals	457,260	427,996	29,264	79,840	111,987	(32,147)	39,691	57,166	(17,475)	238,540	221,385	17,155
		% Change	6.84%		% Change	-28.71%		% Change	-30.57%		% Change	7.75%

Table 2 shows the pro rata percentage difference between the Area Agencies on Aging for the 1990 and 2000 Census and highlights the difference.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 2. 1990 AND 2000 CENSUS COMPARISON PRO RATA PERCENTAGE DIFFERENCE BY AAA

(No Weights) AAA	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL		
	Census	Census		Census	Census		Census	Census		Census	Census	
	2000	1990		2000	1990		2000	1990		2000	1990	
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference
North Delta	7.43%	6.70%	0.74%	7.68%	7.90%	-0.22%	9.44%	10.35%	-0.91%	7.14%	8.66%	-1.52%
South Delta	4.97%	6.11%	-1.14%	7.13%	8.14%	-1.02%	11.22%	12.54%	-1.32%	3.46%	4.89%	-1.42%
North Central	5.50%	6.12%	-0.61%	7.40%	7.52%	-0.12%	9.43%	9.40%	0.03%	5.81%	6.89%	-1.08%
Golden Triangle	6.10%	6.17%	-0.07%	6.10%	6.40%	-0.30%	7.22%	7.04%	0.17%	6.86%	7.51%	-0.66%
Three Rivers	9.68%	9.44%	0.25%	9.91%	9.34%	0.56%	5.95%	5.09%	0.86%	12.05%	11.36%	0.69%
Northeast	5.88%	5.81%	0.08%	6.85%	6.60%	0.25%	3.11%	3.27%	-0.16%	8.74%	7.35%	1.39%
Central	17.98%	18.42%	-0.44%	14.81%	16.09%	-1.28%	19.08%	20.48%	-1.39%	11.68%	11.54%	0.13%
East Central	9.70%	9.86%	-0.16%	11.02%	10.47%	0.56%	10.53%	8.91%	1.62%	13.15%	12.71%	0.44%
Southern	25.10%	23.40%	1.69%	20.20%	18.49%	1.71%	12.71%	12.20%	0.51%	21.48%	18.00%	3.48%
Southwest	7.66%	7.98%	-0.32%	8.90%	9.05%	-0.15%	11.30%	10.70%	0.60%	9.64%	11.10%	-1.46%
Totals	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%

Table 3 shows the effect of change from 1990 to 2000 of the pro rata percentage by Area Agency on Aging and the proposed 2007 funding formula percentage.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 3. PRO RATA PERCENTAGE DIFFERENCE BY AAA

	60 + POPULATION			60 + BELOW POVERTY			60+ MINORITY BELOW POVERTY			60 + RURAL			PROPOSED 2007 FUNDING FORMULA
	2000 Pro Rata	1990 Pro Rata	Difference	2000 Pro Rata	1990 Pro Rata	Difference	2000 Pro Rata	1990 Pro Rata	Difference	2000 Pro Rata	1990 Pro Rata	Difference	
	Weights * AAA	0.30	0.30		0.25	0.30		0.30	0.20		0.15	0.20	
North Delta	2.230%	2.010%	0.22%	1.921%	2.370%	-0.45%	2.831%	2.070%	0.76%	1.071%	1.731%	-0.66%	0.08053200
South Delta	1.490%	1.833%	-0.34%	1.782%	2.443%	-0.66%	3.367%	2.509%	0.86%	0.520%	0.977%	-0.46%	0.07158309
North Central	1.651%	1.835%	-0.18%	1.851%	2.257%	-0.41%	2.830%	1.880%	0.95%	0.871%	1.377%	-0.51%	0.07202704
Golden Triangle	1.830%	1.851%	-0.02%	1.525%	1.920%	-0.40%	2.165%	1.409%	0.76%	1.028%	1.502%	-0.47%	0.06548232
Three Rivers	2.905%	2.831%	0.07%	2.477%	2.803%	-0.33%	1.786%	1.019%	0.77%	1.807%	2.271%	-0.46%	0.08975251
Northeast	1.765%	1.743%	0.02%	1.713%	1.979%	-0.27%	0.933%	0.655%	0.28%	1.311%	1.470%	-0.16%	0.05722236
Central	5.393%	5.526%	-0.13%	3.703%	4.826%	-1.12%	5.725%	4.095%	1.63%	1.751%	2.308%	-0.56%	0.16572141
East Central	2.909%	2.957%	-0.05%	2.756%	3.140%	-0.38%	3.159%	1.783%	1.38%	1.972%	2.542%	-0.57%	0.10796623
Southern	7.529%	7.021%	0.51%	5.049%	5.546%	-0.50%	3.813%	2.440%	1.37%	3.222%	3.599%	-0.38%	0.19613009
Southwest	2.298%	2.393%	-0.10%	2.225%	2.715%	-0.49%	3.390%	2.141%	1.25%	1.446%	2.220%	-0.77%	0.09358296
Totals	30.000%	30.000%	0.000%	25.000%	30.000%	-5.000%	30.000%	20.000%	10.000%	15.000%	20.000%	-5.000%	100.000%

DAAS INTRASTATE FUNDING FORMULA 2007

HOW THE FUNDING FORMULA IS CALCULATED:

VARIABLES

Weights are assigned to each variable to total 100%. The variables are:
(60+ Population, (60 + Below Poverty Level), (60 + Minority Below Poverty Level), and (60 + Rural)

WEIGHTS

60 + Population is assigned a 30% weight, thus .30
60 + Below Poverty is assigned a 25% weight, thus .25
60 + Minority Below Poverty is assigned a 30% weight, thus .30
60 + Rural is assigned a 15 % weight, thus .15

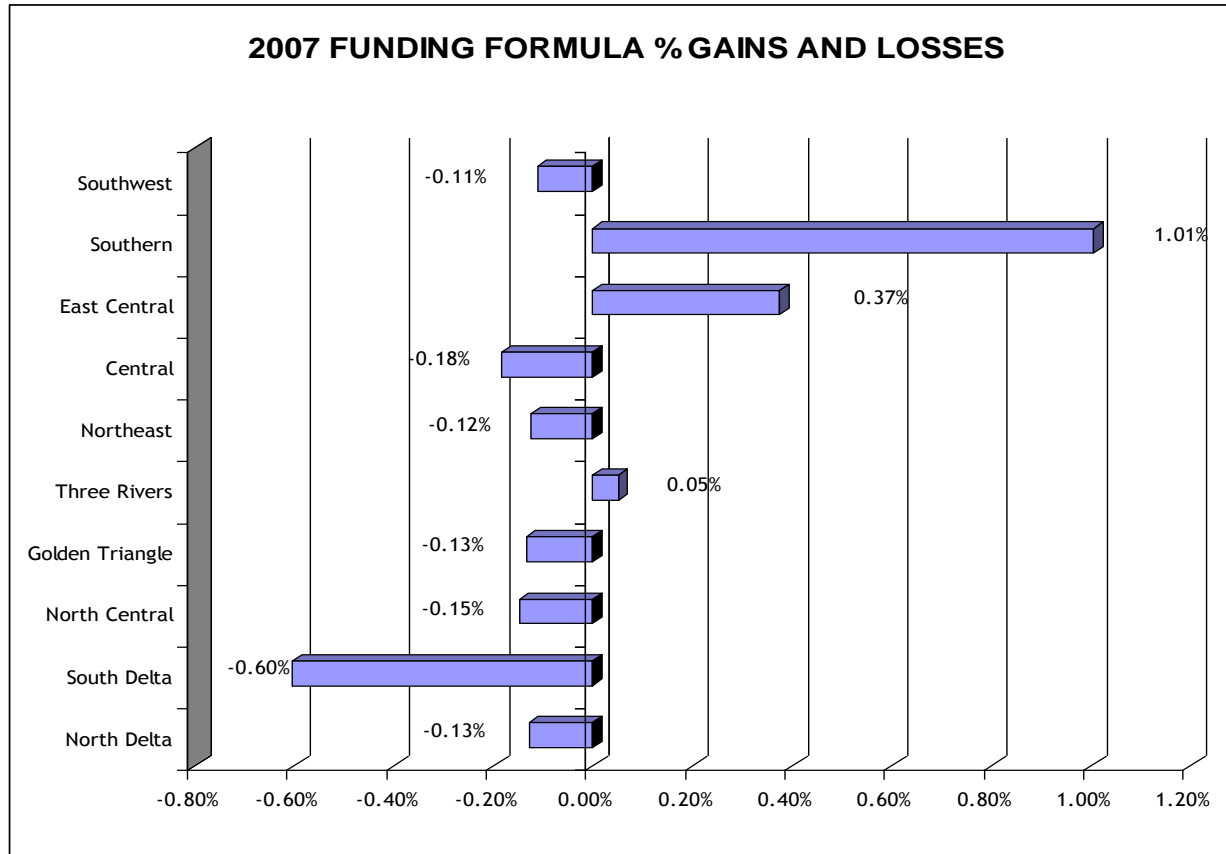
FORMULA

$$((60 + \text{Pop } \%) \times .30) + ((60 + \text{Below Poverty } \%) \times .25) + ((60 + \text{Minority Below Poverty } \%) \times .30) + ((60 + \text{Rural } \%) \times .15) =$$

Funding Formula Percentage %

DAAS INTRASTATE FUNDING FORMULA 2007

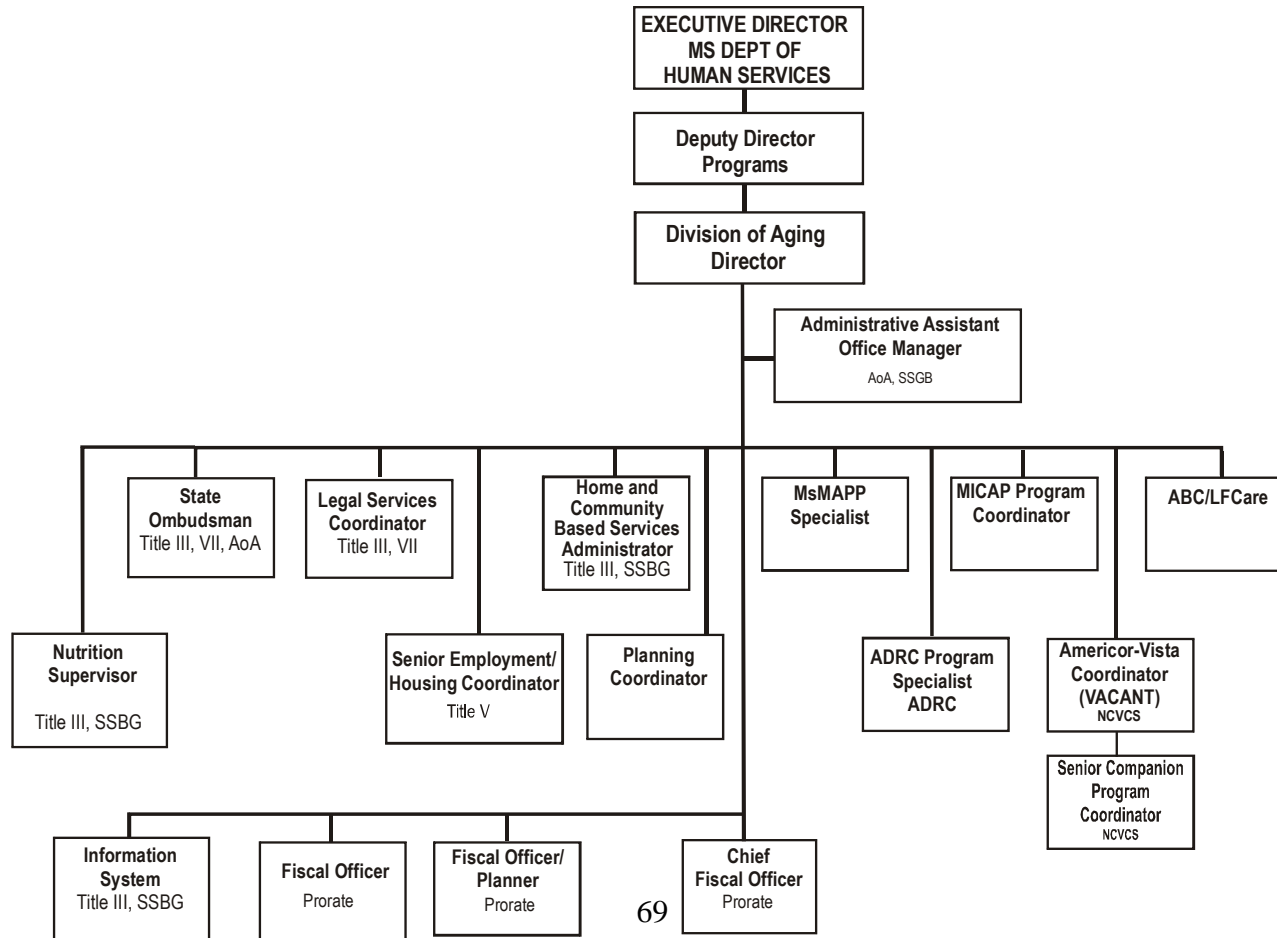
Chart 1. Percentage Gain and Loss by AAA



Note: Southern Mississippi gains 1.01% and South Delta loses .6% of the prior year budget.

ATTACHMENT F. ORGANIZATIONAL CHART

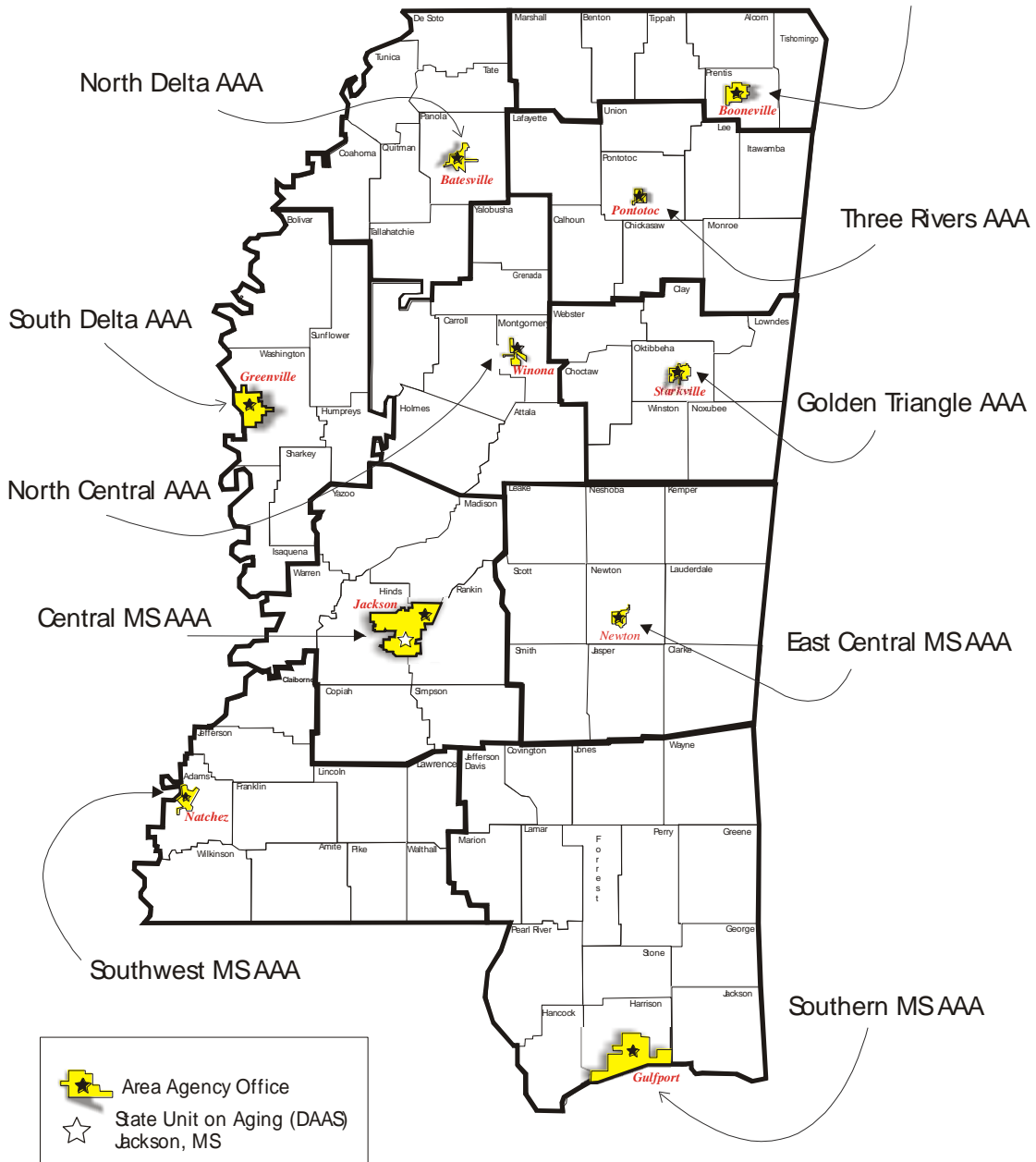
**Mississippi Department of Human Services
Division of Aging and Adult Services**



ATTACHMENT G AREA AGENCY ON AGING MAP

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES
AREA AGENCIES ON AGING**

Northeast MSAAA



ATTACHMENT H DEMOGRAPHICS OF OLDER MISSISSIPPIANS

Most Mississippians are living longer and healthier lives in greater comfort than their ancestors would have thought possible. Improved living conditions, better nutrition, sanitation, vaccinations, cures for many infectious and contagious diseases, and advances in medical technology have contributed to an increased longevity.

Most gains in the longevity of Mississippians are a result of modern medicine and healthier lifestyles. People living longer presents a challenge for planners and policy makers to develop strategies and solutions to address the growing demands and needs of those who are living much longer than ever anticipated.

A new demographic balance is emerging. Mississippi has approximately 457,144 individuals age sixty years and older (2000 Census). Elderly citizens now constitute 19% of the State's total population. Mississippi was once among those states with the lowest proportion of aged; now Mississippi is experiencing the "graying" of its population.

Between 1990 and 2000, the older population increased 6.9% as compared to the total population which will increase 18% by the year 2010. The most rapid increase is expected between the years 2006 and 2026 when the "Baby Boom" generation reaches sixty.

Rural

Because Mississippi is predominately a rural state, the DAAS has adopted the official Census definition of rural which describes rural areas as "open country and communities of 2,500 or less." (Advocates in Mississippi prefer the definition of rural as "counties with a population of 50,000 or less inhabitants which are not contiguous to urban, metropolitan, or other densely populated areas.") The 2000 Census identified 1,361,945 individuals (old and young) living in rural areas; this represents 53% of the total population in the state. The rural population is subdivided into the rural - farm population, which comprises all rural residents living on farms, and the rural - non-farm population, which comprises the remaining rural population. The 2000 Census and the 1996 Statewide Older Adult Needs Assessment indicated that the majority of older Mississippians live in rural areas.

The 1996 Needs Assessment showed that older rural people, by almost all economic, health, and social indicators, are poorer, less healthy, live in poorer housing, have fewer options in personal transportation, and have significantly limited access to health professionals as well as community-based programs and services. It has often been argued that being old and living in rural Mississippi is a form of "double jeopardy." Elderly Mississippians living in rural areas confront many barriers in gaining access to programs designed to help them. The barriers include inadequate transportation and information systems.

Identifying methods to best serve the rural elderly remains a priority for the DAAS. Several methods used to satisfy service needs of older residents in rural areas are: the intrastate funding formula which includes a rural factor; the state nutrition pilot program in home-delivered frozen meals; Medicaid Waiver home-delivered meals; collaborative partnerships with transportation; rural health fair programs, and a statewide toll-free information system.

Minorities

The DAAS is committed to the belief that serving the needs of Mississippi's minority elderly is a central mission and challenge facing the Aging Network. Minority is a term used by the Aging Network in the State to represent African American, American Indian/Alaskan Native, Asian/Pacific Island, Hispanic, and others. The 2000 Census Data identified 117,862 African American elderly persons in the State, 1,517 Asian/Pacific Islanders, and 2,697 Hispanics.

Minority elders are more likely to be economically and socially needy. Over 49% have incomes below the poverty level as determined in the 1996 Needs Assessment. The low-income minority population is projected at 57,166. Minority elders are less likely to have equal access to health care providers and facilities.

The minority population in the State presents the Aging Network planners, policy makers, and providers with general factors such as cultural differences, language barriers, and myths of the minority elderly, to be considered in the delivery of aging services to the minority population. Outreach and service access are prioritized for the individual meeting criteria that define them as low-income minority via the Client Screening Form ranking system by the AAA at the time of intake into the system. Preference for providing services to minority elders with economic or social needs is given particular attention.

Native Americans

The 2000 Census identified 940 Native Americans age sixty and older in Mississippi. The DAAS identified the Area Agencies on Aging where the highest concentration of Native Americans reside, and provided the information to East Central AAA. The Mississippi Band of Choctaw Indians coordinates with the AAA in training efforts for the aging network staff.

Economic and Social Status

Older Mississippians, as a group, have a lower economic status than other adults in today's society. Minority elders have substantially lower incomes than their Caucasian counterparts. Many older Mississippians are living day-to-day trying to make ends meet with a limited income.

The 1996 Needs Assessment revealed that approximately 29% of all Mississippians sixty plus live below the national poverty guidelines. The incidence of poverty increases with age among all elderly but at an even higher rate among minority elderly (49%). Minority females and individuals living alone constitute the poorest segment of the older population.

The 1996 Needs Assessment findings indicate that:

- One in five elderly live in poverty;
- Elderly women and minorities are impacted more by poverty;
- Elderly poor have substantial health, housing, and nutrition costs;

- Elderly poor experience more acute health conditions and have high rates of chronic health conditions;
- Elderly poor spend nearly 20% of their income on out-of-pocket medical costs;
- Social security and other benefits do not ensure incomes above the poverty level for elderly poor Mississippians; and
- Elderly poor are at-risk for inadequate nutritional intake.

The 2000 Census indicated that 111,987 older Mississippians have incomes below the poverty level, with the highest number in the age 75 years and older category.

Despite low poverty rates for elderly Mississippians as a group, a substantial number of older persons continue to have incomes just above the poverty level. The majority of older Mississippians between ages 65-74 have incomes above the poverty level. There are 73,849 females between the ages 65-74 who have incomes above the poverty level and 31,470 males 75 and older who have incomes above the poverty level. The African American elderly in both age groups (65-74 and the 75+) are more prone to have incomes below the poverty level than any other minority group.

The 1996 Needs Assessment indicated that over 30% of the sixty plus population surveyed did not talk to or spend time on a daily basis with someone who does not live with them. Over 10% were socially active only once a week or less. This raises concern for the social needs of a large segment of Mississippi's elder population. The population of limited English-speaking minority elders is at even higher social risk. AAAs use the maximum cultural and language barrier sensitivity when addressing elders.

Economic and socially needy individuals are prioritized in rank on the Client Screening Form at the time of intake into the AAA service system. Outreach and service access are prioritized for the individual meeting criteria that define them as economically and socially needy and preference for providing services to minority elders with economic or social needs are given particular attention.

At-Risk Individuals

Older people at risk of losing their independence includes the very old, those who are abused, neglected, or exploited; those who do not have a caregiver to assist them in times of need; those who are physically or mentally impaired or disabled; and those who are poor, economically deprived, and uneducated. These factors are not indicative of all older persons; however, many of them do apply to a large number of older people in Mississippi.

The 1996 Needs Assessment indicated the limitations of the state's elderly who are at risk and vulnerable. Of the 3,300 or more persons surveyed:

- One in five reported their health as poor;
- 30 percent reported that health problems interfere with their activities of daily living;
- 10 percent could not prepare their own meals;
- 19 percent could not do household cleaning; and

- 16 percent could not shop for themselves.

Older people who are poor are particularly vulnerable to losing their independence because they lack the means to purchase goods and services that could help them remain self-sufficient. In Mississippi this includes older women who live alone; those who live in rural areas, where goods and services are often unavailable or hard to reach; and minorities who are plagued with barriers preventing access to services.

The Old-Old

The 2000 Census estimated 153,289 older Mississippians age 75 years and older. This group of individuals is referred to as the old-old and is expected to grow twice as fast as the rest of the population. The old-old population tends to require more social, medical, and supportive services and be more dependent on long-term care. The 75+ population is most likely to suffer from chronic health conditions which will leave them unable to perform activities of daily living without a support system.

Older Women

Statistics indicate that elderly women live longer than their male counterparts and are an increasing proportion of the State's elderly. There are 253,840 women sixty years and older in Mississippi and minority females constitute the poorest segment of the older population.

Physical and Mental Disabilities

Individuals with disabilities, especially persons age sixty and older, have difficulty accessing community service agencies in order to obtain services. The DAAS and AAAs work to ensure that persons with disabilities are assisted by coordinating services with other agencies. Where need indicates, local AAAs assist in the construction of access ramps, provide eye sight screenings and low cost eyewear, and conduct projects on a regular basis. The Office of the Governor, Division of Medicaid, Home and Community-Based Services Waiver project assists in the delivery of services to this population.

According to the Department of Mental Health State Plan, approximately 12.5% of the adult population with serious mental illness are elderly (age sixty years and older) and are served through the public community mental health system. DAAS and the AAAs work with the Department of Mental Health in its continued efforts to assist elders in need using the community-based stratagem.

Living Arrangements

The DAAS 1996 Needs Assessment indicates that an overwhelming majority of elderly persons surveyed wished to maintain a sufficient level of independence while remaining in their own homes, neighborhoods, and communities. Most (89%) of the age sixty and over population surveyed lived in single family homes (including mobile homes), over 55% live with a spouse; 26% were widowed, almost 27% live alone, and 20% live with children.

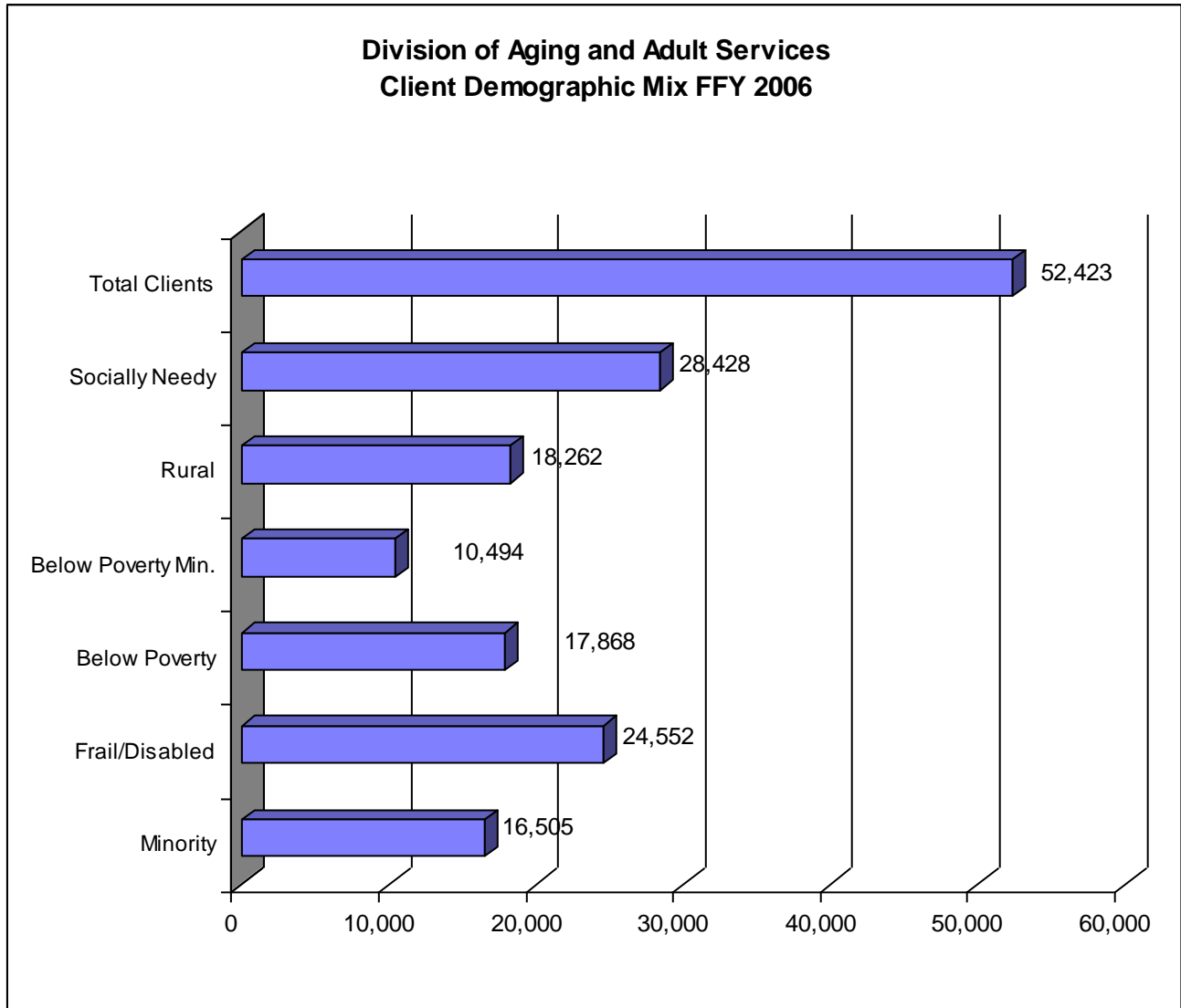
Inadequate housing is a problem for many older Mississippians with low and moderate incomes. Significant numbers of homes owned by older persons need major repairs and home repair was cited as a priority concern for elders in the 1996 Needs Assessment. Some homes occupied by older persons still lack complete plumbing, particularly in rural areas or small towns. Fixed incomes, high

medical expenses, and physical limitations make it difficult for older citizens to keep up with major home maintenance.

Most older citizens prefer to remain in the home they have lived in for years. The majority of elderly Mississippians, especially minorities, prefer to remain in their communities and be cared for by family, friends and relatives. Disturbingly, the 1996 Needs Assessment indicated that over 23% of those surveyed stated that "no one" or "they don't know who" would care for them if they became sick or disabled for an extended period of time. This percentage increased by age group and for widowed females. These individuals are at high risk for institutionalization.

As the demographics of seniors indicate, Mississippi, as well as the rest of the United States, is in the midst of an Aging boom that is restructuring the population. The demographics of Mississippi's older population suggest that older Mississippians struggle to maintain themselves in their own homes. For many, aging in place with dignity and remaining independent is a condition they may never realize. For all, the loss of independence is a constant fear.

ATTACHMENT I. CLIENT DEMOGRAPHIC MIX CHART



Attachment J. Priority Service Provision

Priority Service Provision

**PREFERENCE IN SERVICE PROVISION
LOW INCOME, LOW-INCOME MINORITIES
AND RURAL MISSISSIPPIANS**

This report identifies the number of low income, low-income minority, and seniors residing in rural Mississippi, according to the 2000 Census, and, with respect to the fiscal year preceding the fiscal year for which this plan is prepared, describes the methods used to satisfy service needs in accordance with section 307(a)(15)(16) of the act.

DAAS Program Performance Report (NAPIS) FFY 2005

Category	Unduplicated Persons Served
Total	52,423
Below Poverty	17,868
Minority Below Poverty	10,494
Rural	18,262

The 2000 census identified the number of low income minority individuals in Mississippi as 111,987. The narrative describes the methods used to satisfy the service needs of older minority individuals, older persons who reside in rural areas.

The DAAS utilizes a screening instrument to determine individual client needs and to direct needed and appropriate services to those individuals targeted by the Older Americans Act. The DAAS services' targeting and management information system mechanisms focus on and gather data on elders in greatest economic need, low-income minorities, rural elderly, Indians, frail/vulnerable elderly, elders with severe or developmental disabilities, limited English speaking elders, elders with Alzheimer's, and caregivers of such individuals.

The methods used to satisfy the service needs of low income minorities and rural elderly include:

- Targeting low-income minorities and rural elderly in Area Agencies on Aging;
- Area Plan objectives;
- Giving preference to minority and rural elderly in the screening process;
- Focusing information and referral assistance and outreach efforts on minority and rural elderly;
- Contracting with minority and rural service providers; and
- Requiring contractors to target services to minority and rural elderly.

ATTACHMENT K. PROGRAMS AND SERVICES

Adult Day Care

This program provides exercise, therapeutic, socialization, and recreational activities along with hot nutritious meals to meet the specialized needs of the chronically ill, Alzheimer's patient, frail elderly, or functionally impaired participant. Many of the AAAs support the operation of Adult Day Care Centers.

Adult Protective Services

The DAAS will fill six (6) vacant APS family protection worker positions, and one APS supervisor position with state funding, to add to the state's current twelve front line workers and two (2) supervisors. The new protection workers will be stationed in local offices to investigate reports of abuse, neglect and exploitation. The DAAS contract with Social Work p.r.n. will end August 15, 2010. The department's centralized intake unit, which became operational effective November 1, 2009, will continue to take vulnerable adult abuse, neglect and exploitation reports and forward the reports electronically to the appropriate APS supervisor for further handling. Information and public education will be produced in collaboration with the APS program and the Area Agencies on Aging. Participation in outreach and training opportunities will be afforded to APS professionals, law-enforcement, public safety, the Attorney General's Office and other appropriate agencies and organization, as well as vulnerable adults and caregivers. APS staff will make referrals and collaborate with agency stakeholders and other identified partners to facilitate convictions of crimes perpetrated against vulnerable adults. Intake reports and the investigation findings will be tracked electronically through the Mississippi Automatic Child Welfare Information System (MACWIS) and compiled via calendar, state, and federal fiscal years for legislative review. The APS program will continue to be a regional-based operation, with the DAAS having administrative oversight. With the passage of the Elder Justice Act (EJA) in March 2010, federal funding was authorized for all states' APS programs, effective FFY 2011. Contingent upon the receipt of federal appropriations, DAAS/APS will hire additional frontline protection workers, supervisors, and clerical support staff at the regional level to be housed in county offices, state office staff to manage the fiscal and budgetary duties, training and technical support, and provide staff training to better serve vulnerable adult victims of abuse, neglect and exploitation.

Aging and Disability Resource Center

The Aging and Disability Resource Center (ADRC) grant program will stimulate the development of state systems that combine information and referral, benefits and options counseling services, as well as easing access to publicly and privately financed long term care services and benefits. The goal of the ADRC program is to empower older adults and adults with disabilities to make informed choices and to streamline access to long term support. DAAS is partnering with Central Mississippi Area Agency on Aging (CMAAA) to develop the first ADRC pilot site in the state of Mississippi. The ADRC project will be highly visible and a single point of entry for access to public long term support programs and benefits. The project will assist individuals with current long term support needs and planning for future long term care needs. A single information and referral access coordinated system will enhance an individual's choice and support informed decision making. The pilot project in Central Mississippi AAA will expand to include statewide coverage.

Case Management

Case management promotes independence and brokers, coordinates, and monitors services to provide continuity of care for the frail elderly. Case managers identify the needs of frail elderly adults through a comprehensive assessment followed by the development of a care plan, with the input of family members. Guided by the care plan, appropriate services are delivered and monitored to ensure proper care. The service is available statewide. Case management services are supplemented through the Elderly and Disabled system funded by the state Medicaid agency. The Medicaid Elderly and Disabled Case Management system is legislatively linked to the Planning and Development Districts. In four AAAs the Medicaid Elderly and Disabled case management reports to the AAA Director. In six, the AAA is not involved with the Medicaid case management project.

Chore Maintenance or Household Repair

Many older Mississippians are unable to perform various tasks in and around their homes to keep them safe and comfortable. Chore maintenance workers perform household tasks, seasonal or heavy cleaning, lifting or moving furniture/appliances or other heavy household objects, and other essential tasks such as raking or mowing yards. Simple household repairs that do not require special tools, materials, skilled workmen or contractors are done for elders who are unable to perform the tasks in their homes due to impairment, frailty or disability. This service is provided by AAAs statewide as funds and programs are available.

Chronic Disease Self Management Program

The Mississippi CDSMP intervention provides a six-week course called “Living a Healthy Life with Chronic Conditions” for an estimated 700 to 1,000 seniors sixty years or older who have at least one chronic disease. Participants learn how to manage their health and maintain active and fulfilling lives through participation in this highly interactive evidence-based program facilitated by trained community lay and professional people who have chronic disease themselves.

Older Adult Nutrition Program

Adequate nutrition is essential in maintaining everyone’s overall health and it is a primary component in keeping older persons from premature institutionalization. The State’s Elderly Nutrition Program contributes to the basic health needs of seniors by providing one meal a day five days per week with each meal containing one-third of the Recommended Dietary Allowances (RDAs). The congregate and home-delivered meals are provided by a statewide food service vendor at a moderate cost.

Congregate Meals are well-balanced meals provided in a group setting in a centralized location five days a week, except for designated holidays or emergencies when the site may be closed. In addition to a healthful meal, participants receive the social benefit of peer contact, directed activities tailored to their needs/desires, and scheduled nutrition education.

Home-Delivered Meals are well-balanced meals provided to eligible homebound older persons in all eighty-two counties five days a week, including designated holidays and emergencies when congregate sites are closed. Participants enjoy a measure of socialization from their delivery

person(s) and receive printed nutrition education material as scheduled and distributed by the AAA/service provider.

Elder Abuse, Neglect, and Exploitation Prevention

Sometimes physical or mental impairments or lack of family support leave older persons at-risk of abuse or exploitation or of harming themselves through their own actions or self neglect. Each AAA sponsors an abuse awareness program which includes public education, outreach, reporting, and receiving complaints and referrals, and recognition of signs of elder abuse. The DAAS and AAAs coordinate efforts in Elder Abuse Prevention to implement the mandates in Title VII.

Emergency Response System

This technology is designed for the elderly and families who have concerns about an older person being alone in the event of a fall or other type of emergency. A personal Emergency Response System is installed in the home of the frail, elderly client for 24 hour use to signal for help. A small radio device transmits a code signal or message over existing telephone lines to a control station such as at the local hospital or police station which has the elderly person's name, address, phone number, and emergency contact on file. Assistance is sent to the older person's home if he/she does not immediately respond to a phone call. Emergency response devices may be worn around the neck or wrist and can be activated in emergencies. This service is available in several AAAs.

Emergency Services

Accepting assistance is difficult for many older persons who are reluctant to rely on agencies and resources for a helping hand. Emergency services provide social, financial, and supportive assistance to help elderly individuals through a crisis such as a life-threatening or unexpected emergency situation which demands or requires immediate action or intervention. Emergency services can be temporary, short-term, or extended assistance designed to satisfy the unmet needs of elderly individuals. Emergency services can include food, clothing, medical supplies, equipment, and other items needed in a crisis situation. Emergency services are available throughout the ten PSAs.

Family Caregiver Assistance

The Family Caregiver Support Program is the only program that provides services to the caregiver. The caregiver is any individual caring for a person 60 years or older, or a grandparent or other relative caregiver, 60 years or older, caring for a child 18 years or younger. The services provided include: information about available services, assistance in gaining access to services, individual counseling, organization of support groups, caregiver training to assist the caregiver in making decisions and solving problems relating to their caregiving roles; respite care to enable caregivers to be temporarily relieved from caregiving responsibilities, and supplemental services, on a limited basis to complement the care provided by caregivers. An assortment of Family Caregiver services are provided by the AAAs.

Homemaker

This program gives elderly adults the option of having homemakers perform the housekeeping tasks they can no longer do or need assistance in doing. Homemaker services are available to help older people who need assistance with daily living tasks such as cooking, cleaning, mending, grocery shopping, doing laundry, providing safety and consumer education, bathing, dressing, and assisting with oral hygiene assistance. The amount of time spent in the home depends on the needs of the older adult and the availability of the homemaker service. This service is provided at no cost to the older person, although voluntary contributions are solicited to help expand the availability of the service. Homemaker services are available in all PSAs.

Information and Referral/Assistance

Information and referral/assistance is the entry point into the aging service delivery system for a majority of older Mississippians. This service is critical to elderly individuals and their caregivers in obtaining information and contributes towards maintaining older people in their communities by linking them with needed services. Closely linked to the Aging and Disability Resource Center concept, Information and Referral helps underserved individuals link to needed services and provides follow-up mechanisms to record that help was rendered and needs were met. A statewide toll-free telephone system enhances access to information.

A well-implemented information and referral/assistance system makes older people aware of services and opportunities, furnishes facts about the agencies and organizations which provide services, and identifies the services available to them. Additionally, a well-implemented information and referral/assistance system assists individuals who cannot make their own contacts with service providers, who are unable to negotiate the receipt of services on their own, or who are unable to determine the best resource needed to address their problem. Every AAA has electronic information and referral/assistance services, thus every older Mississippian has access to information regarding local services.

Legal Assistance

Seniors may need specialized legal assistance regarding benefits which include Social Security, Supplemental Security Income (SSI), Medicare, or related issues. The State Unit assists and works closely with the AAAs to reach out to elderly Mississippians and help them resolve their special legal needs. In addition to the legal services program providers, the DAAS encourages private practicing lawyers to finance and provide legal services and consultation to seniors. This program provides or secures legal assistance to ensure the rights and entitlements of older persons. The senior who needs assistance can contact a legal assistance program through their AAA by means of a phone call. There is no charge to seniors to whom services are provided. Title VII mandates are considered under legal assistance planning and funded through the IFF.

Mississippi State Health Insurance and Assistance Program (SHIP)

The Mississippi Health Insurance and Assistance Program (SHIP) is funded through the Centers for Medicare and Medicaid and managed by DAAS' SHIP Coordinator through the AAAs. A system of volunteers guided by the designated AAA SHIP Coordinator provides counseling and information on

Medicare and Medicaid for an individual needing assistance or having questions about health care coverage. The SHIP is the service leading implementation of the Medicare Modernization Act, including enrollment in new Medicare prescription medication programs. SHIP services are available at the state level and in each AAA.

Mississippi Senior Medicare Patrol (SMP)

The Mississippi Senior Medicare Patrol promotes the reduction of fraud and abuse in Medicare and Medicaid through a system of trained volunteers who assist seniors to identify and report billing problems/errors. SMP is active statewide via subgrants to Central MS AAA (assisting the state office to serve 26 counties), Three Rivers AAA (serving 41 counties) and the Southern Mississippi AAA (serving 15 counties).

Ombudsman

The Long-Term Care Ombudsman Program's (LTCOP) mission is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents. The LTCOP serves residents of licensed nursing homes, personal care homes, and assisted living facilities by investigating and working to resolve complaints made by or on behalf of residents.

Ombudsmen regularly visit long-term care facilities to be assessable to residents and monitor conditions. In addition, Ombudsmen provide education regarding long-term care issues, identify care concerns of residents, and advocate for needed change.

The Office of the State Long Term Care Ombudsman operates within the MDHS DAAS. Ombudsmen services are subgranted to AAAs to provide a full-time certified ombudsman responsible for program components. Title VII Ombudsman Program mandates are coordinated in the Ombudsman program by DAAS.

Outreach

Outreach involves seeking out people who need or may need a service and helping them obtain it. Many elderly have no knowledge of the resources or services available to them. After they are informed of the services, it is often difficult to get older persons to take advantage of available services. Outreach activities ensure that services are accessible in the PSA.

Program Development and Coordination

Program development and coordination activities of the AAAs relate to either the establishment of a new service(s), or the improvement, expansion, or integration of an existing service(s). The two major characteristics of program development and coordination activities are that they must be intended to achieve a specific service(s), goal(s), or objective(s) in the Area Plan and they must occur during a specifically defined and limited period of time rather than being cyclical or ongoing.

Program development/coordination activities can involve any number of administrative tasks, that include: identifying problems in the community; handling problems between agencies; overseeing the development of new services; obtaining funding for the program; maintaining liaison with the

agencies involved; monitoring services for quality improvement; and recommending changes in services, policies, and procedures as needed.

Recreation

This service includes activities and events like sports, games (physical or mental activities), field trips, physical fitness, and other social activities in which an elderly person participates or attends as a spectator during his/her leisure time.

The State's mild climate, with an average temperature of 63 degrees and yearly rainfall of about 50 inches, facilitates outdoor recreation year-round. Mississippi has 17 state parks offering boating, camping, fishing, nature trails, and recreational facilities. Historic sites and arts and crafts shows and festivals, featuring everything from blues to watermelons, offer additional opportunities for Mississippians to relax and have fun. Fresh and salt water fishing provides another form of recreation, as does hunting small game, deer, and wild turkey. Persons age 65 and older may obtain a free hunting and fishing license from their Circuit Clerk's Office.

In order to assure opportunities for participation, most AAAs co-sponsor the Mississippi Senior Olympics, a statewide athletic event designed for this age group.

Residential Repair/Minor Home Modification

Minor modification and repair of elderly individuals' homes facilitate the ability of older persons to remain in their homes. Home maintenance services are available in a limited number of PSAs.

Residential Repair includes physical maintenance, replacing or reconstructing a dwelling owned by an older individual who is unable to perform the needed work. Repairs or renovations of a dwelling must be essential for the health and safety of the elderly occupant, such as repairing a roof.

Minor Home Modification includes alterations or improvements of a dwelling to make it more accessible and usable by physically disabled and frail older individuals. This involves adaptations to the interior of the dwelling by constructing grab-bars or rails to make it easier and safer to carry out activities such as bathing, cooking, walking and opening doors.

Respite

Caring for a frail person can be a highly stressful situation. As more family members and friends are keeping their frail loved ones at home, there is a critical need for time away from the situation for the caregiver. This service is designed to give primary caregivers a break from their regular care responsibilities. The time off can vary from a few hours to a week, enabling families to pursue other activities or even take a vacation. Family caregivers may also hire someone privately to provide respite care. Respite care provides much needed time off for the primary caregiver, thereby reducing stress, the risk of elder abuse, and burnout. This service is available statewide.

Senior Center

A Senior Center is a community focal point where older persons come together for services and activities that enhance socialization, support their independence, and encourage their involvement in and with the community. As part of a comprehensive community strategy to meet the needs of older persons, Senior Center programs take place within a facility. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work, and other supportive services. The Center also serves as a community resource for information on aging services, for training professional and lay leadership, and for developing new approaches to aging programs. Senior centers facilitate access to other services such as transportation, health and counseling, and sometimes meals and legal assistance.

Senior Centers serve communities as a social and recreational congregating place and a source of health and social service assistance. Senior Centers will become important “safe havens” for seniors during emergency situations. These Centers are located statewide.

Senior Community Services Employment Program (Title V)

Adults age 55 and older are working throughout the state through assistance from the Senior Community Service Employment Program. The program identifies employment opportunities for older persons whose incomes place them at or below the federal poverty level and who are unemployed, underemployed, or have difficulty finding a job. Adults in the program generally work an average of 20 hours a week, receiving at least minimum wage.

The Senior Community Service Employment Program, also known as the Title V program, provides low-income seniors a variety of job-supported services to help them enter or re-enter the job market. These include an annual physical examination, personal and job-related counseling, transportation, on the job training, and job referral. The Title V program promotes part-time community employment for low-income persons age 55 and older and assists in their transition to unsubsidized employment. Title V is available statewide.

Senior Discount

Adults age sixty and older are increasing their buying power through senior discount programs. The discount program encourages businesses and professionals to provide discounts on products and services purchased by senior consumers. AAAs may issue a directory of participating senior discount businesses. The discount program is available throughout the state.

Special Needs

There are times when Medicare does not cover the cost of needed medical supplies or equipment, the food stamps are not enough to last through the month, and meals are not delivered on weekends. In these times, the older person is faced with the dilemma of finding help for their special needs. Special Needs are necessities, demands, or wants desired by the older persons due to deprivation,

poverty, cultural or social isolation, disabilities, or factors that threaten the elderly individual's capacity to live independently.

The purpose of Special Needs services is to:

- Improve the quality of life and care of elderly citizens;
- Prolong independence of elderly citizens;
- Prevent premature institutionalization; and,
- Provide intervention and assistance to the older person whose resources are not readily available, who cannot afford to pay, and whose need for help threatens independent living.

Telephone Reassurance

Telephone reassurance is an organized system of calling homebound elderly clients who have telephones, who live alone or are temporarily alone; who live in remote areas, or who are incapacitated. This service is usually staffed by volunteers who make phone calls to homebound or at-risk older people once a day to offer reassurance and support. In general, the service is provided by hospitals, senior centers, churches, and social service agencies. The TRIAD program has begun to provide telephone reassurance as an option of service in some AAAs.

The purpose of telephone reassurance is to alleviate loneliness and the feeling of isolation; to check on and determine the person's health status, safety and well-being; and to determine the person's need for emergency assistance. Telephone reassurance is available in a limited number of PSAs.

Transportation

Continued independence of older adults in the state is facilitated by transportation services offered in their communities. Nearly 300 vehicles—from vans to mini-buses—take older adults to dental and medical appointments, shopping areas, senior centers, recreational areas, food stamp offices, social security offices, and/or educational facilities.

Transportation is provided by local, civic or community groups or AAAs in coordination with programs funded by the Mississippi Department of Transportation. This program secures or provides transportation to older persons so they can access other essential services. Seniors may call their AAA to investigate the availability of different types of transportation in their community. AAAs coordinate with Medicaid for travel alternatives for eligible elders. Transportation is available in all the PSAs.

Special Programs

In addition to the many services funded through Title III Older Americans Act and other sources, the DAAS offers several specialized programs such as:

Senior Olympics

The Golden Games, Mississippi Senior Olympics, is a quality recreation experience for adults age 55 and over, and its purpose is to promote excellence and healthy lifestyles. The

goals of the annual event are to educate the citizens of Mississippi of the importance and potential of experiencing good health throughout their lifetime; to provide quality, competitive athletic experiences for older adults; to improve the quantity and quality of health-related programs for older adults; to provide an opportunity for community organizations to work cooperatively in the provision of senior games; to establish a year-round educational program on health and wellness for older adults through clinics, workshops, written materials and supportive resources; and to establish a statewide network of local and state level senior games programs.

Jackson County Senior Companion Program

This program promotes the use of volunteers as companions to seniors who need assistance with activities of daily living. Through this grant older persons have assistance getting to the doctor's appointments, bill paying and daily home management tasks.

Volunteer Services

Volunteers have been an integral part of the aging service delivery system in Mississippi for many years. The Aging Network relies on volunteers to provide services that would not be available to seniors through other sources because of limited funding. Volunteers enhance the Aging Network's ability to serve as many elderly citizens as possible. Volunteer services available to seniors in the state include:

Congregate Meals Service	Home-Delivered Meals Delivery
Friendly Visitor	Senior Center Activity Leadership
Telephone Assurance	Escort
Reading and Writing	Shopping Assistance
Senior Companion	Insurance Counseling
Visit Long-Term Care Facilities	Fraud and Abuse
Assist at Senior Events	Access to Benefits Coalition
SenioRxMS-Prescription Medication Support	

Additionally, the DAAS coordinates volunteer services through various volunteer agencies such as ACTION, RSVP, Foster Grandparents, Telephone Pioneers, AARP, Faith-based organizations, and others.

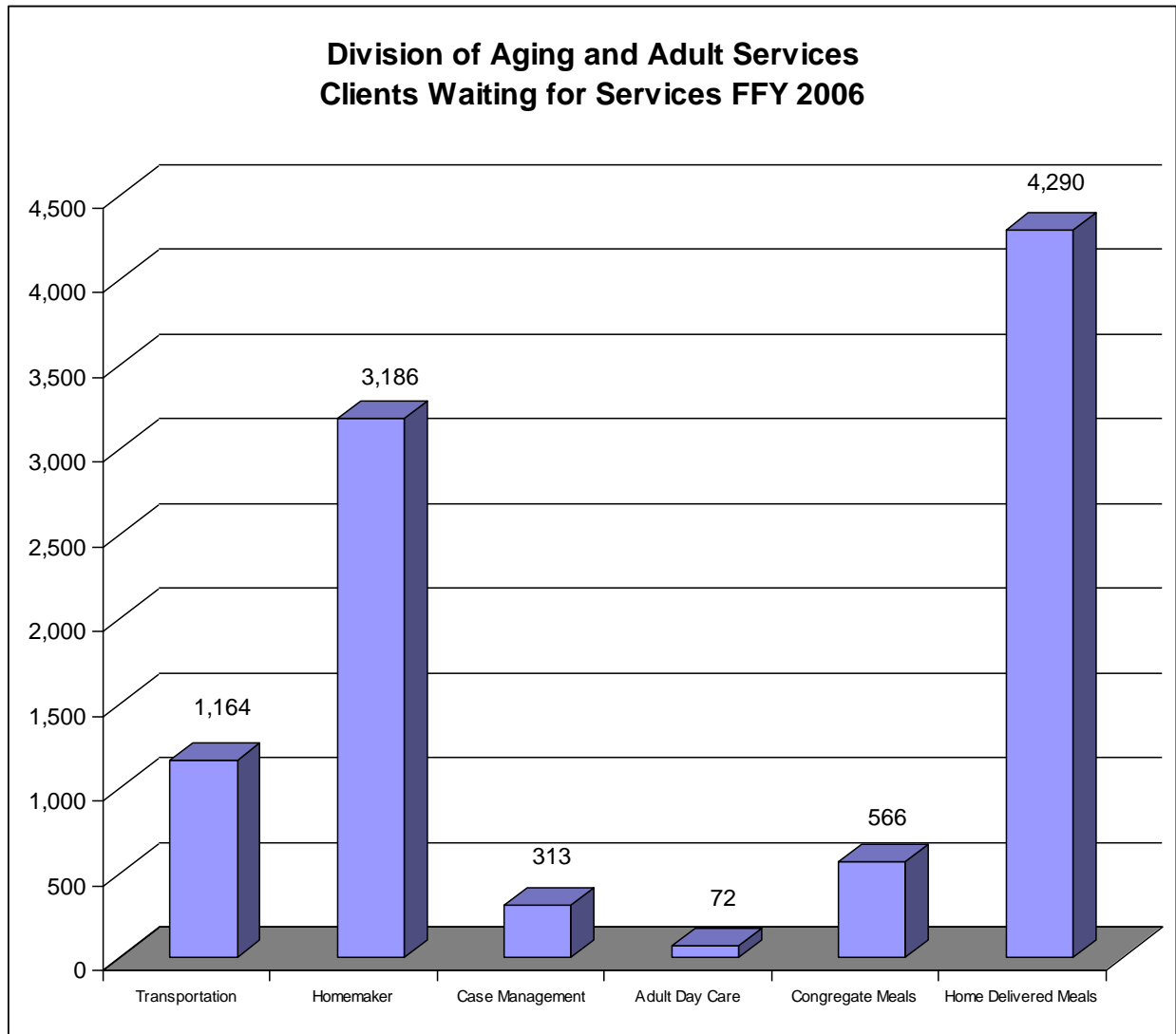
SeniorRx MS

In 2004 the Mississippi Legislature mandated the creation of a prescription medication program for seniors and indigents who have difficulty affording medications. The service that helps seniors unable to afford medications identify and locate free and deeply discounted drugs available from the manufacturer. The web-based service is available from any computer and adds to the resources available to the public, AAA staff, State Health Insurance Counselors, Case Managers, Access to Benefits Coalition Members, and other professionals in the Aging Network. A partnership with the national Prescription Assistance Program NOW provides a toll free access number to the SenioRxMS resource system. Annual reports to the Mississippi Legislature indicate considerable savings to low-income senior and indigent Mississippians. Every AAA participates in the program.

AmericorVista

In 2006, the DAAS applied for and received a grant from the National Corporation for Community Service to help restore services available through the AAA for seniors in areas affected by the nation’s largest national disaster. The AmericorVista project will provide “volunteers” for special projects designed to help seniors in dire need to receive benefits due, understand Medicare changes, recover from the affects of major life disruption, seek alternative housing, and rebuild lifestyles.

ATTACHMENT L. WAITING LIST PRIORITY CHART



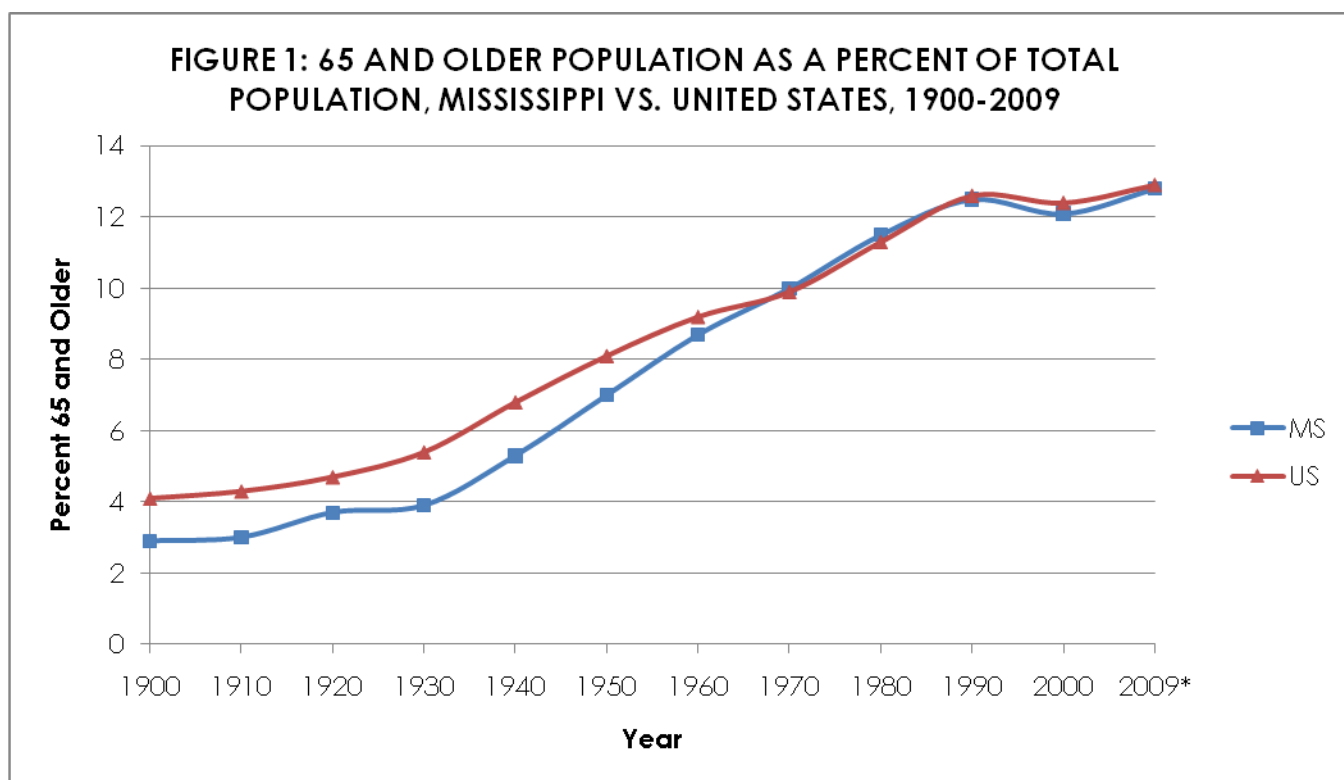
ATTACHMENT M MISSISSIPPI STATEWIDE NEEDS ASSESSMENT.

GENERAL BACKGROUND

POPULATION CHARACTERISTICS

Mississippi, and the country as a whole, is aging, and this will bring new challenges for those who serve the older population. The needs of older adults are often interrelated, so it is important to understand who makes up the aging population and how a state's aging population compares to the nation as a whole.

In Mississippi, the characteristics of the general 55-and-older population tend to mirror those in the nation as a whole. Even when trends in Mississippi are more pronounced, they follow essentially the same path as the nation. In fact, historical population trends at the state level show that Mississippi's older adult population has similar growth patterns to those of the nation. According to U.S. Census figures, between 1900 and 2000 the number of adults aged 65 and older in Mississippi increased by more than 600 percent from 45,000 to more than 343,000 individuals. Mississippians aged 65 and older grew from less than 3 percent of the state's population in 1900 to nearly 13 percent of the state's population today (see Figure 1).



Current census projections indicate that the number of Americans aged 65 and older will more than double between 2010 and 2050. If this projection holds true, older adults will account for approximately 20 percent of the country's population by as early as 2030 (Vincent and Velkoff 2010). These same estimates project the number of Mississippians aged 65 and older to increase from approximately 343,000 in 2000 to over 499,000 in 2020. This is an increase of over 45 percent

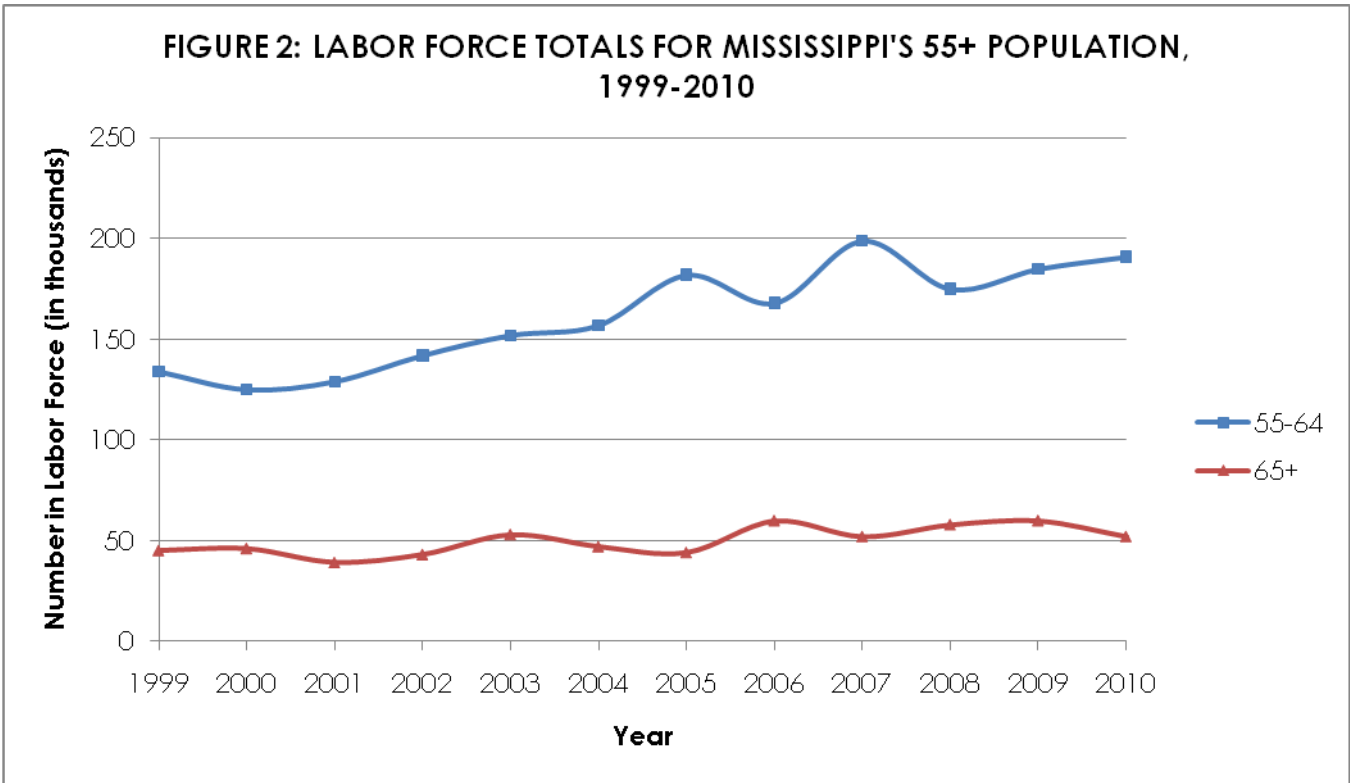
in twenty years (U.S. Census 2005). Also by 2020, Mississippians aged 85 and older are projected to increase from approximately 43,000 in 2000 to nearly 60,000, an increase of over 39 percent (U.S. Census 2005). Table 2 displays the projected growth of each age cohort 55 and over based on 2009 population estimates and 2020 projections for Mississippi.

TABLE 2. PROJECTIONS FOR MISSISSIPPI'S 55 AND OLDER POPULATION, 2009-2020.

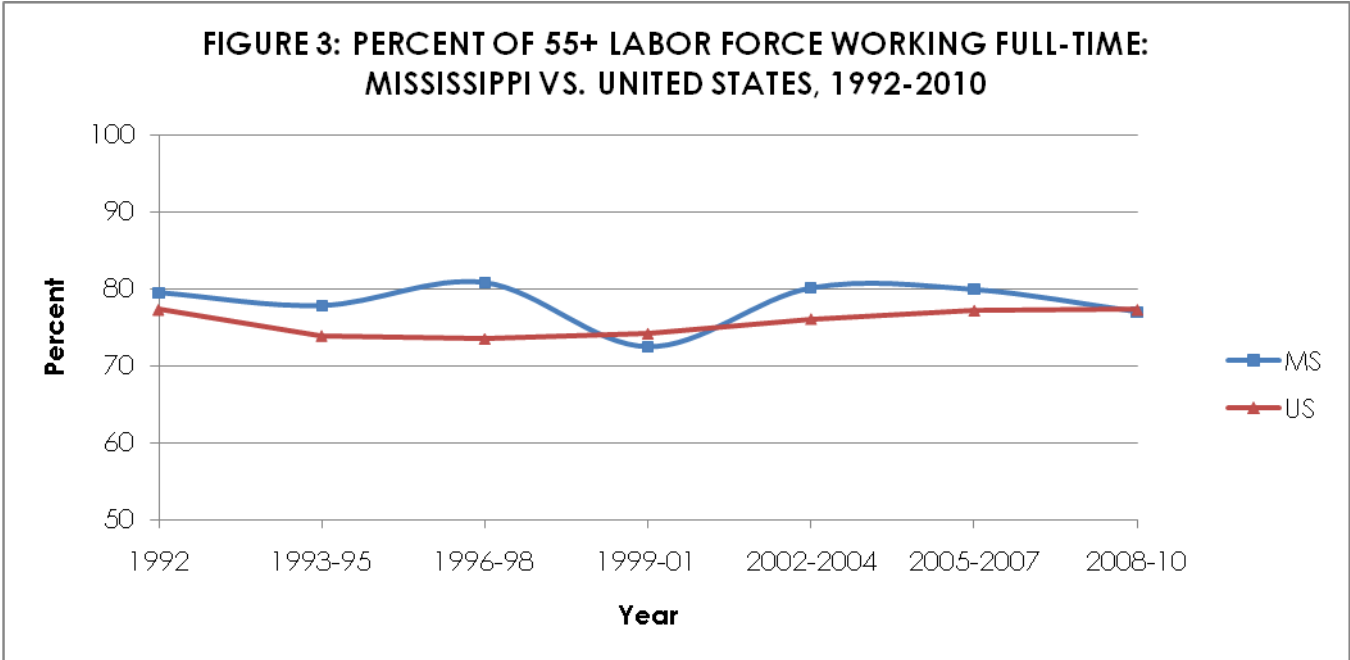
<i>AGE COHORT</i>	<i>POPULATION 2009</i>	<i>PCT. OF POPULATION</i>	<i>POPULATION 2020</i>	<i>PERCENT CHANGE</i>
<i>55 TO 59</i>	<i>176,904</i>	<i>6.0</i>	<i>210,908</i>	<i>19.2%</i>
<i>60 TO 64</i>	<i>148,519</i>	<i>5.0</i>	<i>204,445</i>	<i>37.7%</i>
<i>65 TO 69</i>	<i>113,242</i>	<i>3.8</i>	<i>170,187</i>	<i>50.3%</i>
<i>70 TO 74</i>	<i>89,706</i>	<i>3.0</i>	<i>131,955</i>	<i>47.1%</i>
<i>75 TO 79</i>	<i>70,066</i>	<i>2.4</i>	<i>84,058</i>	<i>20.0%</i>
<i>80 TO 84</i>	<i>53,882</i>	<i>1.8</i>	<i>54,360</i>	<i>0.9%</i>
<i>85 AND OLDER</i>	<i>50,019</i>	<i>1.7</i>	<i>58,630</i>	<i>17.2%</i>
<i>TOTALS</i>	<i>702,338</i>	<i>23.7%</i>	<i>914,543</i>	<i>30.2%</i>

Sources: U.S. Census Bureau, *Population Estimates 2009*.
U.S. Census Bureau, *Interim State Projections, 2005*.

Workforce participation is another important characteristic of the aging population. Employment data from the Bureau of Labor Statistics provide information on the employment situation for older adults in Mississippi. In 2010 those between the ages of 55-64 recorded a workforce participation rate of 55.5 percent compared to 13.6 percent for those 65 and older. Both rates are lower than the national rate, as adults between the ages of 55 to 64 reported a workforce participation rate of nearly 65 percent, while those 65 and older reported a rate of over 17 percent.

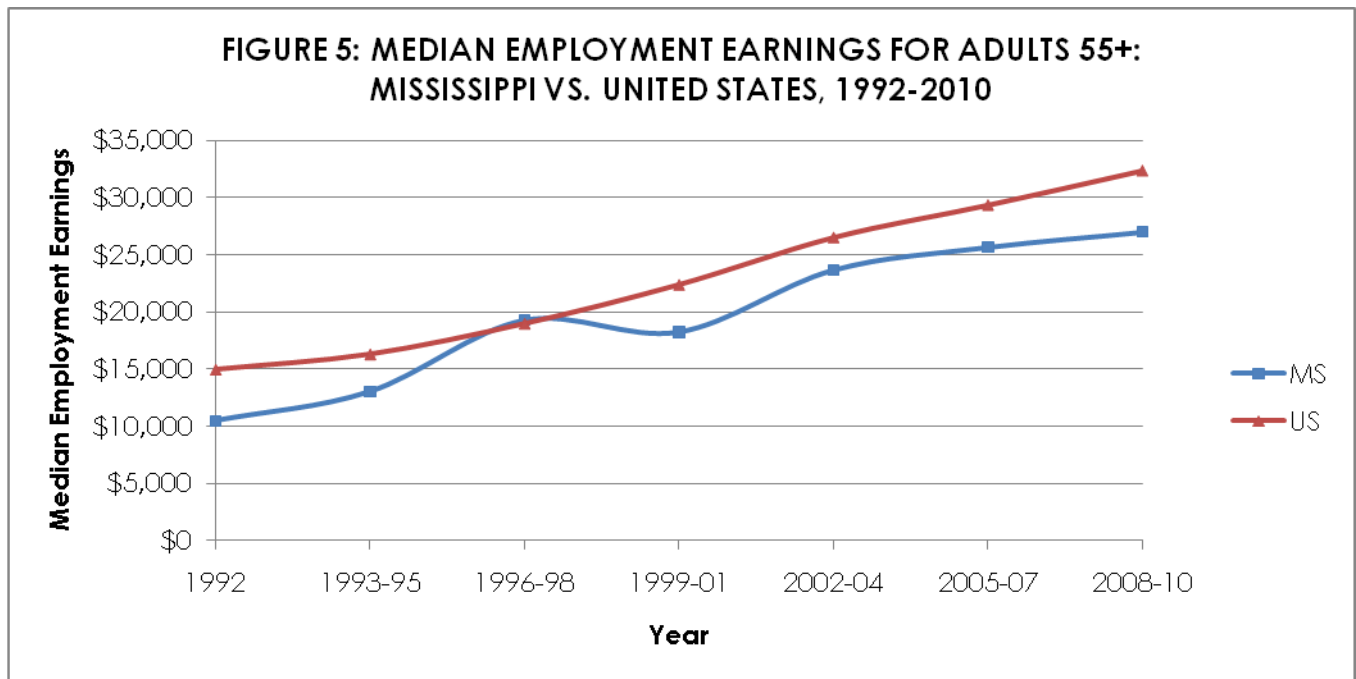
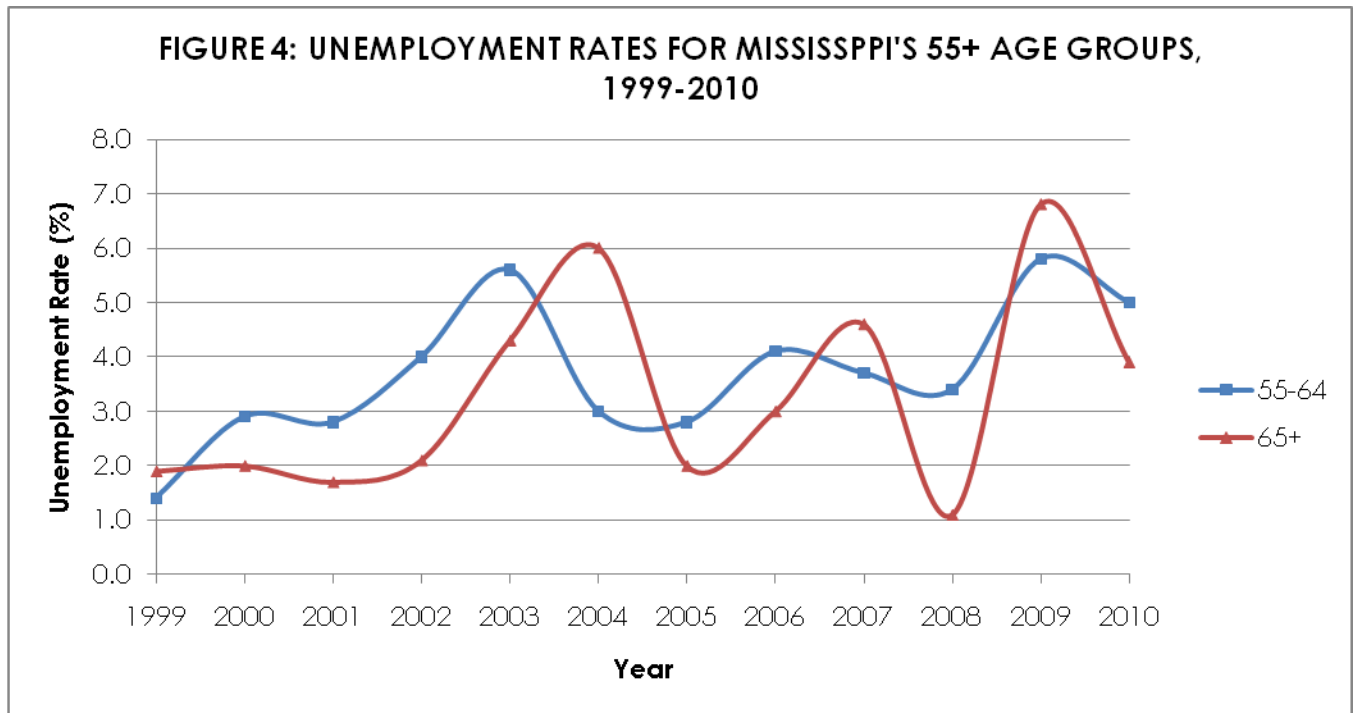


The figure below displays CPS data on the prevalence of full-time workers in the 55 and older age group. Data for the most recent three year averages show that the prevalence of full-time workers in Mississippi for this age group is consistent with the nation and that Mississippi generally records a higher rate of full-time workers than the national average for this age group.

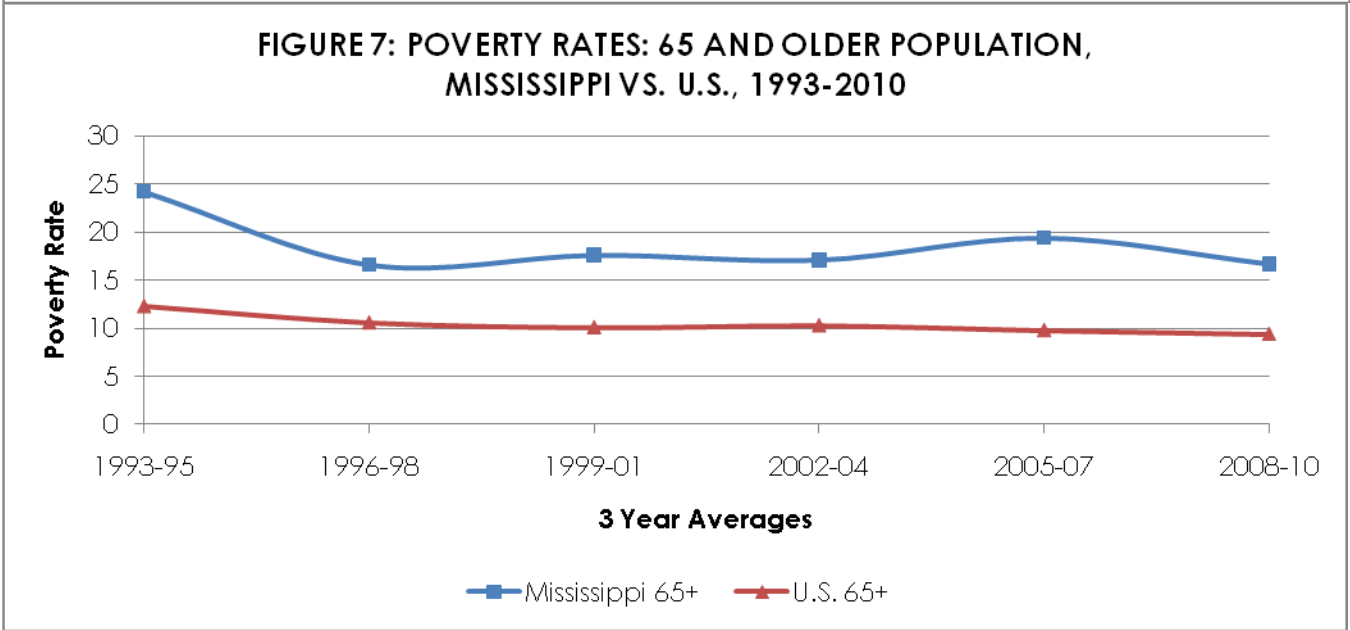
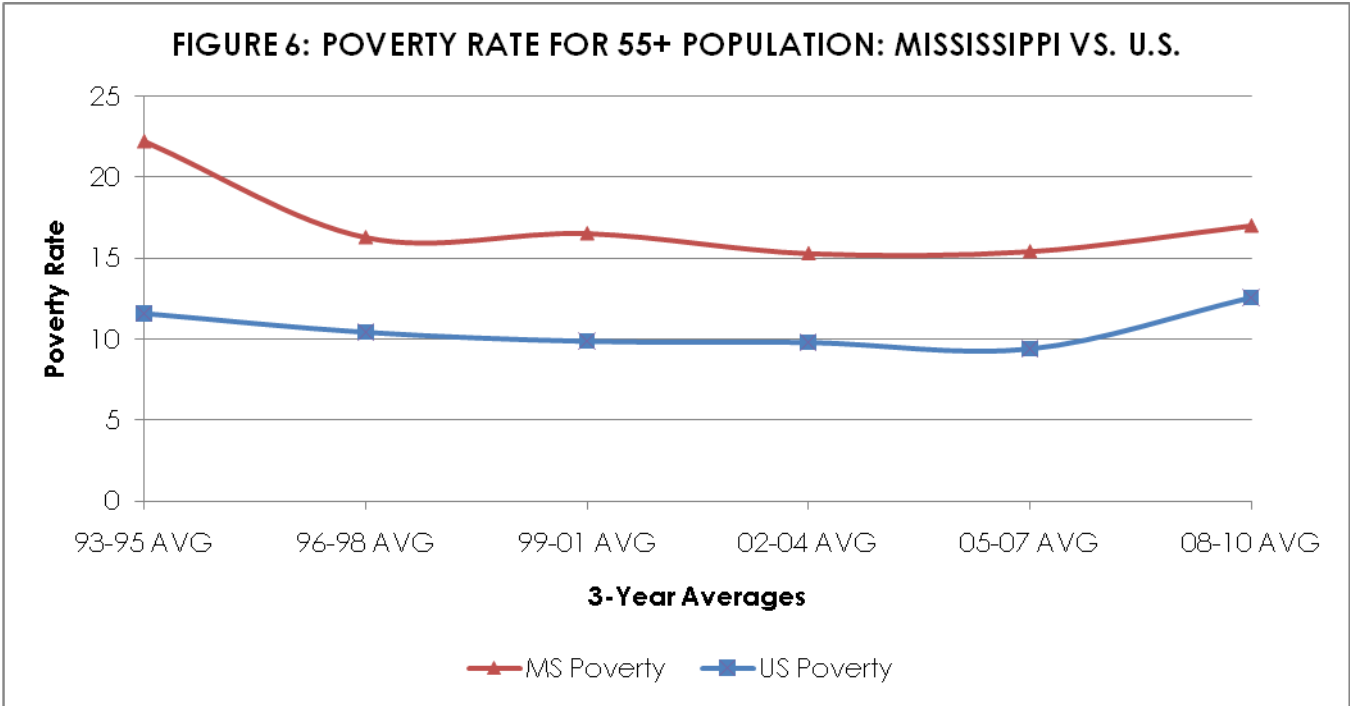


Regarding unemployment, Mississippians 55 to 64 had an unemployment rate of 5 percent compared to 7 percent for the nation in 2010. Mississippians aged 65 and older had an unemployment rate of 4

percent compared to nearly 7 percent for the nation. The chart below displays the unemployment rates for these age groups from 1999 to 2010.



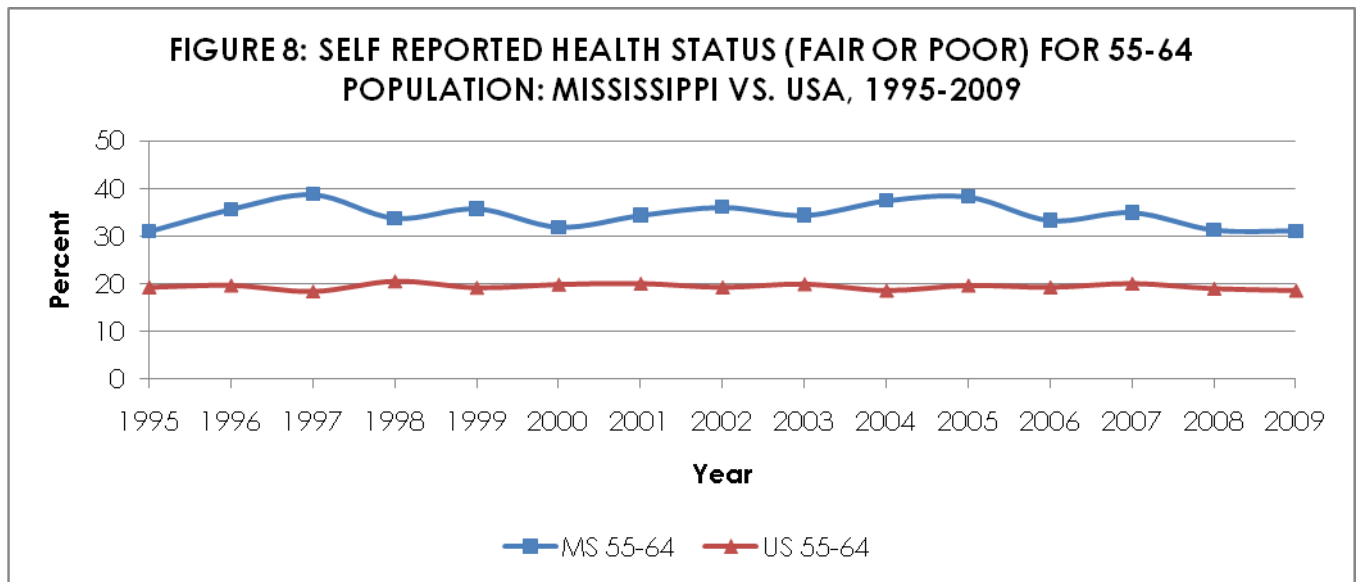
Poverty can have tremendous impacts on a variety of factors, including health, well-being, and demand for services. Current Population Survey data show that poverty among older adults in Mississippi has been consistently higher than that of the nation, which follows historical trends for overall poverty. Most recent averages from 2008-2010 indicate a poverty rate of 17 percent for those adults aged 55 and older compared to 12.6 percent for the nation.



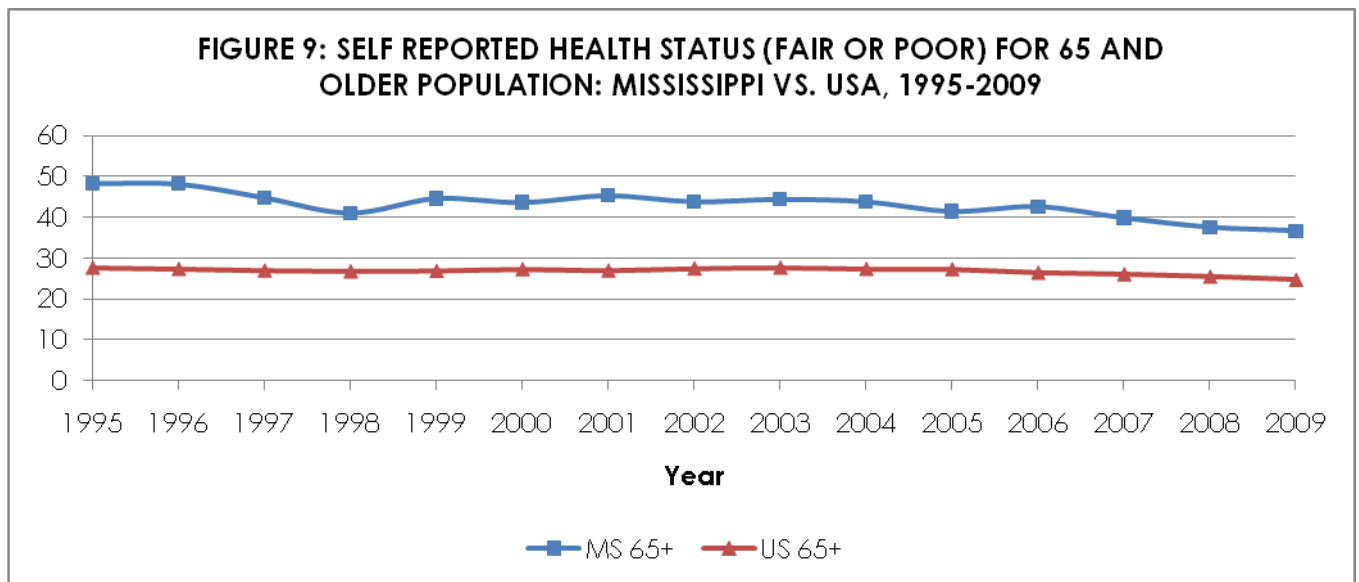
HEALTH

While the general population trends in the state and the nation mirror one another, so do the trends in health for the aging population. In terms of self-reported health status of older adults, Figures xxx and xxx show that Mississippians are more likely than the rest of the nation to classify their health status as either ‘Fair’ or ‘Poor.’ Estimates from the Behavioral Risk Factor Surveillance Survey (2009) show that over 31 percent of 55 to 64-year-olds and nearly 40 percent of those aged 65 and older rated their health as ‘Fair’ or ‘Poor’ compared to 20 percent and 26.1 percent for the nation. Results from the GNAS show that over 15 percent of respondents rated their health as ‘Fair’ or ‘Poor.’ By comparison, nearly 40 percent of WLNAS respondents rated their health as ‘Fair’ or

‘Poor.’

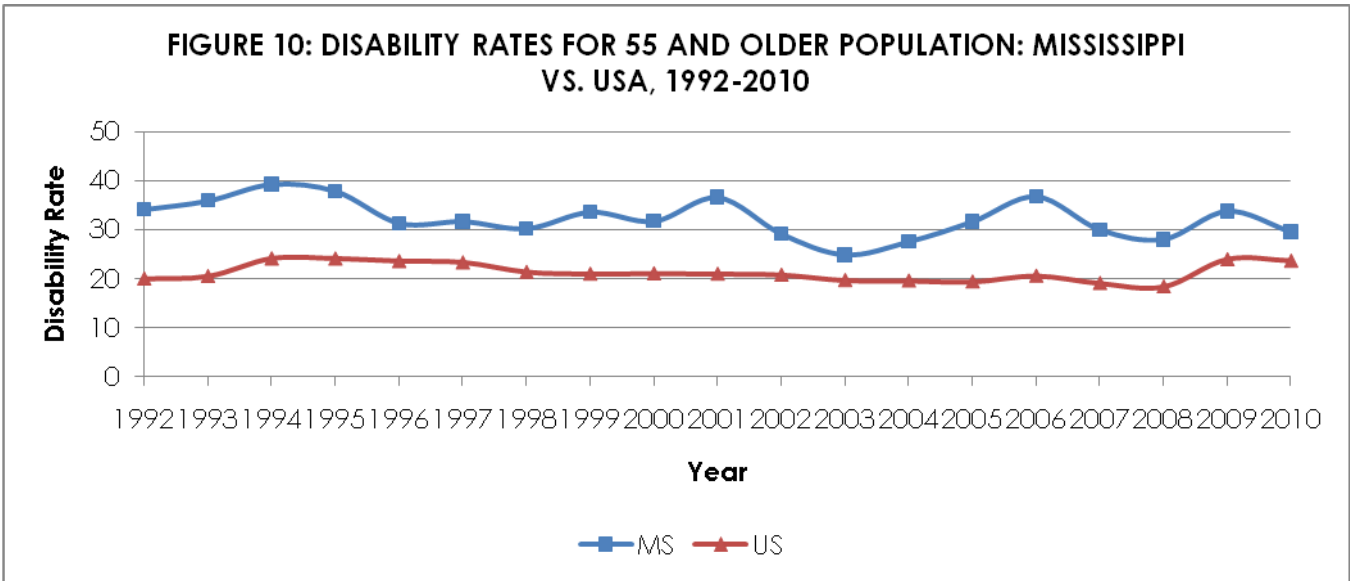


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



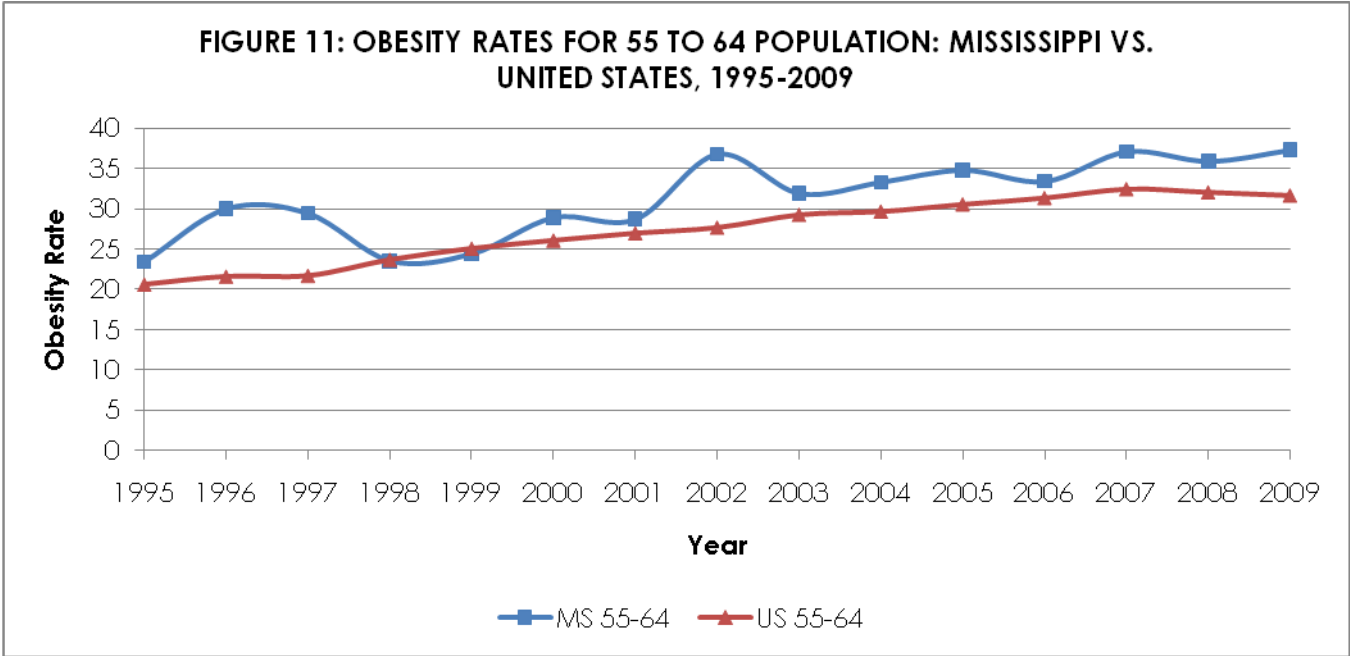
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

Data related to other major health indicators show that older adults in Mississippi tend to fair worse than the nation as a whole. Disability rates from the Current Population Survey show that over 29 percent of older Mississippians reported living with a disability in 2010 compared to 24 percent of older adults nationwide.

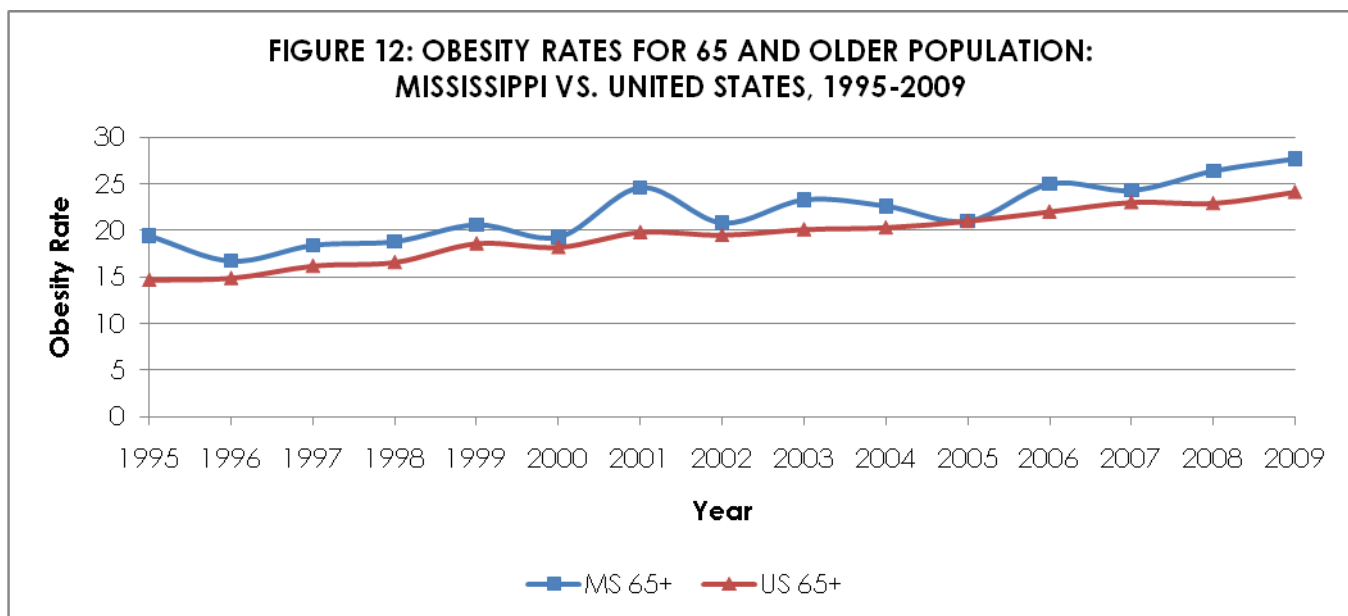


Source: U.S. Census Bureau, Current Population Survey March Supplement, 1992-2010.

Obesity and diabetes are two major future health concerns facing the aging population. Historic data trends show that obesity is already a concern in Mississippi, as state-level rates consistently exceed those of the nation. Figures 11 and 12 show that over 37 percent of Mississippians aged 55 to 64 and nearly 28 percent of Mississippians aged 65 and older are classified as obese compared to national rates of 32 percent and 24 percent, respectively.

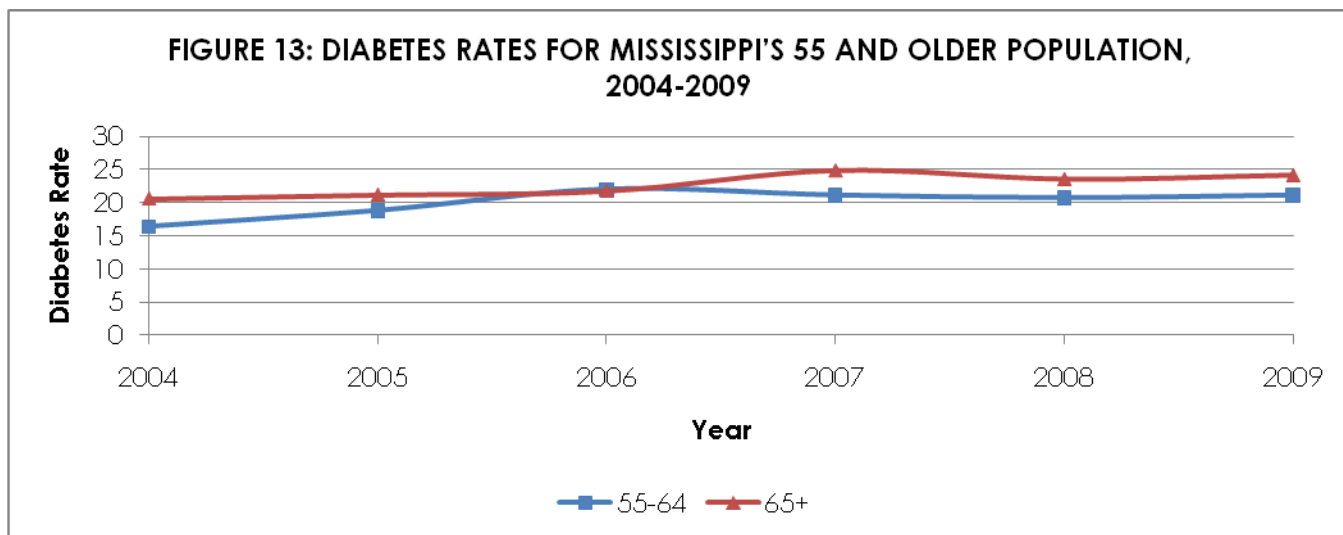


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

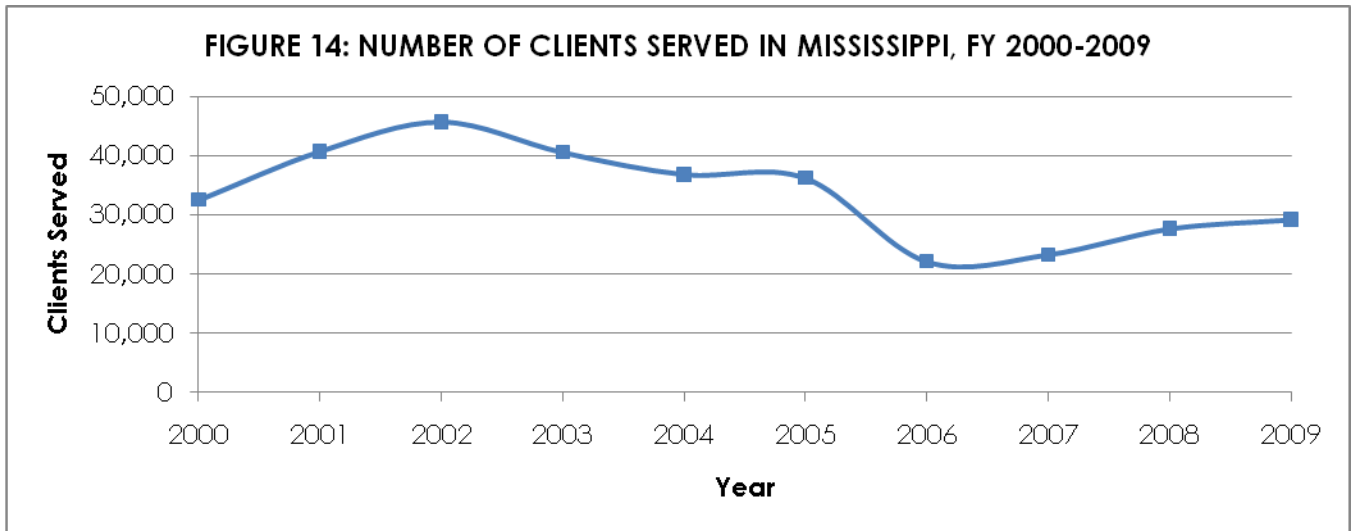
High rates of obesity in Mississippi have been accompanied by high rates of diabetes. As Figure 13 shows, over 21 percent of 55 to 64 year olds and over 24 percent of adults aged 65 and over reported being diagnosed with diabetes.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2004-2009

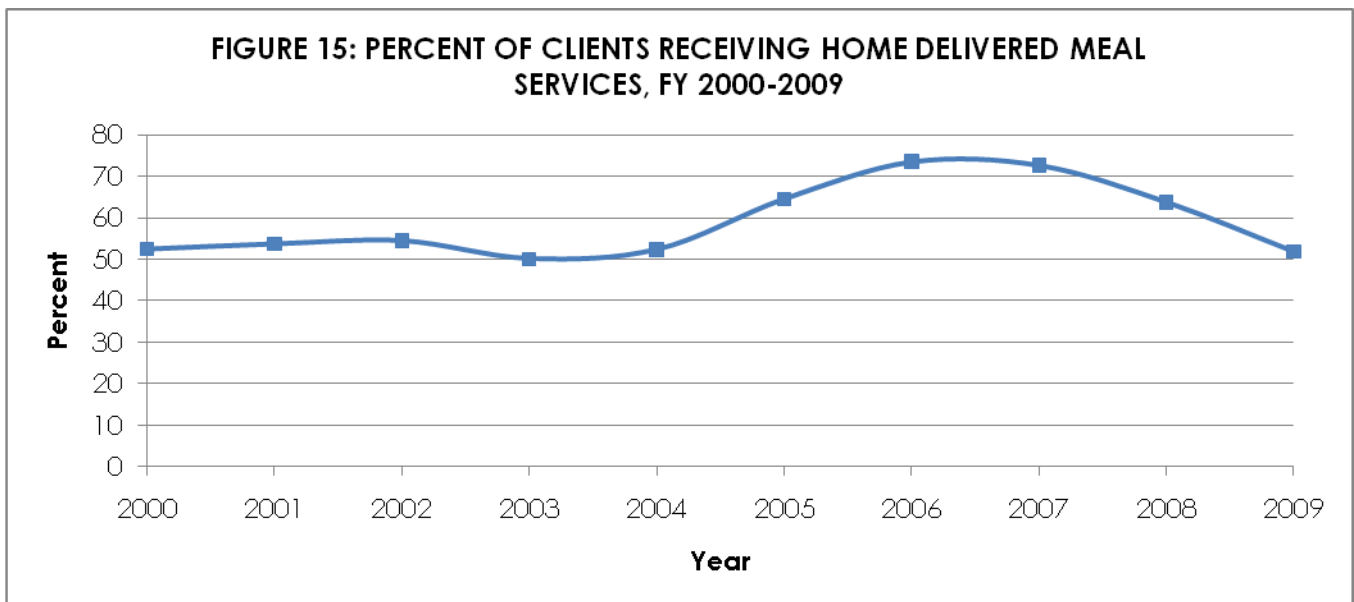
SERVICE

Population estimates for 2009 report that there were over 525,00 Mississippians aged 60 and older, which comprised nearly 18 percent of the state’s population (U.S. Census 2010). The Administration on Aging’s Aging Integrated Database (AGID) show that MDHS’s Division of Aging and Adult Services has served over 26,000 clients in 2009 (Administration on Aging 2011), which is approximately six percent of the state’s 60 and older population. Assuming six percent represents the most needy elderly Mississippians, DAAS can expect an increase of 14,000 clients by 2020.



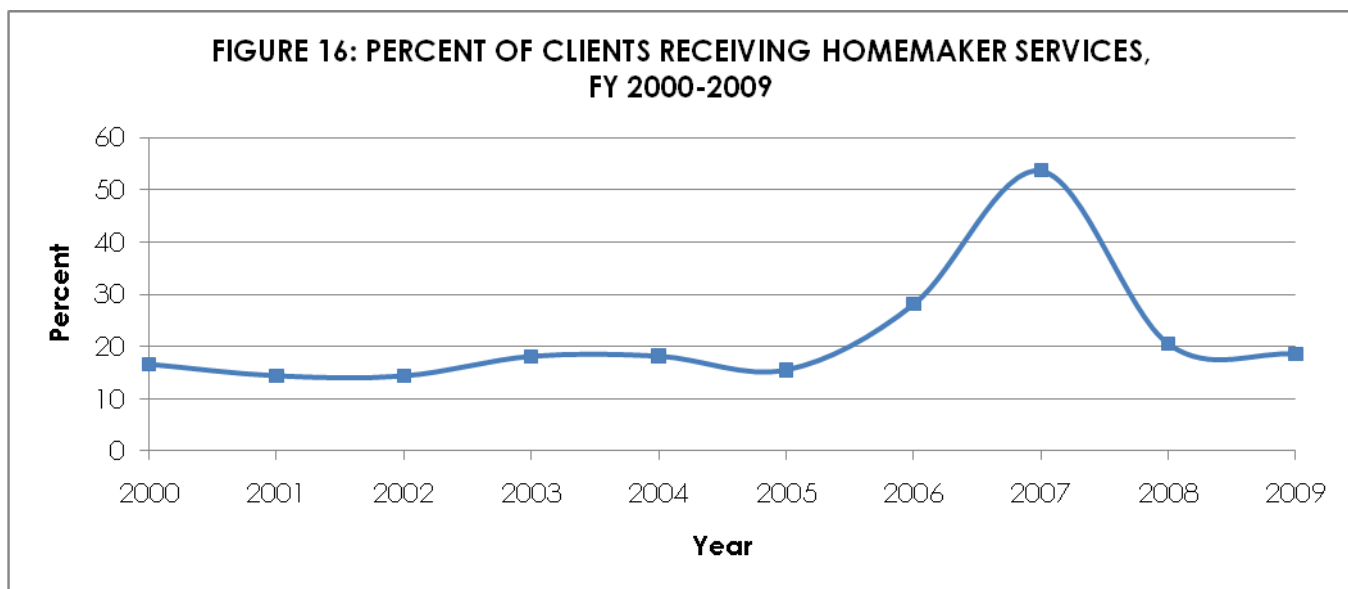
Source: Administration on Aging, Aging Integrated Database, 2011.

A review of the specific services provided shows that the most used service of AAA is Home Delivered Meals (HDM). Between 2000 and 2009, approximately three percent of Mississippians over 60 received HDM. Assuming these conditions persist, DAAS can expect to see an increase of 7,000 clients seeking Home Delivered Meals by 2020.



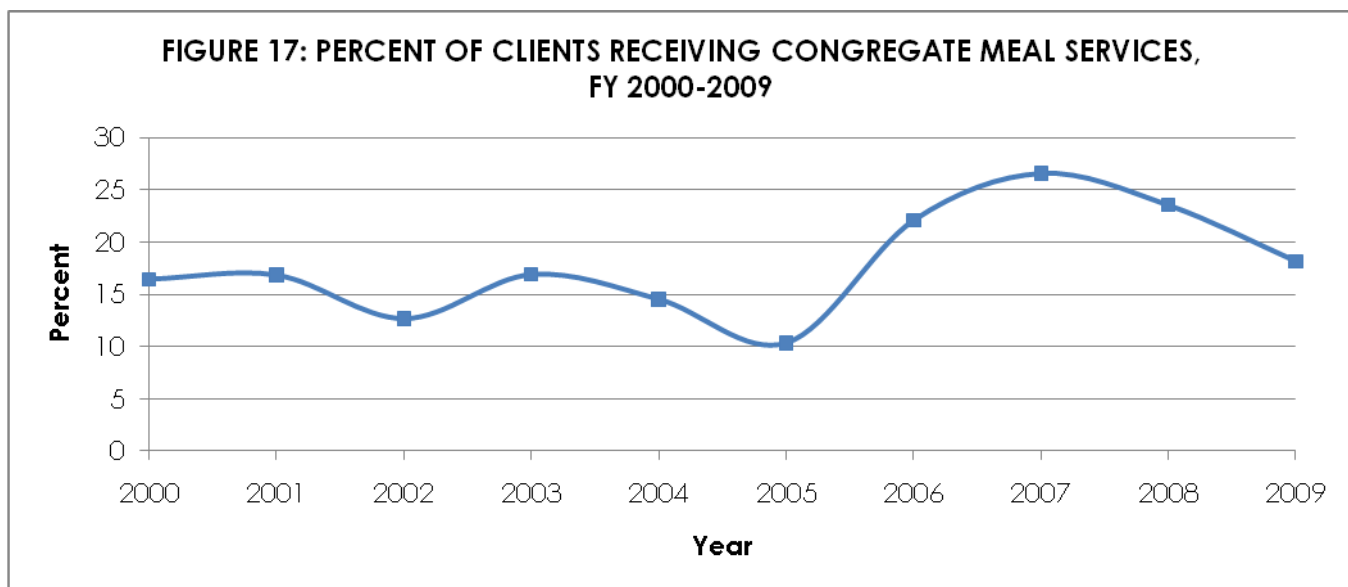
Source: Administration on Aging, Aging Integrated Database, 2011.

Homemaker Services is the second-most accessed service provided by AAA. Between 2000 and 2009, approximately one percent of Mississippians over 60 received Homemaker Services. Assuming these conditions persist, DAAS can expect to see an increase in demand for Homemaker Services of close to 2,300 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

Though trending down, Congregate Meals is the third-most popularly received service provided by AAA. Between 2000 and 2009, just under one percent of Mississippians over 60 received Congregate Meals. Assuming these conditions persist, DAAS can expect to see an increase in demand for Congregate Meals of just over 2,000 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

2011 MISSISSIPPI OLDER ADULTS NEEDS ASSESSMENT RESULTS

The 2011 Mississippi Older Adults Needs Assessment surveyed adults aged 55 and older on a variety of topics, including service awareness, everyday activities, health status, living arrangements, quality of life, and future concerns. In order to gain greater perspective into the everyday lives and unmet needs of older Mississippians, two telephone surveys of adults aged 55 and older were conducted. The first was a random sample survey of the state’s older adult population (GNAS), and the second

was a survey of individuals who are currently on waiting lists for DAAS services (WLNAS). The minimum age was set at 55 so that the needs and concerns of this age group could be documented to help agencies prepare not only for those who are currently eligible for services but for those who will become eligible for services in the next five years.

A general set of questions was developed for both surveys and were asked of the GNAS and WLNAS respondents. WLNAS respondents were, however, asked additional questions specific to how long they have been waiting for services, their level of urgency for receiving services, and how they were coping with the lack of service. Results for the two surveys and the focus group session are provided below.

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ASSESSMENT SURVEYS

Overall, the results of the GNAS show that Mississippi's older adult population report high scores on quality of life and health status. Specifically, 94 percent of respondents ranked their quality of life as "good" or better with 76 percent ranking their quality of life as very good or excellent. In general these respondents were less dependent on alternative sources of transportation, had lower levels of food insecurity, and were less concerned with being able to meet their basic needs.

Concerns arise, however, with the examination of the WLNAS results, which show striking differences between the two survey populations. These results encapsulate the major issues that face the state's aging population. WLNAS respondents fared much worse on self-reported quality of life and health assessment scores, and they also reported higher levels of dependence on transportation and much higher levels of food insecurity than those from the GNAS.

With the projected increase of older adults in Mississippi, the state can expect an increase in the number of older adults who have difficulty meeting basic needs without assistance. As the results of these two surveys demonstrate, this is especially true for older adults living on low incomes and those who reside in rural areas. Special attention should also be paid to older adults who provide

care for others, as an increase in older adults could also result in an increase in caregivers who may be in need of some type of relief.

Ultimately, potential clients will need to know what services are available and how and where these services can be accessed. The DAAS currently serves a small share of the state's aging population. An increase in awareness, especially among low-income and rural individuals, could result in more people receiving the services and assistance they need.

. QUALITY OF LIFE AND LIFESTYLE

GNAS

- Seventy-six percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical health was the most pressing quality of life concern among GNAS respondents, as over 46 percent of respondents reported a high level of concern for this indicator.
- Other major concerns included Financial Problems (26.6 percent), Access to Adequate Healthcare (21.3 percent), Affordable Medications (20.3 percent), and Depression (18.2 percent).
- Physical Health was a major quality of life concern for Low Income Respondents (60.2 percent). In contrast, only 23 percent of High Income Respondents saw their current Physical Health as a major concern.

WLNAS

- In contrast to the GNAS results, only 40 percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical Health (79.5 percent) and Financial Problems (50.2 percent) were the most pressing quality of life concerns for WLNAS respondents.
- WLNAS respondents were more concerned with issues related to Loneliness and Isolation, the Ability to Perform Everyday Activities like bathing or preparing meals, and Accessing Transportation than those who participated in the GNAS.

FAMILY AND SOCIAL SUPPORT

GNAS

- Ninety-eight percent of respondents believed that they had a reliable contact in the case of an emergency.
- Over 11 percent of respondents reported having no family members living within 25 miles of their residence.

WLNAS

- Ninety-one percent of respondents believed that they had a reliable contact in the case of an emergency.
- Almost 12 percent of respondents reported having no family members living within 25 miles of their residence.

CAREGIVING

GNAS

- Over 33 percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Seventy-four percent of caregiving respondents were female.
- About 30 percent of respondents spent more than 20 hours per week providing care for others.
- Eight percent of caregivers reported a high need for respite care.
- Twenty-three percent of caregivers reported that their future ability to care for others was a major concern.

WLNAS

- Twenty-two percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Eighty-three percent of caregiving respondents were female.
- Over 37 percent of caregivers spent more than 20 hours per week providing care for others.
- Over 33 percent of caregivers reported that their future ability to care for others was a major concern.

LIVING ARRANGEMENTS

GNAS

- Nearly 73 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Over 24 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.
- Eighty-nine percent of High Income Respondents (those with Household Incomes of \$75,000 or greater) were Very Satisfied with their Living Arrangements, compared to less than 63 percent of Low Income Respondents (those with Household Incomes of \$20,000 or less).

WLNAS

- Over 44 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Nearly 47 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.

DIET AND FOOD SECURITY

GNAS

- Nearly 12 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- The inability to afford food was a major issue for low-income groups. Over 38 percent of respondents with household incomes below \$10,000 reported that the inability to afford enough food to eat had been a problem for them over the last year.
- Over 24 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months, and for 6 percent of respondents this was a frequent occurrence.
- Over 20 percent of respondents were unable to afford to eat healthier meals over the last 12 months. This was a frequent problem for nearly 6 percent of respondents.

- The ability to afford basic needs like food and rent was a major future concern for nearly 23 percent of respondents.
- Nearly 15 percent of respondents reported a high level of need for Food Stamps.
- Nearly 23 percent of African-American Respondents claimed that there had been times over the last year when they were unable to afford enough food. This was a problem for only 8.3 percent of White Respondents.

WLNAS

- Over 49 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- Over 66 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months.
- Over 63 percent of respondents were unable to afford to eat healthier meals over the last 12 months.
- The ability to afford basic needs like food and rent was a major future concern for 46 percent of respondents.

TRANSPORTATION

GNAS

- Approximately 15 percent of respondents reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Of those respondents who did not use their own vehicle as a primary means of transportation:
 - Over 47 percent reported that a lack of transportation was a problem for them over the last year.
 - Nearly 49 percent resided in rural areas.
 - Over 53 percent reported household incomes of less than \$10,000 in 2010.
- Nine percent of respondents reported a high level of need for transportation services.
- Twenty-three percent of respondents reported a high level of future concern with their ability to drive on their own.
- Sixteen percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

WLNAS

- Nearly 53 percent of the sample reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Over 74 percent of respondents reported that a lack of transportation was a problem for them over the last year.
- Over 28 percent of respondents reported a high level of future concern with their ability to drive on their own.
- Nearly 37 percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

HEALTH STATUS

GNAS

- Over 54 percent of respondents reported being in Very Good or Excellent health.

- Over 40 percent of respondents reported that their physical health did not interfere with their ability to perform basic daily activities.
- High Blood Pressure was the most common health condition, as nearly 64 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns included Arthritis (58 percent), Vision Problems (38.8 percent), Back Pain (36.4 percent), and other Joint Problems (32.0 percent).
- 13 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.
- Of those who decided not to seek medical attention, over 54 percent reported cost issues, over 27 percent decided to treat themselves, and nearly 16 percent reported other reasons for not seeking medical attention, such as nursing experience and not being able to miss work.
- Over 75 percent of High Income Respondents reported their overall health as being Very Good or Excellent. In contrast, slightly over 43 percent of Low Income Respondents reported their overall health as being Very Good or Excellent.
- Over 76 percent of African-American Respondents reported being diagnosed with High Blood Pressure, and nearly 32 percent had been diagnosed with diabetes. These percentages were at 64 percent and 25 percent for the GNAS as a whole, respectively.

WLNAS

- Nearly 23 percent of respondents reported being in Very Good or Excellent health.
- Nearly 63 percent of respondents reported that their physical health made it difficult to perform basic daily activities like bathing or preparing meals.
- High Blood Pressure was the most common health condition, as nearly 79 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns among respondents included Arthritis (77.4 percent), Back Pain (61.1 percent), Vision Problems (58.0 percent), and other Joint Problems (54.1 percent).
- 24 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.
- Of those who decided not to seek medical attention, over 44 percent reported cost issues, over 23 percent claimed they had no means of transportation, and over 19 percent decided to treat themselves.

SERVICE NEED AND AWARENESS

GNAS

- Nearly 68 percent of respondents claimed to be unaware of the services provided and facilitated through the Area Agencies on Aging.
- Of those respondents who were aware of the Area Agencies on Aging, nearly 34 percent did not know how to get in contact with local Area Agency on Aging representatives.
- Senior Discount Programs were found to be the greatest need among respondents, as over 31 percent reported a high level of need for this service.
- Other services that scored high on the list were Repair Services (22.4 percent), Physical Fitness and Exercise Programs (18.5 percent), Tax Preparation (15.9 percent), and Information and Referral Services (15 percent).
- Over 77 percent of Low Income Respondents were unaware of the services provided by DAAS, compared to 44 percent of High Income Respondents claiming to be unaware.

- Senior Discount Programs (44.8 percent) and Food Stamps (34.4 percent) were the greatest service needs among Low Income Respondents. In contrast, the greatest service needs of High Income Respondents were Exercise Programs (17.6 percent) and Repair Services (17.6 percent).

WLNAS

- Over 64 percent of respondents were on waiting lists for Home Delivered Meals.
- Other services for which respondents were waiting for included Homemaker Services (27.6 percent), Home Healthcare (17.3 percent), Congregate Meals (8.1 percent), and Repair Services (7.8 percent).
- Repair Services (63.6 percent) was reported as the most urgent need among WLNAS respondents.
- Help from family was the most consistent coping mechanism used among respondents waiting for services.
- Many respondents reported there were times they were forced to do without a service when alternative sources of support were not available.

FUTURE CONCERNS

GNAS

- Physical health (58.5 percent) was reported as the greatest future concern.
- Affording Healthcare (31.3 percent), Affording Medications (29.5 percent), Mental Health (28.5 percent), and the Ability to Care for Others (25.2 percent) were among the other major concerns.
- Declining Physical Health was the most pressing concern for the entire sample (58.5 percent); this was especially true for Low Income (66.3 percent) and Female Respondents (61 percent).

WLNAS

- Physical health (68.2 percent) was reported as the greatest future concern.
- Affording Healthcare (46.9 percent), the Ability to Live Independently (46.7 percent), Affording Basic Needs, and Affording Medications (44.9 percent) were among the other major concerns.

SERVICE PROVIDER FOCUS GROUP

A computer-assisted focus group consisting of 25 service providers from the 10 AAAs was conducted in order to gain insight on the strengths and weaknesses of the current service delivery method and what the state needed to do to prepare for the increase in the aging population. Participants were made up of directors of AAAs, directors of non-profits, and a variety of field specialists. The focus group used innovative web-based technology that gathers information in a way that gives everyone a voice in the process while still getting the benefits of sharing ideas in a group setting. Focus group materials are available in Appendix V.

Current and Future Needs Assessment

Overall results from the focus group and the surveys indicate that service providers and elderly Mississippians share the same vision of current and future needs. Both agree that home repair services are the biggest need for today's clients. Both agree that preventative services for health and

finances are the greatest needs of tomorrow's clients. Both agree that Mississippians need more awareness of available services. Both agree that caregiving is very difficult.

Participants were asked about the greatest unmet needs of their community. Service providers see keeping individuals in their homes as the biggest priority in improving the lives of older Mississippians. In order to do this, service providers are in agreement that currently general home repairs is the greatest unmet need of seniors. Specific home repairs stated included roofs and wheel chair ramps.

Participants were asked about the effect of the retirement of the Baby Boom on services. Service providers agree that Baby Boomers are more active, independent, and more educated than previous elderly generations. Thus, there will be a need for preventative services, including exercise opportunities and nutrition, and financial education on home-delivered meals, homemaking services, and transportation.

Service providers also agree that Mississippians need more training on how to get informed about the services that are available to elders, including AAA services. GNAS results show that almost 70 percent of Mississippians were not aware of AAA services. Service providers had many ideas on how to reach clients effectively. The channels of trusted information most cited were, in order, churches, wellness centers, doctors, and family members. Targeting adult children was mentioned as a strategy as well as pharmacists, senior centers, mass media, pamphlets, community meetings, health fairs, places of employment, and utility companies.

Service providers agree that Mississippians of all ages need an education campaign for all Mississippians that serves to prepare people for the stages of the aging process. Service providers think that many people are in denial about the aging process. There was general agreement that being able to communicate about aging, death, dying, the stages of grief, and costs of long-term and hospice care would help people to make choices that better prepare themselves for retirement. The educational campaign would focus on good health and financial practices throughout life so that people reach retirement more physically and financially fit. Service providers were united in the thought that successful aging starts early in life.

Service providers agreed that providing training to caregivers is a top priority. Caregivers will have an expanded role as the Baby Boomer population ages, increasing the need for caregiver training. Research on care giving shows the detrimental impacts on the caregiver. Participants overwhelmingly said that in order to prevent burn-outs, caregivers need to learn coping skills and the importance of self-care. Coping skills include stress and anger management and sensitivity to elders in terms of understanding what it feels like to be dependent on someone else. Self-care includes understanding one's limits and how to get help or find support groups. In addition to training on how to physically care for loved ones, caregivers also need training on how to make decisions that are in the best interests of the family as a whole.

Service Delivery Method and Increasing Capacity

AAA directors report that though the majority of their staffs are not trained in geriatrics, their staffs work well as a team. AAA personnel value shaping the process of improving service delivery through collaboration, are loyal to the needs of Mississippi's aging population, and enjoy interacting with the seniors they serve. The service providers at the focus group are willing to learn and desire to

be active in shaping the process of improving lives of the elderly in Mississippi. Most participants in the focus group know they need more training and welcomed training opportunities. Service providers would like to see and know that DAAS personnel is personally involved and understands the plight of some of their most needy clients, especially rural individuals.

Service providers agreed that more and better communication was needed from DAAS both within and between districts. There was a strong desire for more regular meetings and for a significant increase in communication from DAAS that is timely and well-thought out. Currently, information is centralized with the directors and may not be consistent or consistently disseminated.

Service providers overwhelmingly report a “figure it out myself” approach to accomplishing their job duties. Lessons learned are not shared which maximizes the work effort. Service providers agreed that more training for all levels of personnel was a top priority. As Baby Boomer AAA directors retire, an important window of opportunity for reshaping the culture of each AAA will open. DAAS needs to be ready for the exodus of expertise.

Service providers agree that current service provision is done in “silos” with no resources spent to increase awareness of services because they have no capacity to increase services. Service providers view churches, wellness centers, doctors, and family members as trusted channels of information that would be good partners.

There was also a consensus among service providers that budgetary flexibility would increase capacity to serve more elderly Mississippians. For example, being able to switch funds from Congregate Meals to Home Delivered Meals would enable local providers to match the funds more in line with local needs.

ATTACHMENT N. PUBLIC HEARINGS

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES**

**PUBLIC HEARING SCHEDULE
STATE PLAN**

FFY 2011

DATE	AGENCY	TIME	LOCATION
June 28, 2010 Thursday	East Central AAA	10:00 a.m.	ECPDD Boardroom 280 Commercial Drive Newton, MS
June 30, 2010 Friday	Southern MS AAA	10:00 a.m.	West Side Community Center Gulfport, MS
June 30, 2010 Friday	Northeast MS AAA	10:30 a.m.	NEPDD Bd. Rm. 619 E. Parker Booneville, MS
June 30, 2010 Friday	Southwest MS AAA	10:00 a.m.	2265 HWY 84E Meadville
July 1, 2010 Thursday	South Delta AAA	10:00 a.m.	Senior Center 142 N. Shelby Street Greenville
July 1, 2010 Thursday	Central MS AAA	10:00 a.m.	Jackson Medical Mall Community Room
July 7, 2010 Wednesday	North Central AAA	10:00 a.m.	Montgomery Co. Courthouse Winona, MS
July 8, 2010 Thursday	Three Rivers AAA	1:30 p.m.	Lee County Multi-Purpose Bldg. Tupelo, MS
July 9, 2010 Friday	North Delta AAA	10:30 a.m.	North Delta Office Conference Room
July 15, 2010 Thursday	Golden Triangle	2:00 p.m.	Golden Triangle 106 Miley Drive Starkville, MS

Public Hearing Comments

Questions or comments on the Goals and Objectives of the Mississippi State Plan on Aging.

Overall the comments received stated that the services provided through the Mississippi State Plan on Aging were necessary and administered to those most in need in the state. Below are four (4) specific comments regarding the goals and objectives of the Mississippi State Plan on Aging.

1. Increase home and community based services for the frail, oldest old, poor and those with chronic disorders like Alzheimer's.
2. Expand the transportation program.
3. The goals and objectives of the Mississippi State Plan on Aging will be a great asset to all seniors in the state. The services are much needed.

Questions or comments on the funding formula used in the State Plan on Aging.

The comments received are stated below.

1. The funding formula should include or provide for areas in the greatest need such as the Delta.
2. The funding formula should assign priority on economic need instead of population.
3. The funding formula should gear some funds towards the Middle income persons.
4. Multiple comments that the formula should provide more funding to the grandparent program.

Questions or comments on the statewide Aging and Disability Resource Center.

1. Continue to publicize.
2. The ADRC will help those in need.
3. Increase the publicity efforts to ensure saturation statewide.
4. The ADRC call center reduces the confusion in finding resources.
5. The ADRC number should be listed and advertised as a toll free number as opposed to an 800 number.
6. Many comments state that the ADRC sounds like a great resource.

Comments on the State Plan, services or service needs.

1. The state has serious needs for more respite and day services for caregivers dealing with Alzheimer's and related disorders.
2. Need additional funding for programs.
3. Thank you for everything you do. Many have had their needs met throughout the years.
4. Appreciative of the amount of attention given to Elder abuse prevention and awareness.
5. More services are needed to combat the increasing need.
6. More service hours are needed in homemaker and respite care services.
7. The grandparent program is a very important service that needs additional funding.

ATTACHMENT O: MDHS Emergency Operations Center Standard Operation Procedures (EOC SOP)

Department of Human Services

EMERGENCY OPERATIONS CENTER
STANDARD OPERATION PROCEDURES
(EOC SOP)

750 North State Street • Jackson, MS • 39202 • (601) 359-4500 (800) 345-6347

SUBJECT: Emergency Operations Center Standing Operation Procedures

1. **PURPOSE:** To standardize procedures necessary for the organization and function of the Mississippi Department of Human Services, Emergency Operations Center (EOC) supporting, local, county, state and federal emergency operations.
2. **SCOPE.** This SOP applies to all EOC operations when activated in support of natural and man-made disasters or to provide support to federal entities. It is general in nature and can be modified or tailored to a specific situation.
3. **MISSION.** Provide a command and control facility centralizing communications and personnel coordinating emergency operations.

4. EOC FUNCTIONS

A. Support to other state agencies.

1. **General.** The primary function of the EOC is to provide the Executive Director (ED) with evaluated information to make recommendations concerning current and future emergency operations and the status of committed resources.
2. **Special.**
 - A. To provide direction, control, and coordination for employees performing emergency missions.
 - B. To serve as the coordinating link between committed employees and other federal, state, and local agencies.
 - C. To maintain a continuous estimate of the situation within its area of responsibility and area of interest.
 - D. To prepare and disseminate tasks, requests, and reports necessary for the support of current and future operations based on the guidance issued by the Executive Director.
 - E. To serve as the agency link for Non-governmental agencies requesting information or support.
 - F. To support and sustain operations in disaster affected areas. During deployed operations, all actions and information must be provided to the MDHS EOC in a timely manner to facilitate current and future operations. This information arrives through email, telephonically or by person as prescribed by the Executive Director.
 - G. To designate an alternate EOC location if the primary is uninhabitable.

5. **EOC MANNING.** The level of EOC manning will be directly by the ED and established consistent with the level and duration of the situation.

A. Upon activation of the EOC, limited initial manning is provided by designated directorates to ensure all equipment is functioning.

B. Additional manning will be specified as each situation matures and requirements change.

C. When the situation dictates, additional manning is provided to the EOC by county office personnel.

6. RESPONSIBILITIES.

A. General:

1. Executive Director. The ED has overall responsibility for all agency operations.
2. Deputy Executive Director has primary staff responsibility for all EOC and disaster operations.
3. Deputy Administrator for Administration has primary staff responsibility for finance, logistics and personnel. He/she is responsible for the operations and support of Columbia and Oakley Training Schools during disasters. He/she is also responsible for agency Risk Management during emergency operations.
4. Deputy Administrator for Programs has primary staff responsibility for external agency coordination, federal, state, county and local. He/she coordinates and manages all press releases and inquiries from the press. He/she is responsible for all Serious Incident Reports, SIR's for the agency.
5. Director of Economic Assistance has primary staff responsibility for all support locations established by MDHS in and out of the disaster area. These locations include benefit support locations and mass care shelters. All MDHS employees assigned to support these facilities will take all direction from the Director of EA. This includes location assignments, work schedules, etc. The DEA will ensure all lines of communication are maintained with all County Boards of Supervisors and County Emergency Operations Centers on a continuous basis throughout the year to establish and maintain a working relationship that will lend itself to providing needed support during a disaster.

B. Special.

1. Deputy Executive Director. The DED normally acts as the Chief of the EOC.
2. EOC Operations Officer (Battle Captain). Each shift will have an Operations Officer. The individual will be designated by the ED/DED. This individual will have the responsibility for the operations of the EOC in the absence of the DED. These responsibilities include but are not limited to ensuring all information is updated promptly, providing guidance on incoming problems, and ensuring the EOC has required logistical support to maintain operations for at least the following 4 hours.
3. MEMA Liaison Team. This team will consist of employees designated by the Director of Economic Assistance and the Director of Communications. These individuals will perform shift work and perform duties 24 hours a day. Shifts will be directed by the DEA/DC. The senior person from EA will be designated as the Team Leader for DEA. The Director of Communications will ensure all press releases and requests for information are reviewed by the DAA prior to release. These teams will provide updated information to the MDHS EOC

no less than every four hours. These teams are under the control of the Deputy Administrator for Programs.

4. MDHS Logistics Team. This team will be located at the MDHS state office and will be under the control of the Deputy Administrator for Administration. This team will ensure all logistics requirements are fulfilled, all employees are supported, and all facilities, permanent and temporary are fully supported to provide services to Mississippi citizens. Members of this team will come from Budgets and Accounting and Human Resources. The DAA will evaluate affected MDHS facilities in the affected area(s) for damage and requirements.

5. Reconnaissance Teams. These teams will conduct recons on planned and non-planned locations required to support MDHS operations. The recon will include an assessment of each location to provide support and shelter to employees and clients. These teams will report directly to the Deputy Administrator for Administration. These teams will consist of at least one employee from EA and one employee from PI, (for security), or as directed by the DAA. MIS should be on standby to send adequate personnel and equipment to each offsite location to identify requirements and possible vendors and to facilitate repairs.

6. Resource Commitment Team. These teams will provide fiscal and logistical support for resources directed by the DAA. Only the ED, DED, DAP, DAA, or Director of Budgets and Accounting can authorize a commitment of funds. Ensure all commitments have an assigned mission number from MEMA or this agency.

7. MDHS Directorate's providing staff for the EOC. Directorates are responsible for supporting EOC operations and maintaining information pertinent to their assigned functional area. All EOC work, regardless of normal directorate assignment works under the direct supervision of the DED. Any leave or other personal requirements require the DED's approval, not the directorate.

A. Directorate of Economic Assistance. Provide four individuals to the MDHS EOC. Provide XX people to MEMA. Provide mass care support as required. Provide individuals to the Recon Team(s) as required.

B. Directorate of Family and Children Services. Provide four individuals to the MDHS EOC. Provide mass care support as required.

C. Directorate of Program Integrity. Provide support to DEA as required to secure distribution points. All individuals assigned this duty will be under the command and control of the DEA. Provide individuals to the Recon Team as required.

D. Directorate of Social Services Block Grants. Provide four individuals to operate the message Center in the MDHS EOC.

E. Directorate of Consumer Services. No requirements for EOC duty.

F. Directorate of Community Services. Provide support to the DEA for mass care facilities as required.

G. Directorate of Children and Youth. Provide four individuals to support EOC operations. Be prepared to provide DEA individuals to support mass care operations.

H. Directorate of Youth Services. Provide four individuals to support EOC operations. Provide support as required to Columbia and Oakley.

I. Directorate of Child Support Enforcement. Provide individuals to support EOC operations. Be prepared to provide DEA individuals to support mass care facilities.

J. Directorate of Budgets and Accounting. Provide four individuals to support EOC operations. Provide direct support to the DAA for logistics support and the establishment of off site facilities. Be prepared to provide support to DEA for mass care facilities.

K. Directorate of Human Resources. Provide four individuals to support EOC administrative operations. Provide support to DAA as required for logistics support.

L. Directorate of Communications. Provide media support for the agency. Initially this support will be provided at MEMA. Recruit three additional individuals to assist in media support. The concurrence of the division and ED are required.

M. Directorate of Aging and Adult Services. Provide four individuals to support EOC operations. Provide support to DEA for mass care as required.

N. Directorate of Management Information Systems. Provide four individuals to support EOC operations. Provide automation support as required to the EOC and all MDHS facilities. Supervise the EOC Message Center. Responsible for preparing and updating the ED Update Briefing. Provide individual(s) to the ReconTeam is required.

8. EOC OPERATIONS. See Annex A

9. EOC COMMUNICATIONS. See Annex B

10. EOC BRIEFING AND REPORTS. See Annex C

11. EOC SECURITY. See Annex

D. DON THOMPSON Executive Director

ANNEXES:

A. MDHS EOC OPERATIONS

- Appendix 1- MDHS Duty Roster
- Appendix 2- MDHS Shift Change Briefing
- Appendix 3- Journal File
- Appendix 4- Optional Form 271 Conversation Record
- Appendix 5- MDHS EOC Layout
- Appendix 6- MDHS Significant Events
- Appendix 7- MDHS Current Operations Chart
- Appendix 8- MDHS Sensitive Items Report

B. MDHS COMMUNICATIONS

C. MDHS BRIEFINGS & REPORTS

D. MDHS EOC SECURITY

DISTRIBUTION:

Executive Director

Deputy Administrator for Administration

Deputy Administrator for Programs

Deputy Executive Director

Deputy Family & Children Services

Director for Economic Assistance

Director for Social Service Block Grants

Director for Management Information Systems

Director for Community Services

Director for Consumer Services

Director for Youth Services

Director for Family & Children Services

Director for Child Support Enforcement

Director for Office for Children and Youth

Director for Budgets and Accounting

Director for Human Resources

Director for Program Integrity

Director for Communications

Director for Aging and Adult Services

1. **PURPOSE.** This Annex provides guidance for EOC operations during a disaster or state emergency operation.
2. **EOC ACTIVATION PROCEDURES. (READINESS CONDITION (REDCON) LEVEL MANNING)**
 - A. **Partial Activation.** The EOC is activated commensurate with the situation. If a situation does not warrant full activation of the EOC, the Executive Director, ED determines requirements and notifies required personnel. Activation will be by line number authorization identified on the EOC duty rosters. (i.e., E-005). Duty Rosters are located in Appendix 1 to this annex.
 - B. **Full Activation.** During a major disaster the EOC is fully staffed. The DAO calls a directors meeting in the EOC to inform all directorates of the current situation and their responsibilities during the operation.
 - C. **The Readiness Condition, (REDCON), will be established by the ED based on current information from the Mississippi Emergency Management Agency, MEMA, and guidance from the Governor's office.**
 - D. **REDCON requiring full activation of EOC is REDCON 3.**
 - E. **Table A-1 below outlines specific EOC actions/events for each REDCON.**

When a disaster is imminent or declared, selected MDHS MIS personnel may be dispatched by the EOC, under the control of the DAA, to the disaster area to evaluate and/or establish communications.

- G. **During partial activation, the Recon Team may deploy into the affected area prior to the disaster and function as required. This decision will be made by the ED. The Recon Team will provide all initial support required to establish support facilities.**
- H. **The Recon Team should be located near the disaster area, preferably at a location with water, power, personal hygiene facilities, sleep facilities, and employee shelter facilities. If possible, the Recon Team should operate self-sufficiently for up to five days. Five days of supply, should be procured and taken with the recon team upon deployment, i.e., rations, water, ice, toilet articles, etc.**
- I. **The Director of Economic Assistance coordinates with the MEMA Operations Officer to acquire a fixed facility sufficient to house DEA and other supporting agency employees if a preplanned facility is not available. This location will be relayed to the EOC and DAA ASAP.**
- J. **The Deputy Administrator for Programs is responsible for responding to outside agency requests for assistance inside of and outside of the affected area.**

TABLE A-1

REDCON LEVEL	EOC STATUS	EOC ACTION	MEMA STATUS
L	Normal Preparedness.	<ol style="list-style-type: none"> 1- Continue Normal Operations 2- Monitor conditions with MEMA. 	Level 1: Normal operational status.
2.	<p>Increased readiness. EOC prepares for 24-hour operations. EOC manning rosters verified and personnel alerted for operations.</p>	<ol style="list-style-type: none"> 1- Provide daily SITREP to ED, DA's and Directors. 2- Alert counties for possible EOC Operations. 3- Alert selected personnel for deployment. 4- Prepare to issue Warning Order to directorates. 5- Request Executive Order and Mission Assignment from MEMA. 	Level 1: With increased communications watch.
3.	<p>EOC activated and extended operations begin, 3-8 hr shifts Monitoring of affected areas begins Liaison activities with counties and other agencies begin.</p>	<ol style="list-style-type: none"> 1- Directorates activated and staged for possible deployment. 2- EO received along with initial MA from MEMA. 3- Recon team(s) deployed. 4- Forward site(s) alerted to prepare for receipt of RECON team(s). 	<p>Level 2: SEOC activated with Key ESF representatives.</p>



3. Any commitment of funds either expressed or implied. If possible, the commitment for funds should have an assigned mission number of the document.
 4. Any commitment of equipment or material resources.
 5. Phone calls received or made by the directorate during the disaster. A short summary of the conversation must be written indicating who, reason, and the incoming/outgoing phone number. Provide detailed information for future use.
- B. All incoming and outgoing information will be treated as FOR OFFICIAL USE ONLY.
- C. Procedures for completion of Journal Files. The form is located in Appendix 3, Journal Files to this annex.
1. Each directorate maintains a journal file on a daily basis from 0001 until 2400 hours. Prior to each shift change all new entries will be discussed and fully understood by the oncoming shift prior to departure of the outgoing shift. Ensure enough information is entered to allow someone to read the entry a week later and have enough information provided to fully understand the issue.
 2. Obtain mission number, if possible, on all messages that apply to the mission.
 3. Number items consecutively beginning with one (1) each day. Arrange all messages in chronological sequence.
 4. Assign an item number to each entry, i.e., 01001. (01- First day of the month, 001- message number for the 24 hour period. 02015- Second day of the month, 015- message number for the 24 hour period.)
 5. Edit messages to eliminate any unnecessary information or to consolidate or eliminate duplicate items.
 6. Type the final draft, verify that the journal is in proper order, to include initials of Battle Captain, and submit to DED for authentication when appropriate.
 7. Give a copy of all journals and supporting messages/correspondence to the DED at the end of the operation for historical filing.
- D. Optional Form 271s, Conversation Records are used as required. Original message taker should prepare the appropriate number of copies so that each directorate taking actions can retain a copy. Make extra copies if a reply is required/requested.
- E. If a message was transferred to one directorate from another directorate, the directorate receiving the message will transfer back to the requesting directorate a copy of the OF 271 when the action is complete. This will ensure closure of the message.

- F. All off site locations in the affected area will submit a daily report on sensitive items. These items include but are not limited to, computers, monitors, printers, fax machines, EBT cards on hand, cellular phones, weapons, etc.
See Appendix * for Sensitive Items Report form.
- G. The EOC will track all significant events as they happen. See Appendix 6, Significant Events Chart. This chart will be updated as events occur.
- H. The EOC will track Current Operations as they occur. See Appendix 7, Current Operations Chart. This chart will be updated as events occur.

4. EOC TERMINATION PROCEDURES

- A. EOC Termination. ED or DED begins termination of operations as soon as possible.
- B. DEA informs local officials that the MDHS mission terminates as soon as the ED is satisfied all benefits have been provided.
- C. DED informs directorates on status of termination.
- D. Operational Control of deployed employees/elements reverts to the DEA.
- E. The EOC remains partially operational until all personnel and equipment are recovered.

APPENDICES:

- Appendix 1- MDHS Duty Roster
- Appendix 2- MDHS Shift Changing Briefing
- Appendix 3- Journal File
- Appendix 4- Optional Form 271 Conversation Record
- Appendix 5- MDHS EOC Layout
- Appendix 6- MDHS Significant Events
- Appendix 7- MDHS Current Operations Chart
- Appendix 8- MDHS Sensitive Items Report

MDHS Supporting Elements	Line Number	EOC Duty Position (D)= Day (N)= Night
MDHS Exec. Director/ SSBG/ Consumer Services/ PI	E-001	Executive Assistant to ED
	E-002	DEP ADM for Administration
	E-003	DEP Executive Director
	E-004	DEP ADM for Programs
	E-005	Executive Assistant to ED
	E-006	ADM Assistant to DAA
	E-007	ADM Assistant to DED
	E-008	ADM Assistant to DAP
	E-009	Consumer Services
	E-010	Director SSBG
	E-011	Contract Off. SSBG
	E-012	Vacant
	E-013	Vacant
	E-014	Vacant
	E-015	Vacant
	E-016	Vacant
	E-017	Vacant
	E-018	Vacant
	E-019	Vacant
DEA	EA-001	Director of EA
	EA-002	DEP. Director of EA
	EA-003	MEMA EA Rep
	EA-004	MEMA EA Rep
	EA-005	MEMA EA Rep
	EA-006	MEMA EA Rep
	EA-007	MEMA EA Rep
	EA-008	MEMA EA Rep
	EA-009	MEMA EA Rep
	EA-010	MEMA EA Rep
	EA-011	MDHS EOC Rep
	EA-012	MDHS EOC Rep
	EA-013	MDHS EOC Rep
	EA-014	MDHS EOC Rep
	EA-015	Vacant
Communications	C-001	Director of Communications
	C-002	
	C-003	
Family & Children Services	FCS-001	Director of Family & Children Services
	FCS-002	
	FCS-003	
	FCS-004	

MDHS Supporting Elements	Line Number	EOC Duty Position (D)= Day (N)= Night
Community Services	CS-001	
	CS-002	
	CS-003	
	CS-004	
	CS-005	
	CS-006	
	CS-007	
Office for Children & Youth	CY-001	
	CY-002	
	CY-003	
	CY-004	
	CY-005	
	CY-006	
Budgets & Accounting	BA-001	
	BA-002	
	BA-003	
	BA-004	
	BA-005	
	BA-006	
Youth Services	YS-001	
	YS-002	
	YS-003	
	YS-004	
	YS-005	
	YS-006	
MIS	MIS-001	
	MIS-002	
	MIS-003	
	MIS-004	
	MIS-005	
	MIS-006	
Child Support	CSE-001	
	CSE-002	
	CSE-003	
	CSE-004	
	CSE-005	
Aging & Adult Services	AAS-001	
	AAS-002	
	AAS-003	
	AAS-004	
	AAS-005	

Appendix 2, Executive Directors Update/Shift Change Briefing to Annex A, MDHS EOC Operations

- 1 TIMES. 0800/ 1600/ 2400
- 2 BATTLE CAPTAIN.
 - A. Situation Update (overview, i.e., hurricane or disaster status update).
 - B. Update on Reports (completed/ suspense).
 - C. Scheduled Meetings/ Visitors.
 - D. Weather Current/ next 24/ next 48.
- 3 DEPUTY EXECUTIVE DIRECTOR. Overall mission update.
- 4 DEPUTY ADMINISTRATOR FOR ADMINISTRATION. Update on responsibilities.
- 5 DEPUTY ADMINISTRATOR FOR PROGRAMS. Update on Responsibilities.
- 6 EACH DIRECTORATE. Wrap-up of shift happenings and any issues to monitor. Order on briefing: TBA.
7. **INDIVIDUAL RESPONSIBILITIES.** Each shift person must provide an individual brief, 30 minutes prior to shift change brief, to oncoming shift personnel This should be an in depth brief.



Appel **CONVERSATION** , Conversation Record TIME
RECORD

DATE

PERSONAL VISIT LOCATION OF CONVERSATION
 CONFERENCE

TELEPHONE EXECUTIVE DIRECTOR ATTENTION REQUIRED YES NO
 OTHER

NAME OF PERSON

PHONE NO.

ORGANIZATION OF PERSON

TOPIC OF CONVERSATION

SUMMARY OF CONVERSATION

PRINTED NAME OF PERSON DOCUMENTING CONVERSATION:

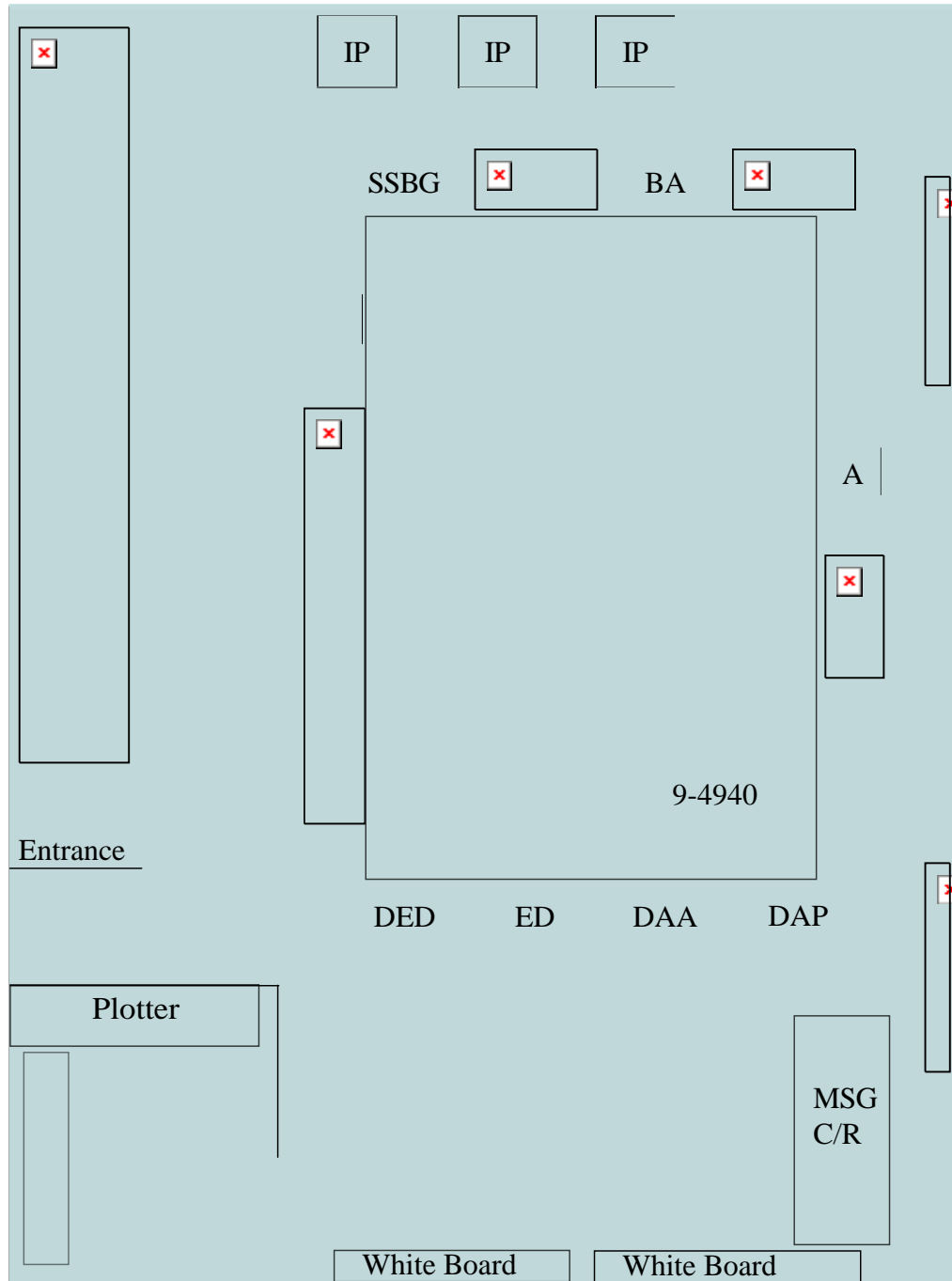
SIGNATURE OF PERSON DOCUMENTING CONVERSATION:

ACTION REQUIRED:

ACTION TAKEN:

Appendix 5, MDHS EOC Layout to Annex A MDHS EOC Operations

1. **PURPOSE.** The purpose of this Appendix is to provide a graphic representation of the physical layout of Mississippi Department of Human Services EOC.





Appendix 6, MDHS Significant Events Chart, to Annex A, MHDS EOC Operations
MDHS SIGNIFICANT EVENTS

EVENT	DATE/TIME	REMARKS
-------	-----------	---------

L
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EES

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ME
COMP
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D



SENSITIVE ITEMS REPORT

ITEM	QTY ON HAND	QTY MISSING	SIR SUBMITTED
LAPTOP COMPUTER			
DESKTOP COMPUTER			
MONITOR COMPUTER			
PRINTER COMPUTER			
TYPEWRITER			
FAX MACHINE			
CELLULAR PHONES			
WEAPONS			

Annex B, MDHS Communications to MDHS EOC SOP

1. **PURPOSE.** Provide communication capabilities of the EOC and offsite locations during disaster or emergency.
2. **GENERAL.** Three modes of communications systems support the EOC: 1) telephone, (land line, mobile, including text messaging, and fax), 2) email, 3) High Frequency, if available. Important telephone numbers are listed in the appropriate appendices of this annex.
 - A. All email from MDHS coming into the EOC will be sent to disaster@mdhs.ms.gov
 - B. Establishing communications with the EOC is the first priority for all offsite locations after all health and welfare issues are corrected.
 - C. Upon establishment of communications, regardless of means, the offsite locations should contact the EOC.
 - D. There are no secure telephones in MDHS. All calls, especially mobile, are subject to scanning. Client privacy must be protected at all times.
 - E. All telephones are for official business only.
 - F. Reimbursement of personal cellular phone calls is not **authorized**.

APPENDICES:

- Appendix 1- State office EOC telephone numbers
- Appendix 2- MDHS 1-800 telephone numbers
- Appendix 3- Executive Office telephone numbers TBP
- Appendix 4- County Office telephone numbers
- Appendix 5- Columbia Training School telephone numbers
- Appendix 6- Oakley Training School telephone numbers
- Appendix 7- Email procedures
- Appendix 8- MDHS telephone bank numbers TBP
- Appendix 9- Governor's Office telephone numbers TBP
- Appendix 10- MEMA telephone numbers
- Appendix 11- Department of Education telephone numbers
- Appendix 12- Department of Health telephone numbers
- Appendix 13- Satellite telephone numbers TBP

MDHS TOLL FREE LISTING

DIVISIONS	TOLL FREE NUMBERS	LOCAL CALL
GENERAL INFORMATION		
Public Information -800-345-MDHS	1-800-345-6347	601-359-4500
Field Staff- All Division	1-800-948-3020	601-359-4503
TDD- Telephone Deaf Device	1-800-676-4154	601-359-2656
AGING & ADULT SERVICES		
Call Routing for Area Agencies on Aging	1-800-948-3090	601-359-4929
Ms CAPP	1-888-240-7539	
CHILD SUPPORT		
Information Desk/Call Center	1-866-388-2836	601-359-4861
Client Automated Voice Response	1-800-434-5437	601-354-6039
METSS Help Desk	1-800-937-9803	601-359-4601
ePayment (EPPICard Customer Service)	1-866-461-4095	
CHILDREN & YOUTH		
Child Care Express	1-800-877-7882	601-359-9672
COMMUNITY SERVICES		
LIHEAP/WAP Programs	1-800-421-0762	601-359-4770
ECONOMIC ASSISTANCE		
Treasury Offset (FTROP)\	1-800-948-4050	601-359-4344
EBT Help Desk	1-866-449-9488	601-359-4419
EBT Help Line- Retailers	1-866-598-1772	
EBT Help Line- Customers	1-866-512-5087	601-359-4429
Field Staff/ County Support (MSCAP UNIT)	1-800-948-4060	601-359-4819
MAVERICS & JAWS Jobs Help Desk	1-800-832-0695	601-359-4847
Abstinence/Healthy Marriage	1-800-590-0818	601-359-4688
Client Inquiry	1-800-948-3050	601-359-4796
EPPICard (Clients who receive funds on the EPPICard under TANF, etc.)	1-866-461-4095	
FAMILY & CHILDREN SERVICES		
Adoption Resource Exchange	1-800-821-9157	601-359-4407
Adoption F&CS Region V, VI & VII	1-866-229-9417	601-426-1241
Field Staff	1-800-553-7545	601-576-2501
Child Abuse Hotline	1-800-222-8000	601-359-4991
Foster Care	1-800-345-6347	
HUMAN RESOURCES		
Personnel	1-800-433-1210	601-359-4444
PROGRAM INTEGRITY		
Fraud Hotline	1-800-299-6905	601-359-4907

YOUTH SERVICES

Oakley Training School
Appendices: 1 continue

1-866-312-7215

601-359-4972

1. Annex C, MDHS EOC Update ChartsPURPOSE. The purpose of this annex is to detail EOC update charts that will require constant up dating during the emergency or disaster. It is imperative to keep these charts accurate and updated.
2. GENERAL. These charts will become a part of the Executive Directors Update/Shift Changing briefing. Each directorate responsible for information must provide timely and accurate information to the EOC. The message center is responsible for maintaining these charts.

Appendices:

Appendix 1- Weather Chart

Appendix 2- Personnel Status Chart

Appendix 3- Logistics Status Chart

Appendix 4- VIP Status Chart

Appendix 5- Temporary Location Chart

Appendix 6- Funds Obligated/Expended Chart

Appendix 7- U.S. Dept. Of Homeland Security Federal Emergency Management Agency,
General Admissions Application

Appendix 8- EOC Executive Director's Update

WEATHER

	CURRENT	12 HRS	24 HRS	48 HRS	72 HRS
CONDITIONS (cloudy, partly cloudy, etc.)					
TEMPERATURE					
HUMIDITY, %					
WINDS, mph					
% chance of PRECIPITATIO N					
VISIBILITY, miles					
CEILING, feet					
% ILLUMINATION					



Appendix 6, Funds Expenditure Chart to Annex C, EOC Briefing Charts
FUNDS EXPENDITURE WORKSHEET

MISSION NUMBER

MISSION/LOCATION

FUNDS EXP/OBL

AUTHORIZING
OFFICIAL

**MISSISSIPPI DEPARTMENT OF
HUMAN SERVICES
EXECUTIVE DIRECTOR'S
UPDATE
AS OF**

WEATHER CONDITIONS

PAST 24 HOURS

CURRENT 24 HOURS

NEXT 24 HOURS

SIGNIFICANT ISSUES

MDHS SITUATION

PAST 24 HOURS

CURRENT 24 HOURS

NEXT 24/48 HOURS

EMPLOYEE STATUS

EMPLOYEES DEPLOYED (TOTAL AND BY DIVISION)

EMPLOYEE CHANGES EXPECTED IN NEXT 24-48 HOURS

LOCATION(S) OF EMPLOYEES STATE OFFICE/ COUNTY OFFICE/ TEMPORARTY LOCATION I

EMPLOYEE ISSUES:

FAMILY

PAY

COMP TIME

TRANSPORTATION

FOOD

BILLETING

FACILITIES

LAUNDRY

FUEL

SHOWERS

ICE

WATER

TOILETS

PROTECTIVE CLOTHING

MAINTENANCE

MDHS FACILITIES

NUMBER AND LOCATION(S) OF FACILITY(S) AFFECTED

EXPECTED DATE/ TIME TO BECOME OPERATIONAL
(FULLY/ PARTIALLY)

NUMBER OF EMPLOYEES AFFECTED
WORKPLACE
PERSONAL

SUMMARY OF PROBLEMS BY FACILITY

SECURITY ISSUES AT FACILITIES

COMMUNICATIONS

NUMBER OF PRESS RELEASES

SUBJECT OF PRESS RELEASES

NUMBER OF PRESS INQUIRES

UNRESOLVED ISSUES

RUMORS

MDHS SHELTERS

MEMA ESF 6

**CURRENT NUMBER(S) AND LOCATION(S)
(INCLUDE ADDRESS, TELEPHONE NUMBERS AND POC)**

PROJECTED NUMBER(S) AND LOCATION(S) NEXT 24/48/72

NUMBER OF OCCUPANTS

NUMBER OF SPECIAL NEEDS OCCUPANTS

SHELTER ISSUES AND NEEDS

ECONOMIC ASSISTANCE

PUBLIC RELATIONS ISSUES

CLIENTS

STAFF

OTHER STATES

POLICY-FOOD STAMPS/ TANF

FIELD STAFF QUESTIONS

WAIVERS

ECONOMIC ASSISTANCE

INVOLVEMENT WITH STATE AND FEDERAL AGENCIES

HHS

USDA/ FNS

ACF

FEMA

MEMA

DOE (EDUCATION)

DOH (HEALTH)

DRS (REHAB)

MEDICAID

ECONOMIC ASSISTANCE

USDA-FNS DISASTER FOOD STAMP PROGRAM

CURRENT SITUATION

LOCATION(S) OF DISTRIBUTION SITES

(INCLUDE DATES, ADDRESS, TELEPHONE NUMBERS, HOURS OF OPERATION, NUMBER OF CLIENTS SERVED PER DAY, AND CUMULATIVE, AND MDHS SITE POC)

PERSONNEL REQUIRED PER LOCATION

ASSISTANCE REQUIRED FROM OTHER MDHS DIRECTORATES PER SITE

PROGRAM INTEGRITY

SUPPORT TO OTHER MDHS DIRECTORATES

SUPPORT TO HHS/FNS

SUPPORT TO LOCAL LAW ENFORCEMENT

FAMILY AND CHILDREN SERVICES

FOSTER CHILDREN

TOTAL NUMBER OF FOSTER CHILDREN

NUMBER OF FOSTER CHILDREN ACCOUNTED FOR

NUMBER OF FOSTER CHILDREN NOT ACCOUNTED FOR- REASON

NUMBER OF FOSTER CHILDREN AFFECTED

RESOURCE FAMILY ISSUES

NEEDS ASSESSMENT/ MEDICAL NEEDS/ INJURIES/
HOSPITALIZATION

COMMUNICATIONS ISSUES

PLAN FOR FINANCIAL ASSISTANCE PAYMENTS

NCP'S NOTIFIED OF STATUS OF CHILDREN

STATUS OF GROUP HOMES AND SHELTERS

CHILDREN AND YOUTH

CHILD CARE CERTIFICATE WAIVERS

EMERGENCY SUPPLIES REQUIRED

CHILD CARE FACILITIES AFFECTED

NUMBER OF CHILDREN AFFECTED

EMERGENCY FACILITIES REQUIRED/ LOCATION

EXPECTED RE-OPENING OF CHILD CARE FACILITIES

NUMBER OF CHILDREN SERVED DAILY AND CUMULATIVE

CHILD SUPPORT ENFORCEMENT

FUNDS COLLECTION ISSUES

FUNDS DISBURSEMENT ISSUES

COURT ACTIONS PROBLEMS

LICENSE SUSPENSION STATUS

YOUTH SERVICES

OAKLEY TRAINING SCHOOL

YOUTH HOUSED

YOUTH PAROLED EARLY

YOUTH RELOCATED

EMERGENCY WORKERS HOUSED

EMERGENCY WORKES HOUSED/ FED

FAMILY MEMBERS NOTIFIED (STUDENTS)

WORKERS NOT LOCATED

BUILDINGS DAMAGED

UTILITIES STATUS

ELECTRICAL

NATURAL GAS

GENERATORS

GASOLINE ON HAND/ REQUIRED NEXT 24/48

DIESEL ON HAND/ REQUIRED NEXT 24/48

NEXT FUEL SHIPMENT SCHEDULED

COMMUNITY SERVICES

STATUS OF COMMUNITY ACTION AGENCIES IN AFFECTED AREA(S)

ENERGY ASSISTANCE (LIGHTS, GAS, METER BOX REPAIRS, AIR CONDITIONERS, FANS, OTHER ENERGY RELATED EXPENSES)

EMERGENCY STAFF (CASE MANAGERS)

EMERGENCY STORAGE FOR SUPPLIES

PARTNERSHIPS (SHELTERS, CHURCHES, RED CROSS, SALVATION ARMY, UNITED WAY COMMUNITY HEALTH CENTERS, FUEL PROVIDERS)

CONSUMER SERVICES

NUMBER OF INQUIRIES DAILY AND CUMULATIVE
(PERSONAL/ POLITICAL CONTACT)

OPEN INQUIRIES

CONCERNS/ ISSUES OF CONSUMERS

/

BUDGETS AND ACCOUNTING

**REPORTING/ TRACKING REQUIREMENTS FOR FEMA/ MEMA
(i.e. OVERTIME, TRAVEL, SHELTER WORK, etc.)**

SPENDING AUTHORITY

**PURCHASING GUIDELINES FOR EMERGENCY PURCHASES
(i.e. OFFICE SUPPLIES, SHELTER SUPPLIES, FOOD, DRINKS, etc.)**

**PURCHASING GUIDLINES FOR NON-EMERGENCY PURCHASES
(i.e. RE-STOCKING DAMAGED OFFICE SUPPLIES, EQUIPMENT, FURNITURE, etc.)**

PROPERTY ACCOUNTABILITY REQUIREMENTS

MIS

AUTOMATION ISSUES/ CONCERNS

CELLULAR TELEPHONE ISSUES

SATELLITE TELEPHONE ISSUES

PROGRAM ISSUES MACWIS, METSS, JAWS

SUPPORT PROVIDED TO AFFECTED AREA(S)

GENERATOR ISSUES

EXTERNAL AGENCY

ISSUES

FEDERAL

STATE

WAIVERS

**EXECUTIVE DIRECTOR
COMMENTS**

Annex D, Guidance to MDHS EOC SOP

PURPOSE. To provide guidance and establish procedures pertaining to the security of the EOC during prescribed operations.

2. **GENERAL.** When the EOC is activated, it will be designated a Restricted Area. Access will be JAW paragraph 3 below.
3. **SPECIAL.**
 - A. **EOC Access.** Access to the EOC is limited to individuals assigned EOC duties, or as designated by the Executive Director.
 - B. **Access Roster.** The Deputy Administrator for Operations will establish and maintain an access roster listing individuals authorized to enter the EOCs.
 - C. **Safeguard of Sensitive Material.** All material will be treated as For Official Use Only. All documents cleared for destruction must be shredded upon certification of the DAO.
 - D. All documents generated and received during the disaster are considered historical documents. No documents are to leave the EOC without approval of the DAO.

Appendices:

- Appendix 1- MDHS County Directory
- Appendix 2- DFCS Disaster Plan Resource Family
- Appendix 3- Special Needs Shelter
- Appendix 4- ESF (Emergency Support Functions)
- Appendix 5- MS State and Local Government- How to Purchase

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
COUNTY DIRECTORY
2009

CHERYL SPARKMAN, DIRECTOR
DIVISION OF ECONOMIC ASSISTANCE
PO BOX 352
JACKSON, MS 39205
TELEPHONE: 601-359-4810

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
01	ADAMS Patricia Barlow Supervisors: Suzanne Goodman Pamela Steele	150 East Franklin Natchez, MS 39121 (601) 442-1481, Fax: 446-5111	V
02	ALCORN Janis Haynie Supervisor: Gayle Forsythe	PO Box 2170 2690 S. Harper Rd. Corinth, MS 38834 (662) 286-2205, Fax: 286-7721	
03	AMITE Carolyn Wooley	PO Box 305 185 Irene St Liberty, MS 39645 (601) 657-8066, Fax: 657-8068	V
04	ATTALA Sheldon Harmon	PO Box 729 717 Fairground Rd. Kosciusko, MS 39090-0729 (662) 289-4881, Fax: 289-1575	III
05	BENTON Sondra G. Wilburn	PO Box 37 183 Court St. Ashland, MS 38603 (662) 224-6245, Fax: 224-6308	
06	EAST BOLIVAR Mark Couey Supervisors: Sandra Travis Loretta Phillips	PO Box 1628 212 North Pearman Ave. Cleveland, MS 38732-1628 (662) 843-8311, Fax: 846-0990	II
83	BOLTVAR Vera Edwards, Supv.	PO Box 368 706 Bradford St.	II

Rosedale, MS 38769
(662) 759- 3552, Fax: 759-3465

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
07	CALHOUN Larry Hardy Supervisor: Yvonne Bond	PO Box 57 237 South murphree St. Pittsboro, MS 38951 (662) 412-3169, Fax: 412-3176	III
08	CARROLL Faye Butler	205 Lee St. Vaiden, MS 39176 (662) 464-5961, Fax: 464-5342	III
09	CHICKASAW Samuel Buchanan	234 W. Main, Room 101 Okolona, MS 38860 (662) 447-5511, Fax: 447-5536	
	Branch:	745 W. Church St. Houston, MS 38851 (662) 456-3724, Fax: 456-2871	
10	CHOCTAW William Genann	PO Box 280 223 West Main Street Ackerman, MS 39735-0280 (662) 285-6269, Fax: 285-3962	IV
11	CLAIBORNE Carol Wood	PO Box 1013 417 Industrial Dr. Port Gibson, MS 39150 (601) 437-5115, Fax: 437-4162	V
12	CLARKE Teresa Nester	PO Box 30 29 Harris Avenue Quitman, MS 39355 (601) 776-3756, Fax: 776-6111	IV
13	CLAY Martha Jo Brand Supervisor: Mary White	PO Drawer 777 360 Washington St. West Point, MS 39773 (662) 494-3843, Fax: 494-1747	IV
14	COAHOMA Vanessa Long Supervisors: Cecilia Joubert Christine Daniels Deliah Reed Mentie Harris	PO Box 310 917 Ohio Ave. Clarksdale, MS 38614 (662) 624-3050, Fax: 624-3038	II
15	COPIAH Mary A. Jefferson Supervisor: Terri Edwards	640 Georgetown St., Suite 2 Hazlehurst, MS 39083 (601) 894-2321, Fax: 894-3429	V

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
16	COVINGTON Thomas Abbott Supervisor: Lorretta Keys	Jimie Cuevas, Mary Frambes	
17	DESOTO Kennette Hill Supervisors: Jean Weathers Livia Harris		
18	FORREST Wanda Simpson Supervisors: Martha Elledge Anessa Smith		
19	FRANKLIN Carla McMinn		
20	GEORGE Alice Guin		
21	GREENE Jean Henington		
22	GRENADA Lisa Weathers Supervisor: Jean Anderson		
23	HANCOCK Veronica Breaux		
24	HARRISON Carolyn DeIorio Rhonda White, Assoc. Supervisors: Patricia Hall Patricia Rayford, Cheryl Gipson, Pamela Baggett,		

PO Box 1179
107 Arrington Ave. Collins, MS 39428 (601)
765-6585, Fax: 765-5004

V

PO Box 546 II

2725 Hwy 51 South

Hernando, MS 38632

(662) 429-4461, Fax: 449-1407

PO Box 1938 VI

1604 W. Pine St.

Hattiesburg, MS 39403-1938

(601)554-4350, Fax: 554-4367

PO Box 428 V

90 Mill Rd.

Bude, MS 39630

(601) 384-5837, Fax: 384-3734

PO Box 177 VI

38 London St., Suite B Lucedale, MS
39452

(601) 947-7551, Fax: 947-7406

1008 Jackson Ave. VI

PO Box 40

Leakesville, MS 39451

(601) 394-2362, Fax: 394-4069

PO Box 945 III

1240 Fairground Rd.

Grenada, MS 38901-0945 (662) 226-
1971, Fax: 227-2866

PO Box 2069 VI

3066 Longfellow Dr.

Bay St. Louis, MS 39520

(228) 467-4565, Fax: 467-7530

10260 Larkin Smith Rd. Trailer #1 VI

PO Box 3400

Gulfport, MS 39505-3400 (228) 897-5600,
Fax: 897-5785

COUNTY CODE	COUNTY/DIRECTOR	ADDRESS/PHONE	REGION
25	HINDS Michael Miller Associate: Debra Evans-Williams Supervisors: Daisy Bates, Carolyn Mabry, Delois Linear, Majorie Purnell, Carolyn Gee, Frances Johnson, Myron Bennett, Tommie Downey, Sylvia Hunter	PO Box 11677 4777 Medgar Evers Blvd. Jackson, MS 39283-1677 (601) 362-9892, Fax: 364-7615	VII
	BOLTON: Supervisor: Lionel Cooper	PO Box 450 300 East Madison Bolton, MS 39041 (601) 866-4454, Fax: 866-2290	
	MIDTOWN: Supervisor: Janice Yates-Wells	152 Millsaps Ave. Jackson, MS 39202 (601) 355-5536, Fax: 355-6328	
26	HOLMES Henry Lockett Supervisor: Mickie Rodgers Cassandra Burks	PO Box 620 Hwy 12 East 22419 Depot St. Lexington, MS 39095 (662) 834-1221, Fax: 834-3869	III
27	HUMPHREYS Jacqueline Hughes Supervisor: Sedgene Robertson	PO Box 714 Courthouse/102 Castleman Street Belzoni, MS 39038 (662) 247-2323, Fax: 247-3908	III
28	ISSAQUENA Marquetta Brown	PO Box 99 129 Court Street Mayersville, MS 39113 (662) 873-6296, Fax: 873-9399	III
29	ITAWAMBA Nina House	PO Box 637 305 West Cedar Street Fulton, MS 38843-0637 (662) 862-9781, Fax: 862-4888	III
30	JACKSON Harold Nett ^o Supervisors: Linda Strunk Peggy Gear Mary Lowe Jennifer Johnson	PO Box 789 Pascagoula, MS 39568-0789 5343 Jefferson St.	VI

Moss Point, MS 39563

(228) 769-3275, Fax: 769-3366

COUNTY CODE	COUNTY/DIRECTOR	ADDRESS/PHONE	REGION
31	JASPER Bonnie Grantham Supervisor: Jim Sims	PO Box 350 37 West 8th Ave. Bay Springs, MS 39422 (601) 764-2151, Fax: 764-4869	IV
32	JEFFERSON Delores G. Rankin Supervisor: Emma Walton	PO Box 97 235 Medgar Evers Blvd Fayette, MS 39069 (601) 786-3571, Fax: 786-6005	V
33	JEFFERSON DAVIS Kenneth Hall	PO Drawer 1167 1185-B Frontage Rd. Prentiss, MS 39474-1167 792-4206, Fax: 792-2472	V
34	JONES Margaret Moss Supervisors: Willa Jo Richardson Denise Chancellor	PO Box 1943 923 Sawmill Rd. Laurel, MS 39441-1943	IV
35	KEMPER Janet Key	(601) 426-1200, Fax: 426-1207	
36	LAFAYETTE Billie McNece	PO Box 326 Hwy 39 North Dekalb, MS 39328 (601) 743-5826, Fax: 743-9166	IV
37	LAMAR Barbara Hammer		
38	LAUDERDALE Jackie Cockfield Supervisors: Ginger Crenshaw Linda Mackey Pamela Graham	PO Box 1027 819 Jackson Ave. Oxford, MS 38655 (662) 234-1861, Fax: 236-0228	
39	LAWRENCE Alvis Everett	PO Box 779 207 Main St. Purvis, MS 39475 (601) 794-1050, Fax: 794-1066	V
		PO Box 1891 5224 Valley St. Meridian, MS 39301-1891 (601) 483-3337, Fax: 484-5117	IV

PO Box 577
1200 Nola Rd.
Monticello, MS 39654
(601) 587-7632, Fax: 587-3008

III

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
40	LEAKE Mary J. Johnson	PO Box 476 201 W.M. Chipley St. Carthage, MS 39051	III
	(601) 267-3242, Fax: 267-8884		
41	LEE Addie Colburn Supervisors: Leslie Tucker Sandy Tyes	PO Box 1563 220 South Industrial Rd. Tupelo, MS 38802 (662) 841-9050, Fax: 680-5790	
42	LEFLORE Dynetha Thornton Supervisor: Cora Winters	PO Box 1936 216 Hwy 7 South Greenwood, MS 38930 (662) 453-3124, Fax: 455-7972	
43	LINCOLN Eleanor Monroe Supervisor: Betty Steen	PO Box 538 300 East Chickasaw St. Brookhaven, MS 39602 (601) 833-3311, Fax: 835-0244	V
44	LOWNDES Mary E. Wilson Supervisors: Tonia Shelton Shirley Williams Leland Gilmore	1604 College St. PO Box 1347 Columbus, MS 39703-1347 (662) 328-5278, Fax: 245-4621	IV
45	MADISON Dannette Evans Supervisors: Glen Lacey Melissa McCarty	PO Box 669 867 Martin L. King Canton, MS 39046-0669 (601) 859-1276, Fax: 859-0321	III
46	MARION Fran McKnight Supervisors: Glendol Collins Marilyn Rushing	PO Box 129 511 South Main Street Columbia, MS 39429 (601) 736-6383, Fax: 736-6384	V
47	MARSHALL Elizabeth Kriss Supervisors: Debra Faulkner Rosie Pegues	PO Box 218 230 East College St. Holly Springs, MS 38635 (662) 252-4511, Fax: 252-1111	

48 MONROE
Laura Carothers
Supervisor:

PO Box 788
104 half North Mattubba St.
Aberdeen, MS 39730

COUNTY CODE	COUNTY/DIRECTOR	ADDRESS/PHONE	REGION
48	MONROE BRANCH Supervisor: Joyce Awtrey	Melissa Tarver Mollie Branch	
49	MONTGOMERY Willie Bibbs		
50	NESHOBA Kimberly Price		
51	NEWTON Sandra Smith		
52	NOXUBEE Sharon Kay Papas Supervisor: Annette Eaves		
53	OKTIBBEHA Lizabeth Collier Supervisor: Beth Fulce		
54	PANOLA Arlene Wilson Supervisor: Patsy Kilpatrick Rose Davis		
55	PEARL RIVER Marvin Houston Supervisor: Edna Magee		
56	PERRY Frances Williamson		
57	PIKE Phyllis Freeman Supervisors:		

300 South Front Sr., Suite 2 Amory, MS 38821	1002 Warren Krout Rd. McComb, MS 39649
(662) 256-1015, Fax: 256-7836	(601) 684-7100, Fax: 249-4632
PO Box 744 705 Alberta St. Winona, MS 38967	III
(662) 283-2922, Fax: 283-4005	
PO Box 177 1016 Holland Ave. Philadelphia, MS 39350	IV
(601) 656-1451, Fax: 656-6515	
PO Box 158 14712 Hwy 15 South Decatur, MS 39327	IV
(601) 635-2346, Fax: 635-4014	
PO Box 347 601 West Pearl St. Macon, MS 39341	IV
(662) 726-5884, Fax: 726-2936	
PO Box 865 213 Yeates St. Starkville, MS 39760-0865 (662) 323-1566, Fax: 324-0003	IV
PO Box 128 335 East Lee St. Sardis, MS 38666	
(662) 487-2095, Fax: 487-2002	
167 Savannah Millard Rd. Trailer B-2	VI
Poplarville, MS 39470	
(601) 403-2424, Fax: 403-2469	
PO Box 407 101 Main Street New Augusta, MS 39462	VI
(601) 964-8374, Fax: 964-8376	
PO Box 665	V

COUNTY CODE	COUNTY/DIRECTOR	ADDRESS/PHONE	REGION
58	PONTOTOC Janice Keys	PO Box 419 341 Ridge Rd Pontotoc, MS 38863	
	(662) 489-4182, Fax: 489-3918		
59	PRENTISS Janet Roy	PO Box 427 100 Hotel/Church St.	
	Booneville, MS 38829 (662) 728-3118, Fax: 728-3119		
60	QUITMAN Luvenia Mamon	PO Drawer F Marks, MS 38646	II
	(662) 326-8021, Fax: 326-7904		
61	RANIUN Sarah Bridge	PO Box 85 603 Marquette Rd.	WI
	Supervisor: Katherine Mosley	Brandon, MS 39043 (601) 825-7210, Fax: 825-7216	
62	SCOTT Angela Gardner	521 Airport Rd. Forest, MS 39074	VII
	(601) 469-4762, Fax: 469-3118		
63	SHARKEY Fannie Sampson	PO Box 488 613 Martin L. King Jr. St.	WI
	Supervisor: Lynn Newman	Rolling Fork, MS 39159 (662) 873-2655, Fax: 873-6136	
64	SIMPSON Amarylious McAlpin	Multi-Purpose Building 109 West Pine, Suite 1	V
	Supervisor: Angela Traxler	Mendenhall, MS 39114 (601) 847-3815, Fax: 847-3864	
65	SMITH Stacey McCallum	Multi-Purpose Building Hey 37 South	V
	PO Box 100 Raleigh, MS 39153 (601) 782-4505, Fax: 782-4918		
66	STONE Carolyn D. Massey	PO Box 247 648 Fairground St.	VI
	(601) 928-4996, Fax: 928-6459	Wiggins, MS 39577	
67	SUNFLOWER Anita Hayes	PO Drawer 948 225 Martin L. King Dr.	II
	Supervisors: Corene Ray Martha Sibley	Indianola, MS 38751 (662) 887-2051, Fax: 887-7056	

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
671	NORTH BRANCH	PO Box 337 630 Elisha & Everett Langdon St. Ruleville, MS 38771 (662) 756-4301, Fax: 756-4222	
68	TALLAHATCHIE Barbara Adams	PO Box 49 200 South Market St. Charleston, MS 38921 (662) 647-5571, Fax: 647-2204	III
69	TATE Lisa McPhail	PO Box 280 1428 Brownsferry Rd. Senatobia, MS 38668 (662) 562-4478, Fax: 562-7222	
70	TIPPAH Elizabeth Davis Supervisor: Penny Owen	PO Box 537 412 Water St. Ripley, MS 38663 (662) 837-9307, Fax: 837-1192	
71	TISHOMINGO Ann Harwell	County Courthouse 1008 Battleground Dr. Room 104 Iuka, MS 38852 (662) 423-7020, Fax: 423-7057	
72	TUNICA Jacklyn Mitchner Supervisor: Debra Bryant	1490 Edwards Avenue PO Box 1026 Tunica, MS 38676 (662) 363-1771, Fax: 363-9792	II
73	UNION John Simpson Supervisor: Delena Bland	PO Box 769 923 Fairground Spur Rd. New Albany, MS 38652 (662) 534-1984, Fax: 534-1988	
74	WALTHALL Jewel Greer Supervisor: Allison Platt	PO Box 430 910 Union Rd Tylertown, MS 39667 (601) 876-2191, Fax: 876-3262	V
75	WARREN Terri Cosey Supervisors: Joyce Shepherd Lois Price	1316 Openwood St Vicksburg, MS 39180 (601) 636-1512, Fax: 638-0108	VII
76	WASHINGTON Billy Benson Supervisors: Gloria Williams, Vivia Holmes	PO Box 1019 925 Main Street Greenville, MS 38702-1019	II

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
76	WASHINGTON Billy Benson Supervisors: Gloria Williams, Vivia Holmes Yvonne Roberts, Brenda Whitaker, Patricia Green	PO Box 1019 925 Main Street Greenville, MS 38702-1019	II
77	WAYNE Cathy Norseworthy	PO Box 1279 1104-A Cedar St. Waynesboro, MS 39367 (601) 735-4752, Fax: 735-6260	IV
78	WEBSTER Freda Jones	PO Drawer E 319 E. Gould, Suite A Eupora, MS 39744 (662) 258-4771, Fax: 258-9700	III
79	WILKINSON Frances Bailey Supervisor: Marilyn Fort	PO Box 726 1391 Hwy 61 South Woodville, MS 39669 (601) 888-4311, Fax: 888-4371	V
80	WINSTON Kathy Rogers Supervisor: Regina Higgenbotham	PO Drawer 150 458 Vance St. Louisville, MS 39339 (662) 773-8034, Fax: 773-8839	IV
81	YALOBUSHA Sandra Goodwin Supervisor: Shiri Jones	PO Box 1191 217 Frostland Dr. Water Valley, MS 38965 (662) 473-2951, Fax: 473-5027	
82	YAZOO Margaret Culpepper Supervisors: Stephanie Morris Diane Ballard	PO Box 570 1315 Grady Ave Yazoo City, MS 39194 (662) 746-5821, Fax: 746-2141	III

REGION I

Kathy White
220 South Industrial Rd
P0949

Tupelo, MS 38802

(662) 841-1847, Fax: 841-1826

REGION II

Derrick Crawford
3092 Hwy 61 South
PO Box 2481

Tunica, MS 38676

(662) 363-3838, Fax: 363-5922

REGION III

Cathy Sykes
705 Alberta St.
PO Box 744

Winona, MS 38967-0744

(662) 283-2922, Fax: 283-4005

REGION IV

Annette Henderson
Hwy 39 North
PO Box 278

Dekalb, MS 39328

(601) 743-2037, Fax: 743-2039

REGION VII

Gwen Williams
521 Airport Rd
Forest, MS 39074

(601) 469-4762, Fax: 469-3750

REGION V Kay

Ashley 300 East

Chickasaw St

PO Box 538

Brookhaven, MS 39602

(601) 833-3311, Fax: 833-3530

REGION VI

Mary Stanton

PO Box 3747

Gulfport, MS 39505-3747 (228) 897-5693, Fax: 897-5691

**Mississippi Division of Family and Children Services
Interim Disaster Preparedness Plan
Resource Families**

The Department of Human Services, Division of Family and Children Services values the dedicated foster, adoptive and relative families who provide care for children. This document is prepared in an effort to aid those families in maintaining personal safety, and providing communication and continuity of services in the event of a disaster.

This is the beginning of a more comprehensive Disaster Preparedness Plan that will be evolving over the next several months. Additional policy and information will be published as it becomes available. Community disasters can come in many different forms. While Mississippians are most familiar with hurricanes, it is important to consider other natural and man-made disasters. Some of the information provided will relate specifically to hurricane but year-round preparedness warrants planning as well. All policies should be considered in light of disaster in the larger sense.

Prior preparation

Develop a family emergency communication plan.

In case family members are separated from one another during a disaster (parents at work, children in school or day care) have a plan for getting back together.

Ask an out-of-state relative or friend to serve as the "family contact". After a disaster it's often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and phone number of the contact person.

Maintain a supply of water and non perishable food.

Keep handy a change of **clothes, battery operated radio, flashlights, and extra batteries.**

Be sure **DFCS has updated information for an emergency contact located out of state who will most likely know the whereabouts of your family.**

Maintain written information for each foster child including: Full name

Social Security Number

Medicaid number

Medical information

Names and doses of prescriptions

Caseworker's name

When forewarning is available

Resource families should follow the directives of local public safety authorities concerning evacuation and may take foster children out of county or out of state based on the directives and the family's emergency plan.

Notify worker if leaving the area and furnish contact information, along with anticipated return date. If worker is unreachable, contact 1-800-222-8000.

Assure an ample supply of medications is included in preparations along with the written information outlined above.

Resource families should follow directives of local public safety authorities regarding a return to the affected area.

If location or contact information changes, report changes to worker or to 1-800-222-8000. If relocation within Mississippi you may contact the local office from the list provided.

Resource families may learn the current status of other resource families, and birth families by calling **18002228000**.

Resource families may contact their worker through **18002228000**. The person accepting the call will forward the concern, question or information to the worker or other identified staff who will return the resource family's call.

If medical attention is needed for a foster child while in another state, resource families should call **18002228000** for assistance in using Mississippi Medicaid. This information will be provided to DFCS staff.

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NRCCPS

6-5-06

6-13-06 10:30am

Mississippi
Division of Family and Children Services
Interim Disaster Preparedness Plan
Staff

The Department of Human Services, Division of Family and Children Services values the dedicated foster, adoptive and relative families who provide care for children. This document is prepared in an effort to aid I staff in maintaining personal safety, and providing communications and continuity of services in the event of a disaster.

This is the beginning of a more comprehensive Disaster Preparedness Plan that will be evolving over the next several months. Additional policy and information will be published as it becomes available. Community disasters can come in many different forms. While Mississippians are most familiar with hurricanes, it I is important to consider other natural and man-made disasters. Some of the information provided will relate specifically to hurricanes but year-round preparedness warrants planning as well. All policy should be considered in light of disaster in the larger sense.

Personal Responsibilities

Prior preparation

Develop a family emergency communication plan.

In case family members are separated from one another during a disaster (parents at work, children in school or day care) have a plan for getting back together.

Ask an out-of-state relative or friend to serve as the "family contact". After a disaster it's often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and phone number of the contact person.

Maintain a supply of water and non-perishable food.

Keep handy a change of clothes, battery operated radio, flashlights, and extra batteries.

Be sure DFCS has updated information for an emergency contact located out of state who will most likely know the whereabouts of your family.

Maintain written information for each foster child including: Full

name

Social Security Number

Medicaid number

Medical information

Names and doses of prescriptions

Caseworker's name

When forewarning is available

Staff should follow the directives of local public safety authorities concerning evacuation. Notify supervisor if leaving the area and furnish contact information, along with anticipated return date. The statewide Adoption line 1-800-821-9157 will serve as a centralized number for staff to report activities and receive information form the Division. If your own supervisor is unreachable, contact that number.

Following a disaster

Staff should follow directives of local public safety authorities regarding a return to the affected area. Notify supervisor if away from base for more than two working days. If supervisor is unreachable, contact 1-800-821-9157, statewide Adoption line to report current circumstances and anticipated return to work.

Staff will be approved for use of Administrative Leave as determined by the Executive Director depending on the magnitude of the disaster. Extended leave with pay or without pay will be granted on a case by case basis depending on the extent of the damage to the general area, individual circumstances, and directives from the local authorities. Decisions regarding extended leave will be made by the Division Director or his/ her designee.

Professional Responsibilities:

Maintain an out of state emergency contact for each resource family. Update annually.

Maintain up-to-date files on all clients through MAC WIS.

Quarterly, Regional Directors and Area Social Work Supervisors should print off MAC WIS list of resource families currently with placements along with the names of children placed in those homes. The list should be kept with the Regional Director and Area Social Work Supervisors.

When forewarning is available

Regional Directors and Area Social Work Supervisors in area potentially affected should print off MAC WIS list of resource families currently with placements along with the names of children placed in those homes. The list should be kept with the Regional Director and Area Social Work Supervisors.

Even if the Mississippi Gulf Coast is not directly identified as a target for the storm's landfall, Regional Directors and Area Social Work Supervisors in that area should print off the MAC WIS list of resource families currently with placements along with the names of children placed in those homes. The list should be kept with the Regional Director and Area Social Work Supervisors.

Encourage all resource families to follow directives of local public safety authorities regarding evacuation. Foster children may accompany the resource family out of county or out of state based on the directives and the family's emergency plan.

Assure that all resource families have the 800 number which will be available for staying in contact (1-800-222-8000) and a copy of the "Interim Disaster Preparedness Plan for Resource Families."

At the time of a hurricane warning the Regional Director will communicate with the Division Director regarding plans for emergency operations within the area, including for example: closing offices, ensuring the Regional Director has the phone numbers for staff and plans to cover shelters.

Communication

1-800-821-9157 will serve as primary contact for basic communication among staff members of the Division immediately prior to and following a disaster. This number normally serves as the statewide Adoption line. This line will be staffed during normal business hours (hours may be extended based on the severity of the disaster) and will be available for staff to report to and receive information from central office.

As soon as possible, Staff should report to supervisor, or the 1-800-821-9157 if unable to reach supervisor, current whereabouts, contact information and estimated plan for being able to report to work. Supervisor will advise staff of current expectations.

A second 1-800 number (1-800-222-8000) will be available 24/7 for resource families to report their whereabouts. At this number a master list of families who have called will be maintained so that both resource families and the children for whom they care can be located.

Resource families and birth families may call (1-800-222-8000) to learn the status of family members or other families who have called in.

If necessary laptop computers will temporarily be made available from state office so that staff can access the MAC WIS system. Some paper records may be available through state office. Staff should contact the Placement Unit to determine what information is on hand.

- Emergency Shelters

DFCS employees remain responsible for staffing emergency shelters. If the need for shelters exceeds three working days, the Regional Director will work with the Division Director to assess the need for temporarily assigning staff from other parts of the state, not affected by the disaster, to assist.

Staff should keep supervisor informed of the status of regularly scheduled duties.

Staff reporting for work should check with ASWS regarding temporary reassignment of duties. Child

Abuse and Neglect Reports

New reports of child abuse and neglect will take precedence over working in a shelter. The Regional Director will make arrangements to relieve investigators of shelter duties so that investigations can be completed.

Regional Director will consult with the Division Director (or designee) with regard to the need for additional staff on a temporary basis.

If local communications are disrupted 1-800-222-8000 will be available to take reports and pass that information back to a worker at the local level or to law enforcement. This process will continue until local communications are reliable again.

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SPECIAL NEEDS SHELTER ELIGIBILITY

People with minor health/ medical conditions that require professional observation, assessment and maintenance.

People with contagious health conditions that require precautions or isolation that cannot be managed in a general shelter environment.

People with chronic conditions who require assistance with activities of daily living but do not require hospitalization.

People with the need for medications and/ or vital sign monitoring and are unable to do so without professional assistance.

HEALTH/ MEDICAL ADMISSION CRITERIA

A person may be eligible for admission to a special needs shelter if they suffer from a health or medical condition which requires:

Daily or more frequent dressing changes.

Daily or more frequent monitoring of vital signs.

Daily assessment of an unstable condition, e.g. diabetes.

Assistance with management of an ostomy; continuous peritoneal dialysis, indwelling catheter.

Aid with the activities of daily living because of restricted mobility.

A health care professional to administer medication by injection.

Administration of frequent doses of intense medications for terminal illness.

Professional assistance in the use of hi-tech or mechanized medical equipment.

Dependence on electrically energized equipment to sustain life.

Oxygen dependence.

Custodial care.

Or is in the 3rd trimester of pregnancy.

**EMERGENCY SUPPORT
FUNCTIONS**

ESF: 1	Transportation
ESF: 2	Communications
ESF: 3	Public Works & Engineering
ESF: 4	Firefighting
ESF: 5	Emergency Management
ESF: 6	Mass Care, Housing & Human Services
ESF: 7	Resource Support
ESF: 8	Public Health & Medical
ESF: 9	Urban Search & Rescue
ESF:10	Oil & Haz Mat
ESF: 11	Agriculture & Natural Resources
ESF: 12	Energy
ESF: 13	Public Safety & Security
ESF: 14	Long-Term Recovery
ESF: 15	External Affairs

MISSISSIPPI STATE AND LOCAL GOVERNMENT

How to purchase

This document is intended to be used as a starting point in understanding the state and local government purchasing process. There is no way to cover all aspects of the process in a few pages. You are urged to review the various laws and manuals which are referenced herein as well as visit the various websites. The document is arranged as follows:

General

- Who are you?
- What do you want to buy?
- The competitive bid process
- General guidelines for state agencies
- General guidelines for governing authorities
- Master Lease Purchase Program
- Procurement Card Program

Emergency Purchasing

- The laws - definition and procedures
- Declaration of emergencies
- Responsibility for making purchases
- Vehicle issues during an emergency
- SAAS issues during an emergency
- Additional Emergency Purchasing Tips

GENERAL

Because the laws and requirements are varied depending upon the type of governmental entity that is doing the purchasing and the items/services to be purchased, the following brief definitions and discussions are given here as clarification.

WHO ARE YOU?

"State agency" is intended to mean any agency or institution which is created by the Constitution or statute except a legislative or judicial board or unit thereof.

"Governing authority" is intended to mean any political subdivision such as counties, cities, schools, port authorities, etc.

WHAT DO YOU WANT TO BUY?

Commodities, Supplies and Equipment (other than Computer related item)

Contact the Department of Finance and Administration, Office of Purchasing and Travel, 1401 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS Contracts at <http://www.dfa.state.ms.us/Purchasing/eplquery.htm>. If there is no State Contract, you may contact OPT and they will be able to advise you on how the state and local entities should purchase the product(s). If the items are not on a contract, competitive procedures are probably required.

GENERAL GUIDELINES- STATE AGENCIES

If a commodity is on a competitive bid contract, state agencies must buy the contract item from the contract vendor unless they get prior approval from the Office of Purchasing and Travel.

If a commodity is on a negotiated contract, state agencies may buy from any of the contract vendors, or state agencies may purchase the item from other than the contract vendor provided that they must follow the applicable procedures set forth in Section 31-7-13 (a), (b), or (c) and that the price paid shall not exceed the negotiated contract price.

If a commodity is not covered by any contract, state agencies must follow statutory bid procedures which are set forth in Section 31-7-13 of the Mississippi Code (see above). Purchases which exceed \$25,000 may be made from the lowest and best bidder after advertising for competitive sealed bids once each week for two (2) consecutive weeks and that the date of the bid opening is not less than seven (7) working days after the last published notice.

For construction contracts in excess of \$25,000, the date of the bid opening shall not be less than fifteen (15) working days after the last published notice.

For purchases in excess of \$25,000 not covered by state contract, state agencies are required to obtain approval from the Office of Purchasing and Travel prior to issuing a purchase order.

GENERAL GUIDELINES GOVERNING AUTHORITIES

If a commodity is on any contract approved by the Office of Purchasing and Travel, governing authorities may buy the contract item from the contract vendor; or they may buy the identical item from any source provided that the price does not exceed the state contract price; or they may ignore the contract and purchase under the guidelines set forth in Section 31-7-13 of the Mississippi Code as outlined above.

If a commodity is not covered by any contract, governing authorities must follow statutory bid procedures which are set forth in Section 31-7-13 of the Mississippi Code.

Governing authorities are not required to obtain approval from the Office of Purchasing and Travel.

PROCUREMENT CARD

The Office of Purchasing and Travel maintains a contract for a Small Purchase Procurement Card Program (Specific guidelines for using the Small Purchase Procurement Card are listed in the Procurement Manual Chapter X, Section 10.113 http://www.dfa.state.ms.us/Purchasing/Proc_Man/pro_man.htm). The intent of this Procurement Card program is to allow government entities to make small purchases of commodities, repairs, or services easier and more economical. This charge card is accepted by a wide variety of businesses offering goods and services. Government entities may use the Small Purchase Procurement Card to make purchases which are bona fide needs of the entity. The maximum amount of a single purchase transaction shall be \$3500 (entities may establish stricter guidelines). There is no purchase order required for credit card, procurement card, or membership card transactions. Information related to signing up for the program is available at <http://www.dfa.state.ms.us/Purchasing/Procurement/newproccard.pdf>.

EMERGENCY PURCHASING

In an emergency situation the requirements for purchasing may change. There are potentially three different emergency declarations that could take place;
The agency or governing authority head could declare an emergency;
The Governor could declare an emergency; or,
The President could declare an emergency.

The following is intended to be a quick guide and may not cover all situations that are possible.

THE LAWS

In the case of an agency or governing authority head declaration of an emergency, the entity should comply with Sections 31-7-1 and 31-7-13 of the Mississippi Code as shown below:

The **definition of "Emergency"** is set forth in Section 31-7-1 (f) of the Mississippi Code as follows: Emergency" shall mean any circumstances caused by fire, flood, explosion, storm, earthquake, epidemic, riot, insurrection or caused by any inherent defect due to defective construction, or when the immediate preservation of order or of public health is necessary by reason of unforeseen emergency, or when the immediate restoration of a condition of usefulness of any public building, equipment, road or bridge appears advisable, or in the case of a public utility when there is a failure of any machine or other thing used and useful in the generation, production or distribution of electricity, water or natural gas, or in the transportation or treatment of sewage; or when the delay incident to obtaining competitive bids could cause adverse impact upon the governing authorities or agency, its employees or its citizens; or in the case of a public airport, when the delay incident to publishing an advertisement for competitive bids would endanger public safety in a specific (not general) manner, result in or perpetuate a specific breach of airport security, or prevent the airport from providing specific air transportation services.

The appropriate procedures are also set forth in the Mississippi Code as follows:

For State Agencies Emergency Purchase Procedures, Section 31713(j)

State agency emergency purchase procedure. If the governing board or the executive head, or his designee, of any agency of the state shall determine that an emergency exists in regard to the purchase

of any commodities or repair contracts, so that the delay incident to giving opportunity for competitive bidding would be detrimental to the interests of the state, then the provisions herein for competitive bidding shall not apply and the head of such agency shall be authorized to make the purchase or repair. Total purchases so made shall only be for the purpose of meeting needs created by the emergency situation. In the event such executive head is responsible to an agency board, at the meeting next following the emergency purchase, documentation of the purchase, including a description of the commodity purchased the purchase price thereof and the nature of the emergency shall be presented to the board and placed on the minutes of the board of such agency. The head of such agency, or his designee, shall, at the earliest possible date following such emergency purchase, file with the Department of Finance and Administration (i) a statement explaining the conditions and circumstances of the emergency, which shall include a detailed description of the events leading up to the situation and the negative impact to the entity if the purchase is made following the statutory requirements set forth in paragraph (a), (b) or (c) of this section, and (ii) a certified copy of the appropriate minutes of the board of such agency, if applicable. On or before September 1 of each year, the State Auditor shall prepare and deliver to the Senate Fees, Salaries and Administration Committee, the House Fees and Salaries of Public Officers Committee and the Joint Legislative Budget Committee a report containing a list of all state agency emergency purchases and supporting documentation for each emergency purchase. For Governing Authorities Emergency Purchase Procedures, Section 31-7-13 (k) Governing authority emergency purchase procedure. If the governing authority, or the governing authority acting through its designee, shall determine that an emergency exists in regard to the purchase of any commodities or repair contracts, so that the delay incident to giving opportunity for competitive bidding would be detrimental to the interest of the governing authority, then the provisions herein for competitive bidding shall not apply and any officer or agent of such governing authority having general or special authority therefore in making such purchase or repair shall approve the bill presented therefore, and he shall certify in writing there-on from whom such purchase was made, or with whom such a repair contract was made. At the board meeting next following the emergency purchase or repair contract, documentation of the purchase or repair contract, including a description of the commodity purchased, the price thereof and the nature of the emergency shall be presented to the board and shall be placed on the minutes of the board of such governing authority.

DECLARATION OF EMERGENCY

Emergency Declared by the Governor:

The State Auditor will issue an Emergency Declaration suspending the State purchasing laws in situations when the Governor declares a state of disaster. The agency or governing authority should follow the same process as set forth above but there is no requirement for the agency or governing authority head to declare an emergency.

Emergency Declared by the President:

If the President declares an emergency the Governor will also issue a declaration. In this case, it is possible that agencies and governing authorities may later seek reimbursement for some or all of their costs. If reimbursement will be requested the buying entity is urged to take the following issues into consideration:

- FEMA usually requires record of some form of competition or an adequate justification why no

competition was obtained. Thus, while state law does not require a second or third quote in an emergency situation, entities are urged to seek competition (telephone quotes, written quotes, bids) to be sure they are getting a good value and to enhance their opportunities for reimbursement at a later date. If competition is not available it is recommended that the entity document the situation and justification for not obtaining a second price quote.

- FEMA usually will reimburse for the rental of equipment but will not normally reimburse for the purchase of equipment that will be useable after the immediate emergency subsides.
- FEMA usually will reimburse for the replacement of equipment at the value prior to the emergency. For example, if an agency has a 15 year old bus, FEMA would reimburse the value of a 15 year old bus, but not a new bus.

Agency or Governing Authority Responsibility

All agencies and governing authorities are reminded that it is their responsibility to purchase the commodities, equipment and services which their agency needs to fulfill its mission during an emergency situation. Only after all internal resources and capabilities have been expended should the entity submit a request to the MEMA Emergency Operations Center. Municipalities should submit their requests to their county EOC where it will be prioritized and forwarded to the MEMA EOC. Counties should work with their EOC to submit requests. State agencies should submit their requests to their agency Emergency Operations Coordinator who will submit the request in the MEMA on-line request system.

VEHICLE USE DURING AN EMERGENCY

State Agency and Governing Authority Vehicles

State Agency and Governing Authority vehicles should be the "vehicle of choice" in emergency situations. These vehicles are properly marked and are more likely to be properly identified as government vehicles. The users should follow standard fueling and maintenance policies and should maintain proper records of activities as required by their entity.

Rental Vehicles

Vehicles may be rented under the terms of the State of Mississippi contract (see http://www.dfa.state.ms.us/Purchasing/Travel/vehicle_rental.pdf)

Entities are urged to obtain fuel cards to be used with rental vehicles so that costs can be tracked and the entity can take advantage of the prices and reporting capabilities associated with the Fuel card contract (see http://www.dfa.state.ms.us/Purchasing/Fuel/fuel_access_card.pdf)

Employee's personal Vehicles

Employee's personal owned vehicles (POV) may be used in an emergency situation but employees are urged to check with their own insurance agent to determine if there are any issues or limitations with this type usage. Tort Claims is the primary liability insurer of POVs when used on state business. This would be the case whether in a disaster area or not. Tort Claims does not offer any physical damage (collision/comprehensive) coverage to any vehicle, whether state owned or POV. The employee's personal insurance coverage would need to cover areas not covered by Tort Claims. We have found that most insurance companies' policies **will** meet these needs.

Public fuel (fuel owned by a government entity) may be provided to private vehicles only in those cases of extreme necessity to serve the governments' purposes when fuel is otherwise unavailable for private purchase. Adequate records should be kept documenting the amount of fuel provided, the name of the person, the vehicle tag number, and the public purpose. In

addition, to the extent possible, the fuel provided should be limited to the amount necessary for the public purposes to avoid donations of fuel to private individuals. If fuel is otherwise available for purchase, public fuel should not be provided to private vehicles whether owned by private citizens or public employees. If public fuel is provided, the employee shall not be paid mileage reimbursement.

Contract Workers Use of State Owned Vehicles

Contract workers may operate state owned vehicles. Tort Claims does cover liability for contract workers. Tort Claims does not cover liability for independent contractors. If an independent contractor needs to operate a state owned vehicle, proof of auto liability insurance must be on file before operation.

SAAS USE RELATED TO EMERGENCY PURCHASES

Most State Agencies use the Statewide Automated Accounting System (SAAS) to issue purchase orders and make payments related to purchases. The following is for those agencies which utilize SAAS.

Agency emergency purchases that are approved by the PPRB or that need to be approved should be sent to the OPT as a P1 or through GENIE. OPT staff will need to know about any approvals obtained by agencies before the P1/GENIE is sent to OPT.

Once this information is received by OPT and PPRB approval has been obtained, OPT will enter the information in SAAS following current procedures. Agencies will still process the purchasing document in SAAS as either a PG (via GENIE) or PC (P1) depending on the method of submission to OPT.

If agencies follow the emergency purchase rules for contractual services, the information should still be submitted to PSCRB and an SC entered into SAAS. Emergency purchase procedures are in the procedures manual for the PSCRB.

For emergency purchases of information technology equipment, software, or services, agencies should complete and submit to ITS the ITS Emergency Purchase Form. The form can be completed online via the ITS Procurement Request system or agencies can access the form in Word or PDF format on the ITS website. ITS will issue a CP-1 Acquisition Approval document that is uploaded to SAAS to facilitate payment processing. ITS report all emergency technology purchases to the State Auditor annually as required by Section 31-7-13 (j) and (k) of Mississippi Code.

EMERGENCY PURCHASING TIPS

Prior to an emergency consider what your needs may be

Determine if the items you need are on a state contract

Contact potential suppliers and get contact names, phone numbers and email addresses

Make sure you have 24/7 contacts for the suppliers

Contact potential suppliers and establish a payment method (you don't want to be doing a credit check in the middle of an emergency)

Make copies of all information prior to an emergency, give to several people, have hard copy, put it on a computer disk, have it on a flash drive.

Develop a generic request for quotes form to be used during an emergency

Develop a generic services contract form to be used during an emergency

Think ahead. Don't order what you need today, by the time it gets here it will be tomorrow or beyond. Order what you will need so you can have it when the need develops.

Establish the use of the Procurement Card Program prior to an emergency. The card is a great tool under normal conditions. It is even more valuable during an emergency.

Any building leased or occupied by any state agency for emergency purposes must be approved by the Bureau of Buildings as well as the Tort Claims Board.

PROCUREMENT LINKS

Online ITS Procurement Handbook:

<http://www.its.state.ms.us/its/procman.nsf/TOC4?OpenView>

EPLs online:

<http://www.its.state.ms.us/its/itsweb.nsf/EPLs/1?OpenDocument>

ITS Online Procurement Request System (includes submission of emergency procurements):

<http://www.its.state.ms.us/procurement>

ITS Procurement Forms in Word or PDF format:

<http://www.its.state.ms.us/its/itsweb.nsf/ProcurementRequest?OpenFor>

Procurement Manual, Office of Purchasing and Travel

http://www.dfa.state.ms.us/Purchasing/Proc_Man/pro_man.htm

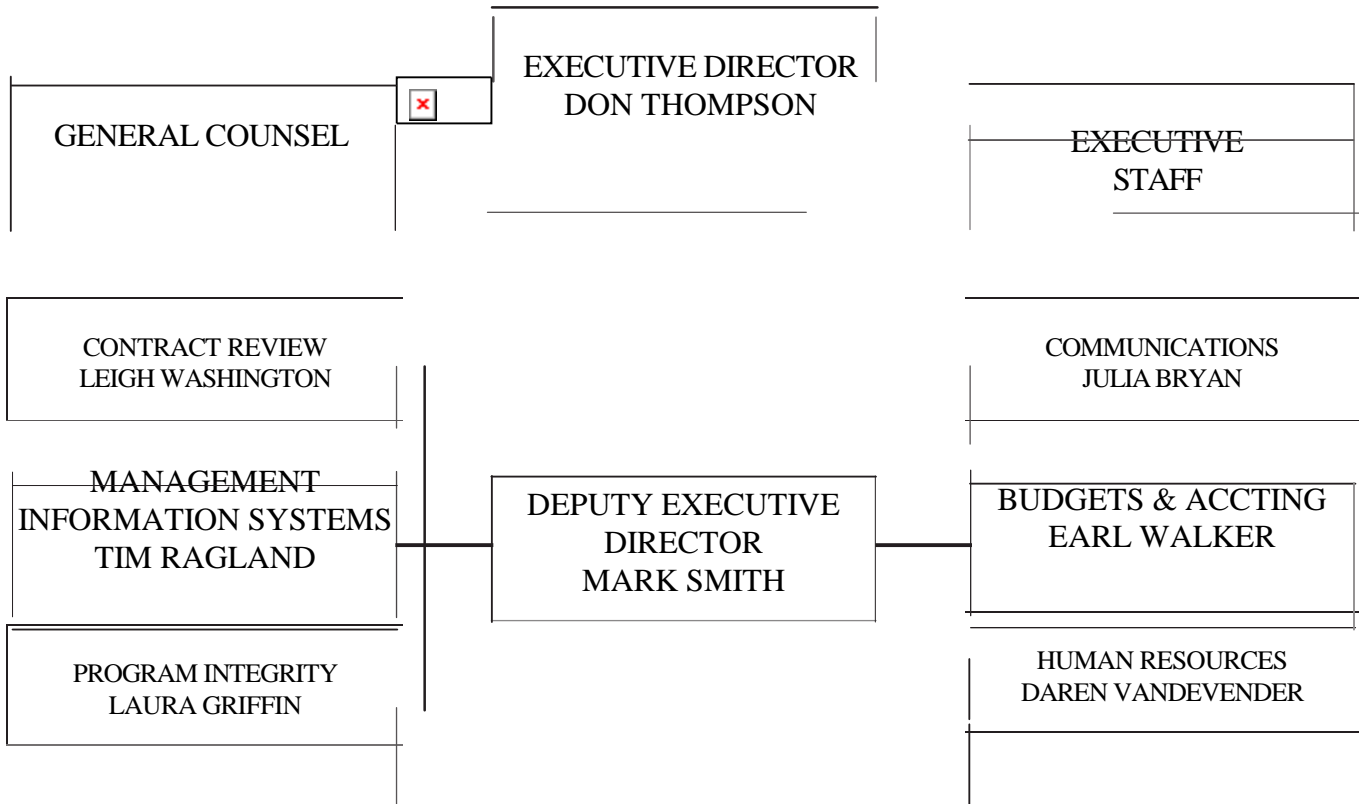
State Contracts, Office of Purchasing and Travel

http://www.dfa.state.ms.us/Purchasing/epl_query.htm

Travel Information (contracts, reimbursement rates, manual)

<http://www.dfa.state.ms.us/Purchasing/Travel.htm>

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
ORGANIZATIONAL CHART



DEPUTY ADM. FOR PROGRAMS RICHARD BERRY		DEPUTY ADM. FOR F & CS LORI WOODRUFF		DEPUTY ADM. FOR ADMINISTRATION RICHARD HARRIS	
AGING & ADULT SERV. DAN GEORGE		FAMILY & CHILDREN'S SERVICES LINDA MILLSAP		CONSUMER SERVICES JENNIFER BOLER	
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