Title 18: Human Services

Part 2: Division of Aging and Adult Services

Part 2 Chapter 1: State Plan on Aging

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 carryout 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.
(1l)(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)

(I) 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 PLANSANDIOR 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)(1O); 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 recipieut 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)(lO)
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 ofthe 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 inexistence 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 servicse 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.

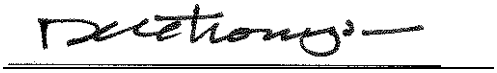
8. Within 10 days after receipt of the SUA Director's final decision letter (from step 7), the MDHS Executive Director, after examining all of the relevant facts and evidence, will issue in writing, to the SUA Director and the AAA Director, the MDHS Executive Director's Notice of Final Decision concerning 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	Not tracked	300,000	600,000	1,200,000	2,400,000

website					

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	23,489	24,000	24,000	24,000	24,000

screened for services					
PM3: # of new congregate sites	Not Tracked	2	3	6	8
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	2011	2012	2013	2014

	Actual	Projected	Projected	Projected	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.
2. 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:

1. Provide formula grants to AAAs to support the National Family Caregiver Support Program (Title III E); ensuring the effective use of the funds.
2. Provide a statewide client management system to document use of funds.
3. Identify and disseminate state-of-the-art models and techniques of care to improve services that provide support for and help caregivers.
4. 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:

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 family caregiver program goals.

Performance Measures:

1. 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	$47,551			
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/AAA	Area Plan Administration $	Supportive Services $	Congregate Meals $	Home Delivered Meals $	Preventive Health $	Caregiver Services $	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
Northeast 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
Southern MS	194,438	542,989	660,684	328,464	38,490	221,083	1,986,148
Southwest 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	**PER MONTH**	**PER YEAR**
Office supplies (paper, pens, etc.)	$ 166.67	$ 2,000
Printing cost (brochures, etc.)	250.00	3,000
		$ 5,000

CONTRACTUAL SERVICES **208,566**

PER-RATE SHARE	**PER MONTH**	**PER YEAR**
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	192,000
		$ 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		870
		$ 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%***		
SUB-TOTAL: SERVICES	**$ 5,398,255**	***100%***	**14,421**	**784,011**
		85%		
AAA Administration	**406,222**	***7%***		
DAAS Administration	**445,936**	***8%***		
TOTAL: FEDERAL ALLOCATION	**$ 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

	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL		
AAA	Census 2000 Population	Census 1990 Population	Difference	Census 2000 Population	Census 1990 Population	Difference	Census 2000 Population	Census 1990 Population	Difference	Census 2000 Population	Census 1990 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	82,195	78,836	3,359	11,825	18,016	(6,191)	7,575	11,705	(4,130)	27,850	25,553	2,297
East Central	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)	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL		
	Census 2000	Census 1990		Census 2000	Census 1990		Census 2000	Census 1990		Census 2000	Census 1990	
AAA	**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
	2000	1990		2000	1990		2000	1990		2000	1990		FUNDING
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	FORMULA
Weights *	**0.30**	0.30		**0.25**	0.30		**0.30**	0.20		**0.15**	0.20		
AAA													
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

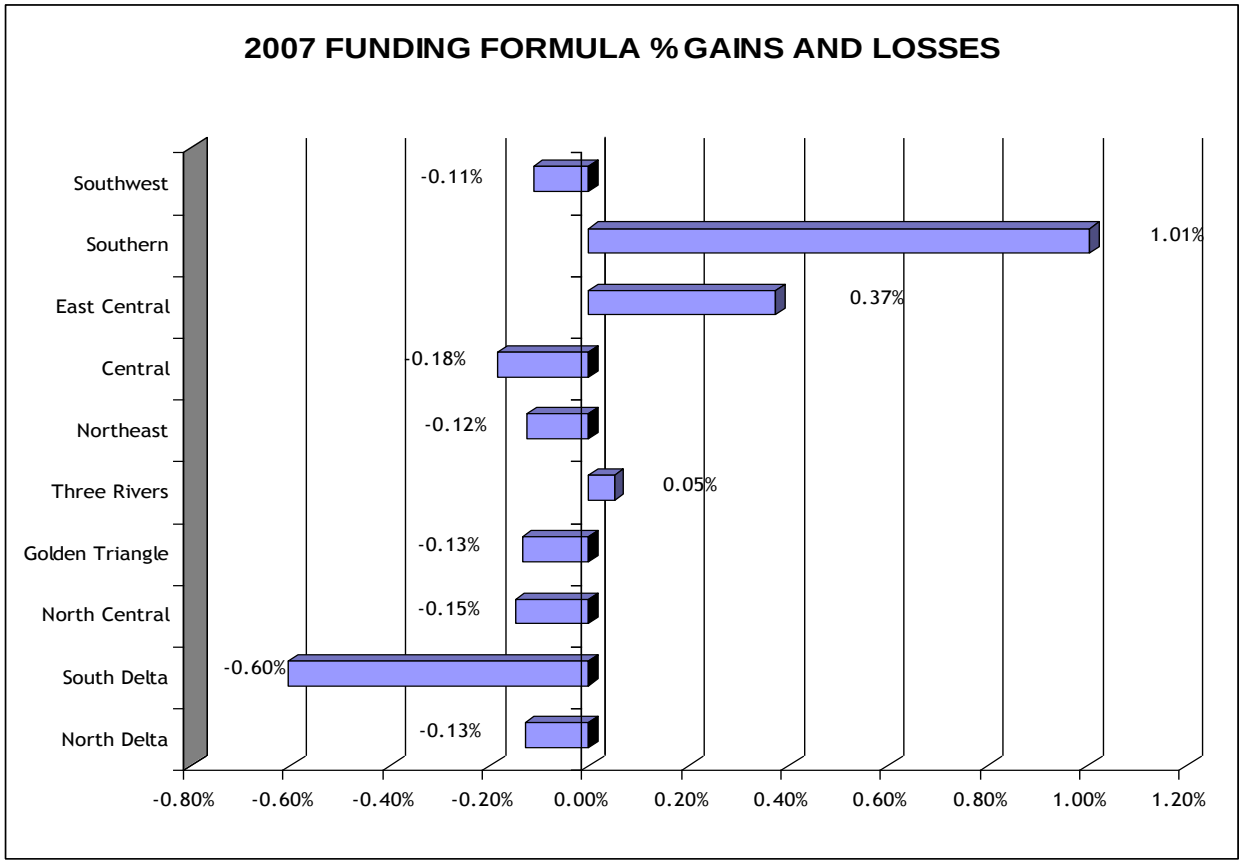
60 + Population is assigned a 30% weight, thus .30
60 + Below Poverty is assigned a 25% weight, thus .25
60 + Minority Below Poverty is assigned a 30% weight, thus .30
60 + Rural is assigned a 15 % weight, thus .15

FORMULA

((60 + Pop %) X .30) + ((60 + Below Poverty %) X .25) + ((60+ Minority Below Poverty %) X .30) + ((60+ Rural %) X .15) = Funding Formula Percentage %

DAAS INTRASTATE FUNDING FORMULA 2007

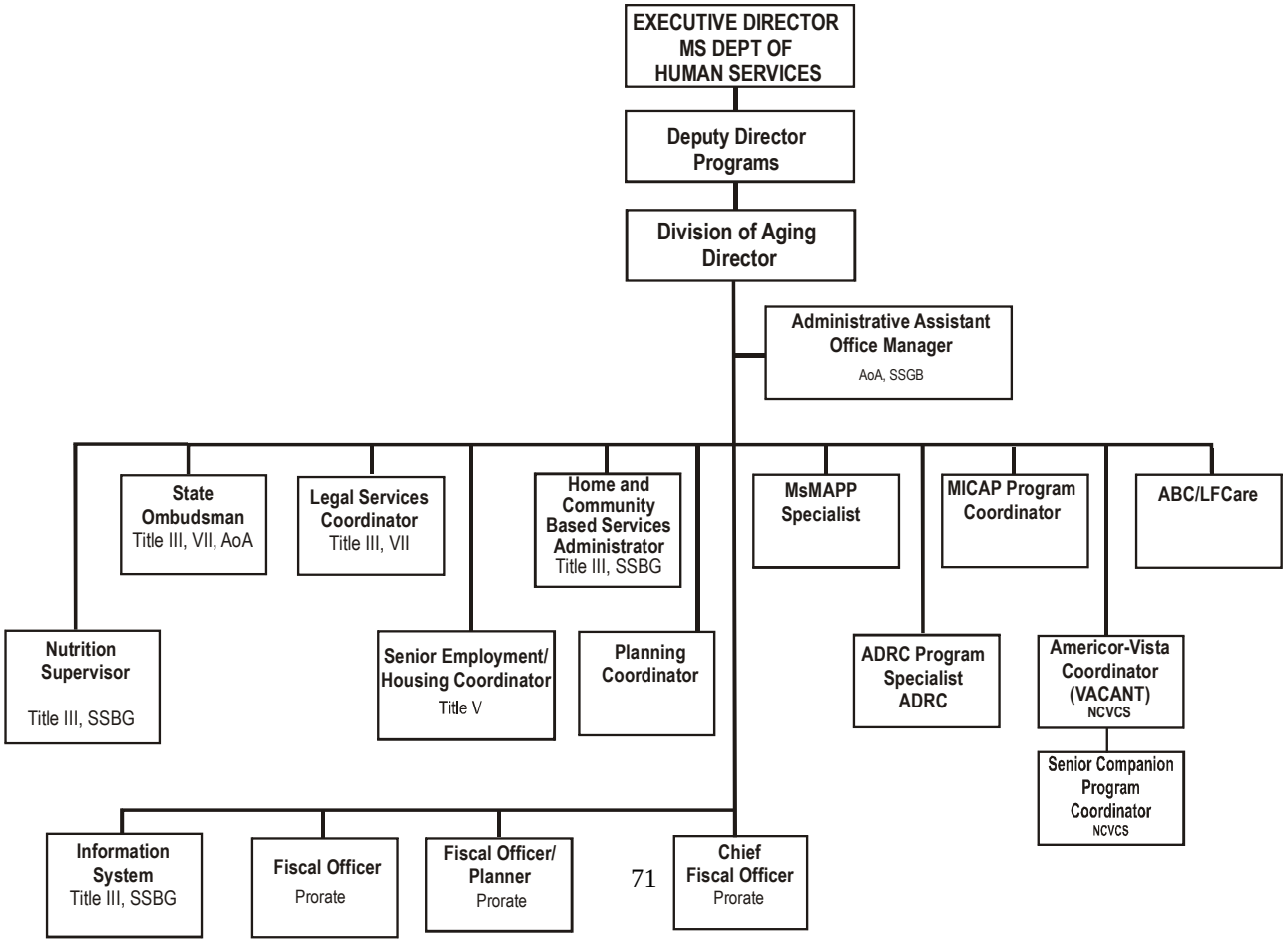
Chart 1. Percentage Gain and Loss by AAA



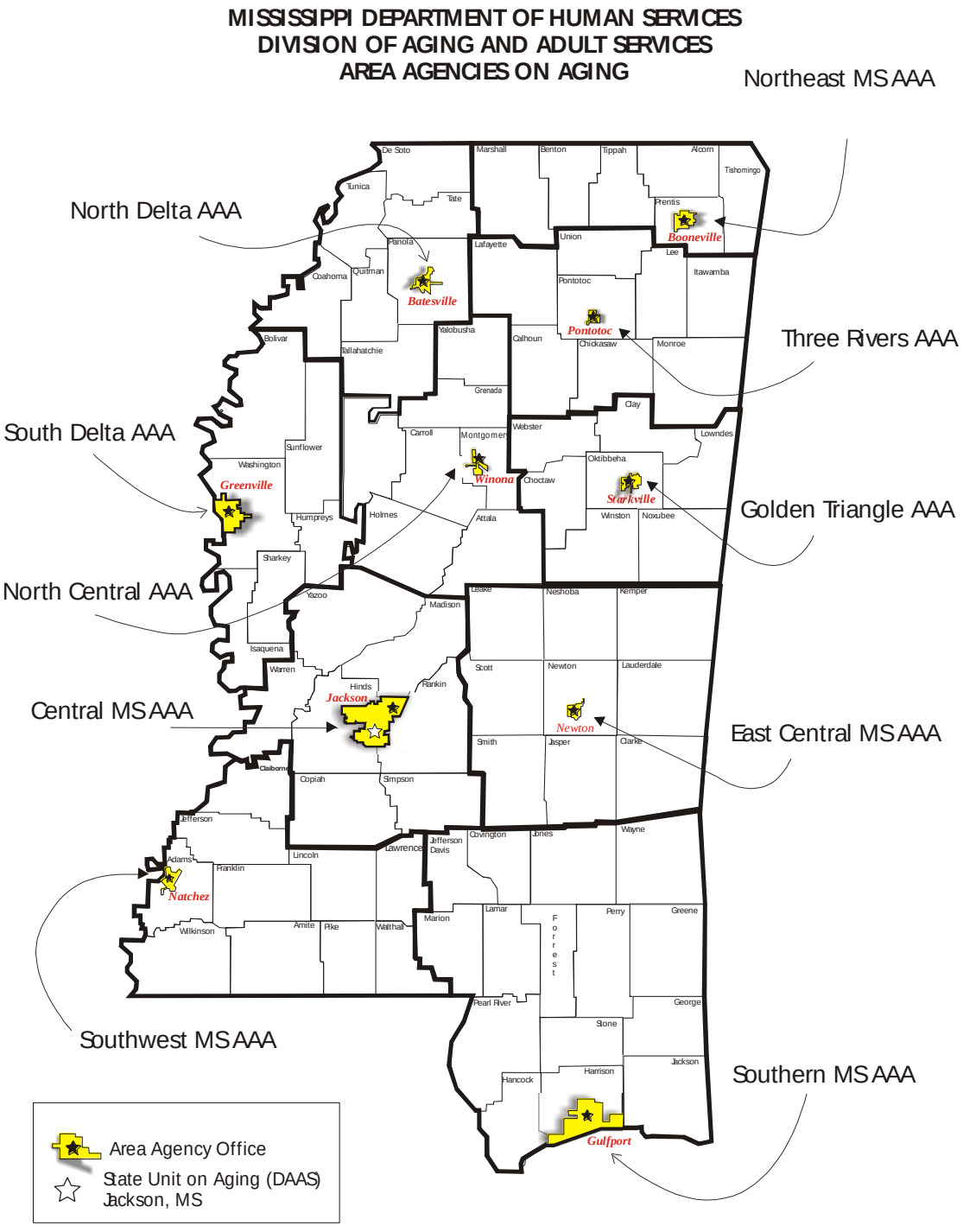
Note: Southern Mississippi gains 1.01% and South Delta loses .6% of the prior year budget.

ATTACHMENT F. ORGANIZATIONAL CHART

Mississippi Department of Human Services
Division of Aging and Adult Services



ATTACHMENT G AREA AGENCY ON AGING MAP



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

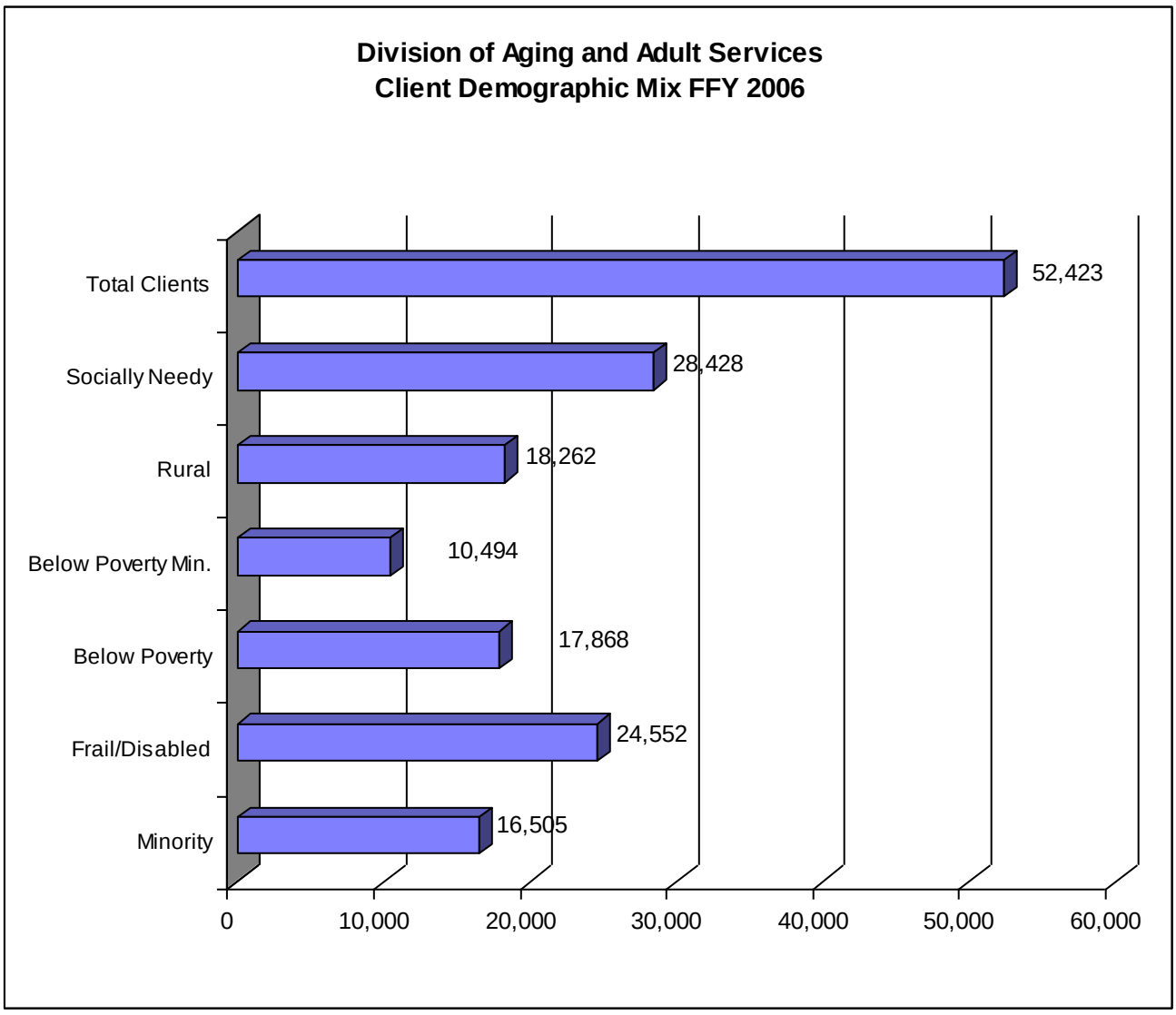
in single family homes (including mobile homes), over 55% live with a spouse; 26% were widowed, almost 27% live alone, and 20% live with children.

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 complied 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 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.

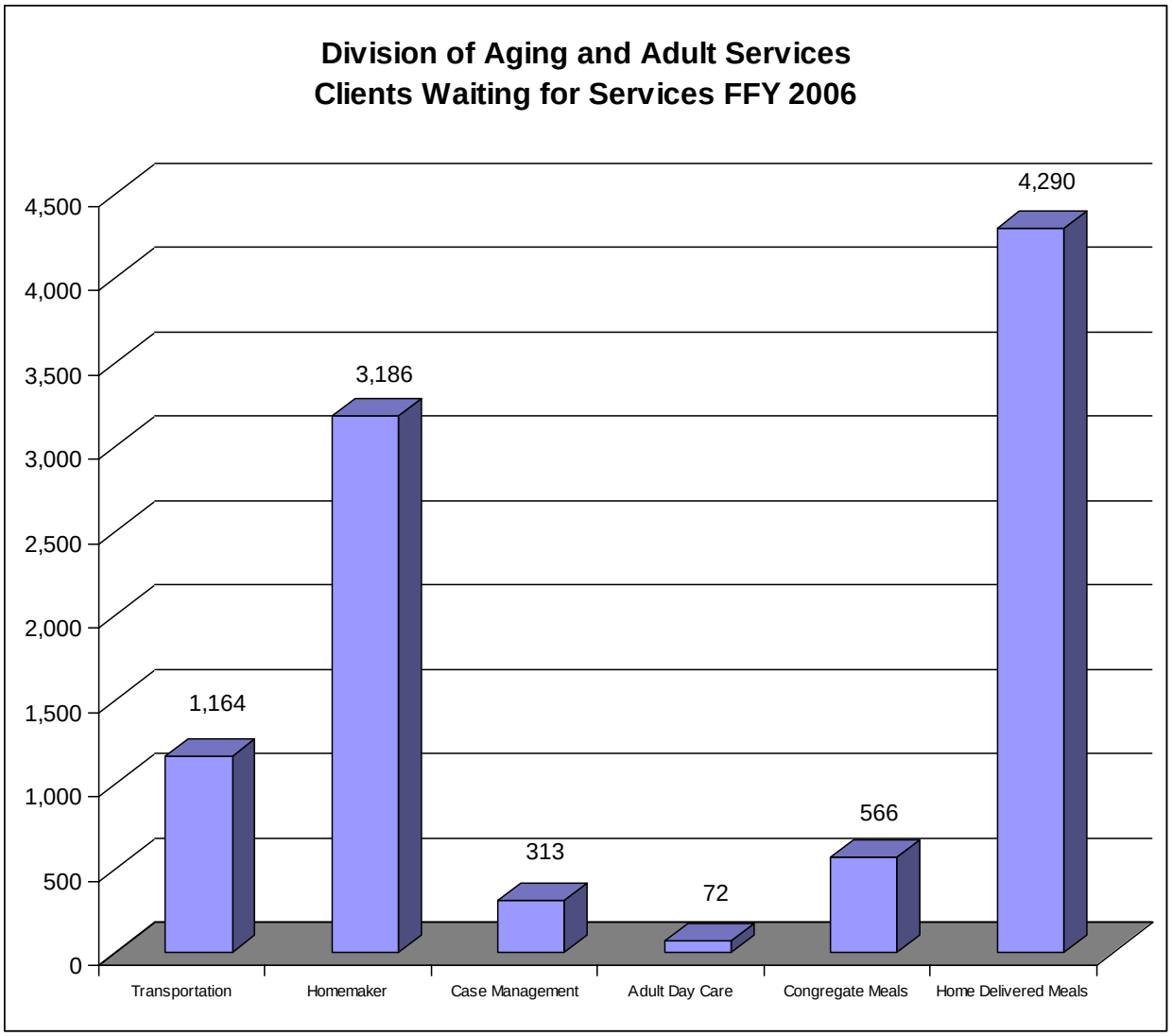
SeniorRx MS

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


Division of Aging and Adult Services
Clients Waiting for Services FFY 2006
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,164
3,186
313
72
566
4,290
Transportation
Homemaker
Case Management
Adult Day Care
Congregate Meals
Home Delivered Meals

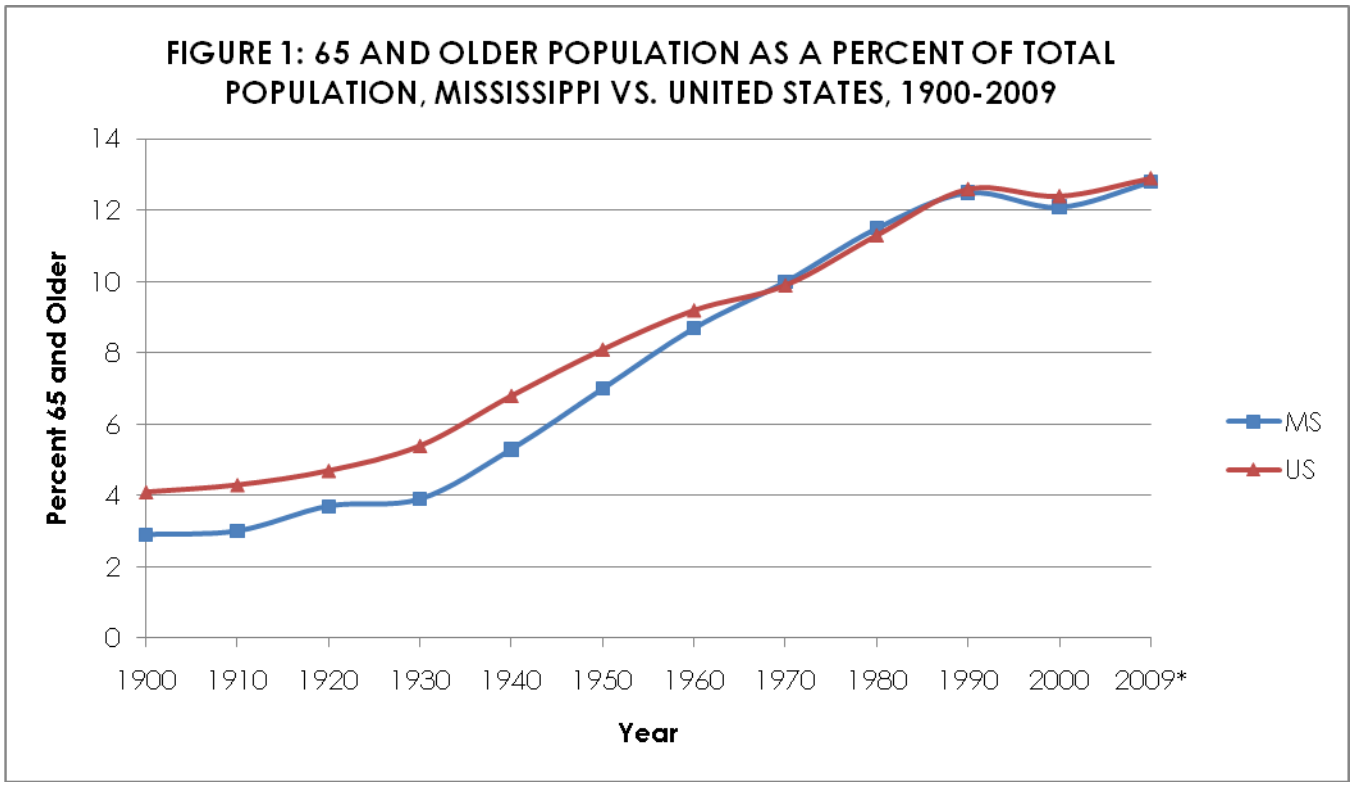
ATTACHMENT M MISSISSIPPI STATEWIDE NEEDS ASSESSMENT.

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

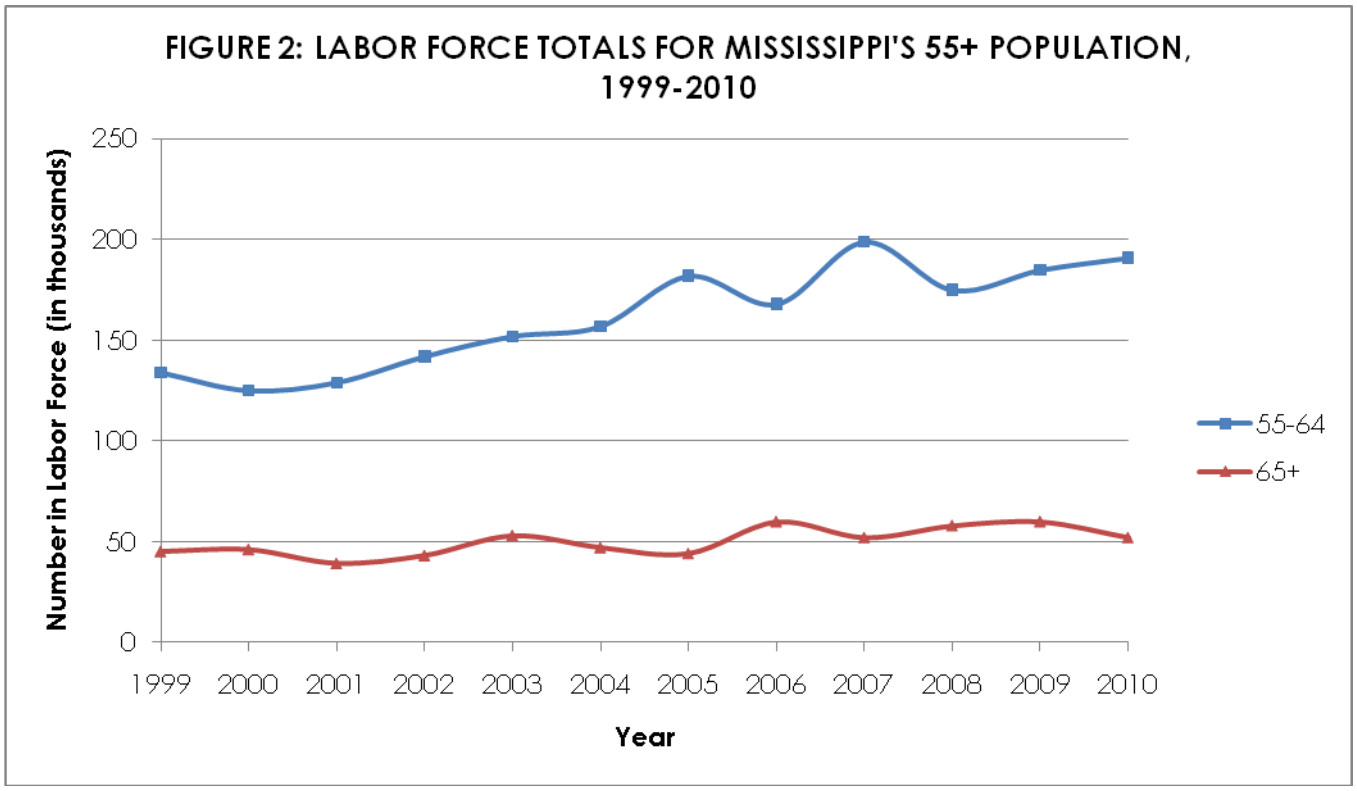
from approximately 343,000 in 2000 to over 499,000 in 2020. This is an increase of over 45 percent in twenty years (U.S. Census 2005). Also by 2020, Mississippians aged 85 and older are projected to increase from approximately 43,000 in 2000 to nearly 60,000, an increase of over 39 percent (U.S. Census 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.**

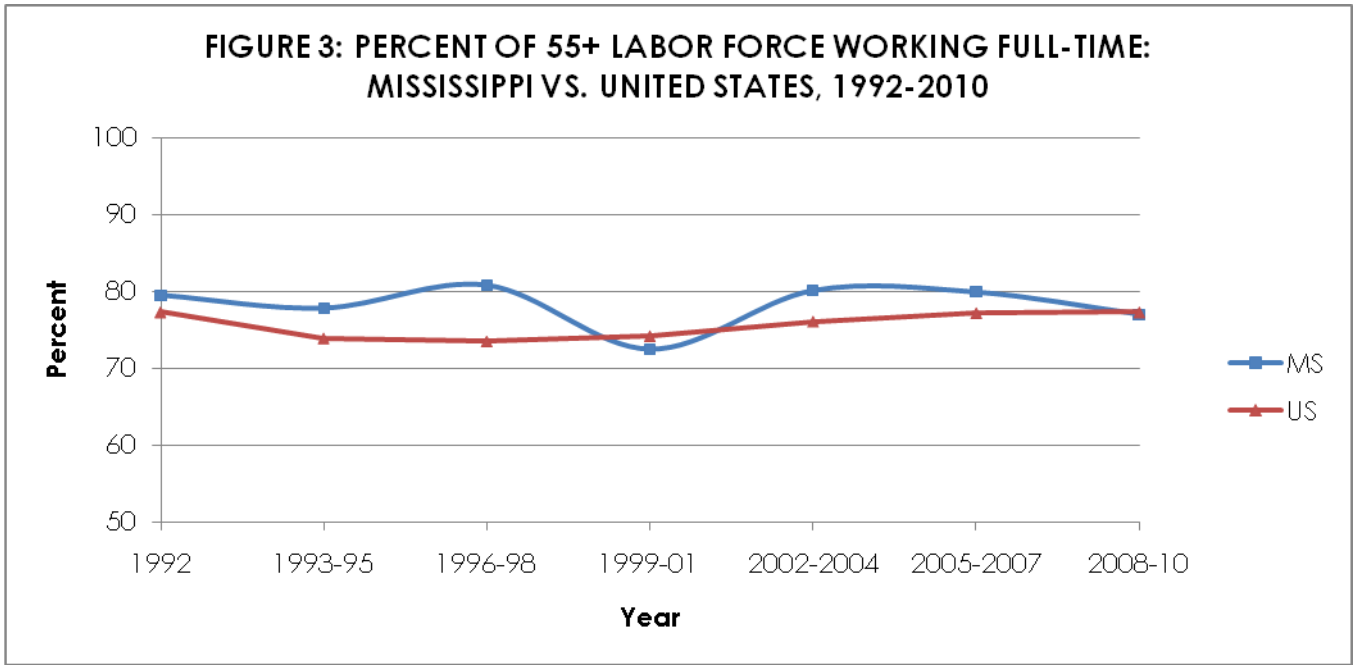
AGE COHORT	*POPULATION 2009*	*PCT. OF POPULATION*	*POPULATION 2020*	*PERCENT CHANGE*
55 TO 59	*176,904*	*6.0*	*210,908*	*19.2%*
60 TO 64	*148,519*	*5.0*	*204,445*	*37.7%*
65 TO 69	*113,242*	*3.8*	*170,187*	*50.3%*
70 TO 74	*89,706*	*3.0*	*131,955*	*47.1%*
75 TO 79	*70,066*	*2.4*	*84,058*	*20.0%*
80 TO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

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

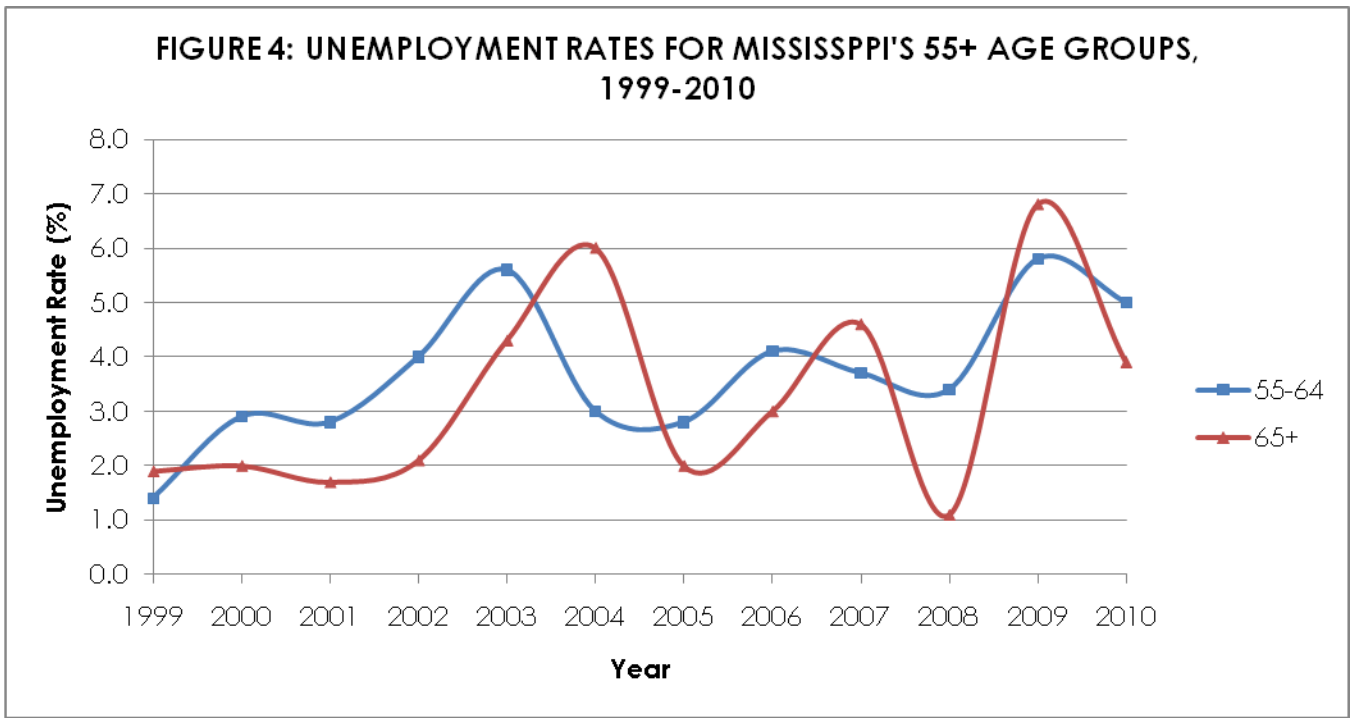
Workforce participation is another important characteristic of the aging population. Employment data from the Bureau of Labor Statistics provide information on the employment situation for older adults in Mississippi. In 2010 those between the ages of 55-64 recorded a workforce participation rate of 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.

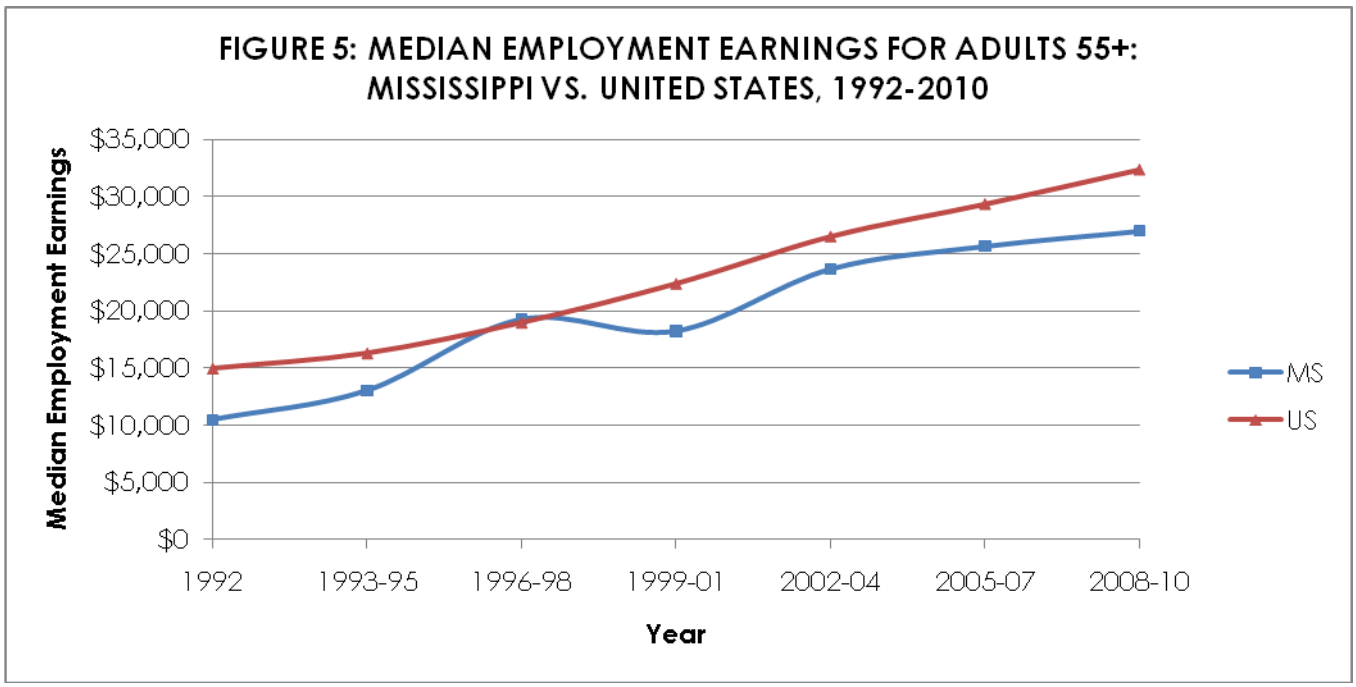


The figure below displays CPS data on the prevalence of full-time workers in the 55 and older age group. Data for the most recent three year averages show that the prevalence of full-time workers in Mississippi for this age group is consistent with the nation and that Mississippi generally records a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



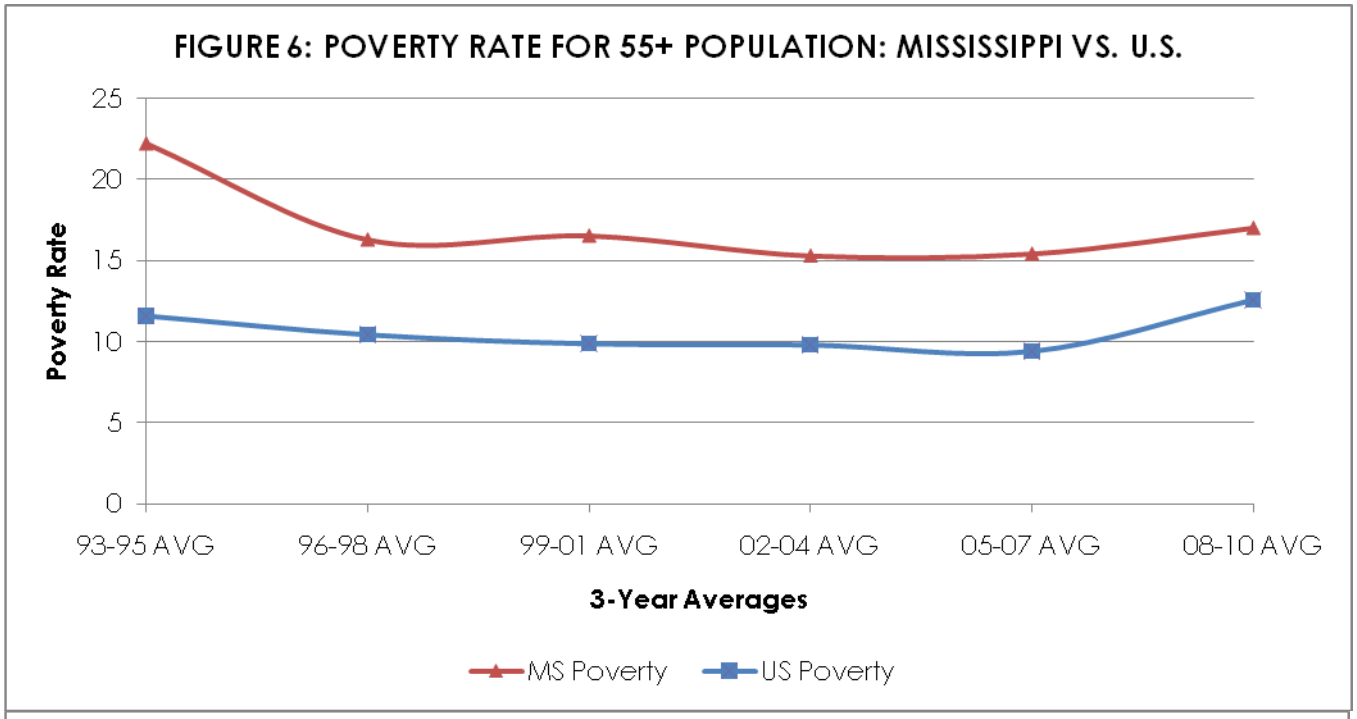
Regarding unemployment, Mississippians 55 to 64 had an unemployment rate of 5 percent compared to 7 percent for the nation in 2010. Mississippians aged 65 and older had an unemployment rate of 4 percent compared to nearly 7 percent for the nation. The chart below displays the unemployment rates for these age groups from 1999 to 2010.

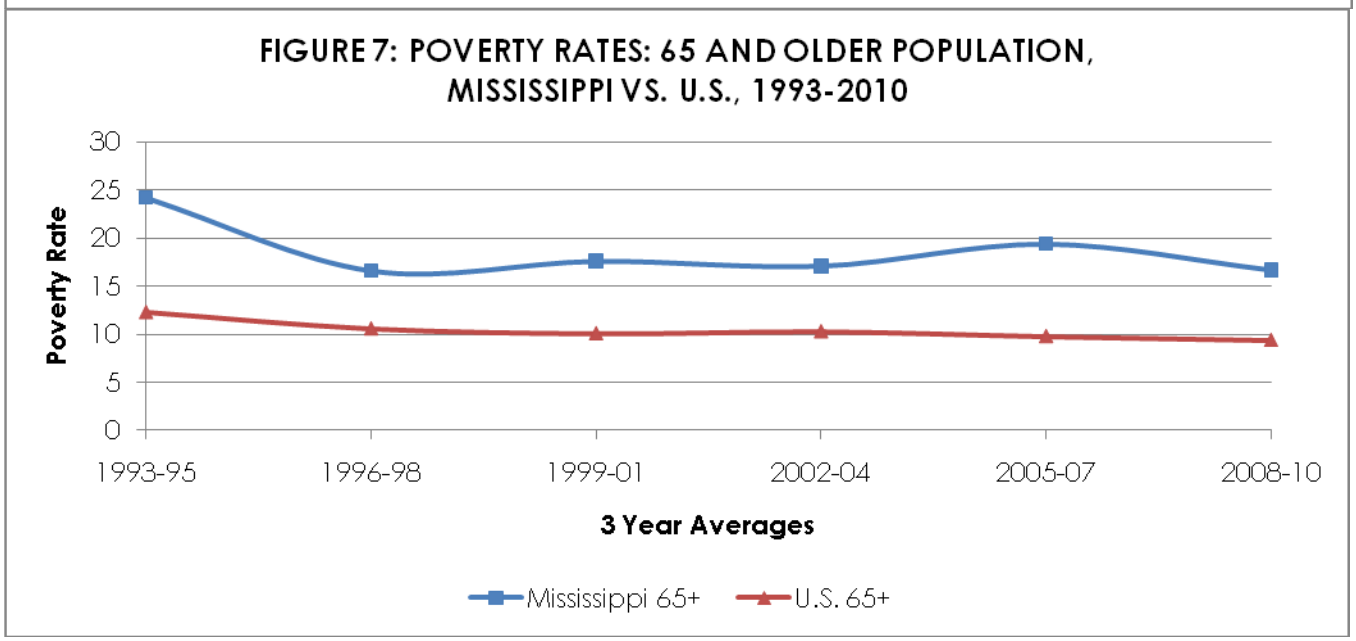




Poverty can have tremendous impacts on a variety factors, including health, well-being, and demand for services. Current Population Survey data show that poverty among older adults in Mississippi

has been consistently higher than that of the nation, which follows historical trends for overall poverty. Most recent averages from 2008-2010 indicates a poverty rate of 17 percent for those adults aged 55 and older compared to 12.6 percent for the nation.

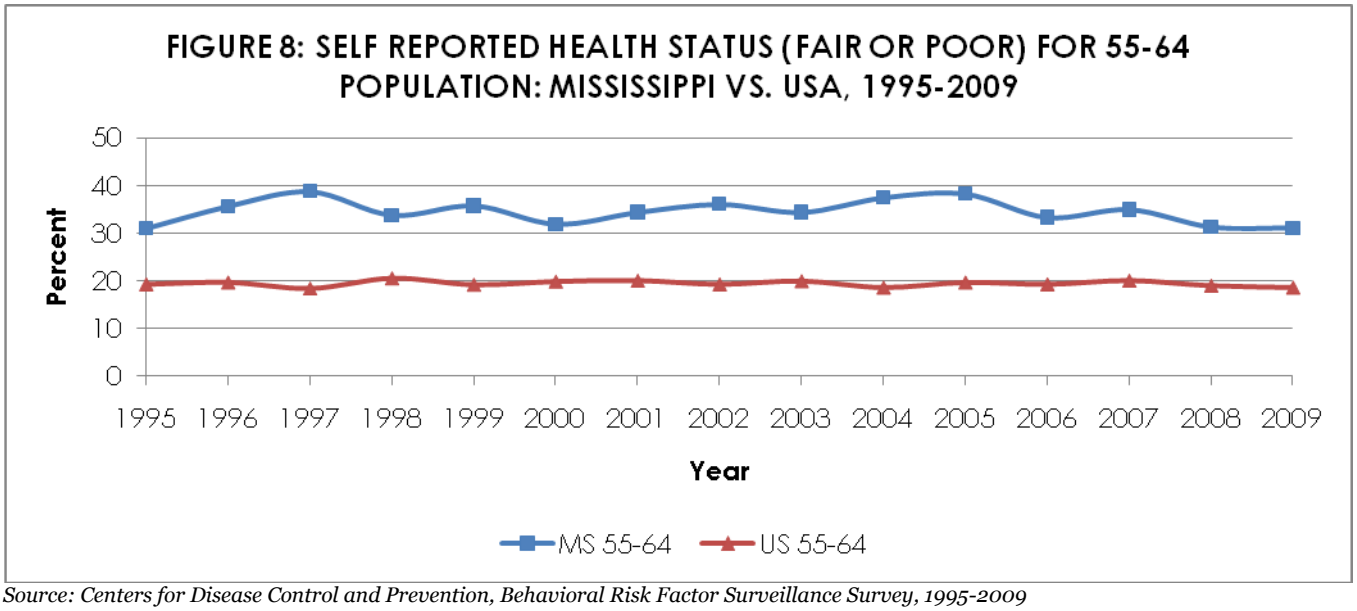




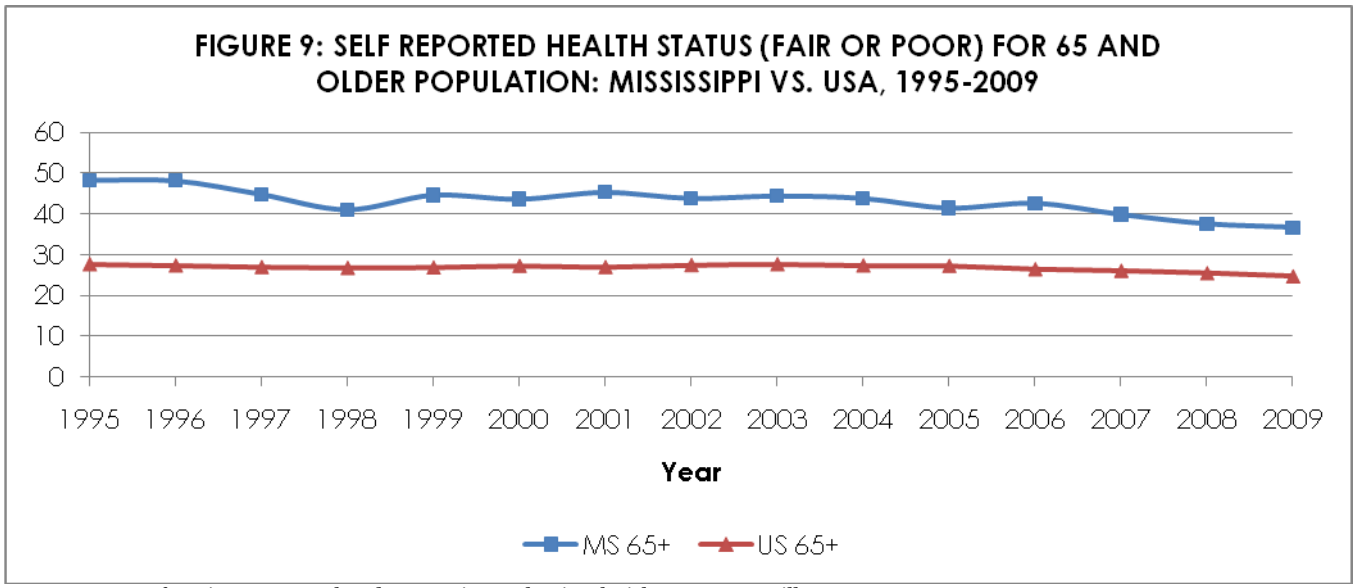
HEALTH

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.'



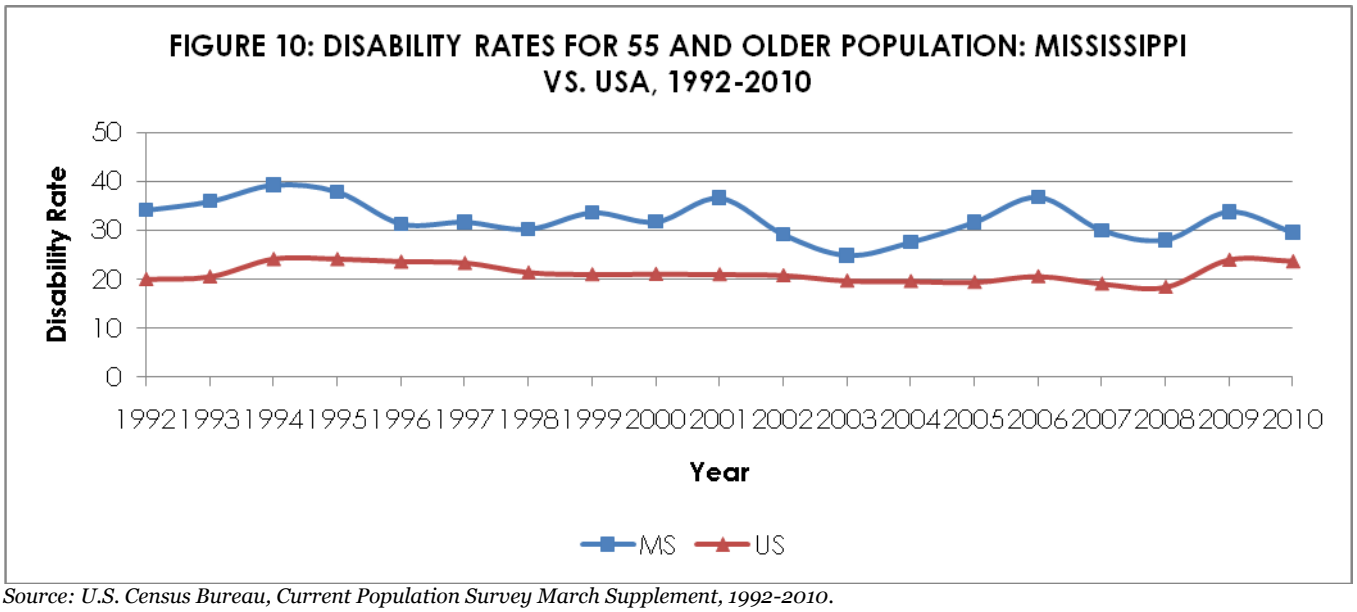
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



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

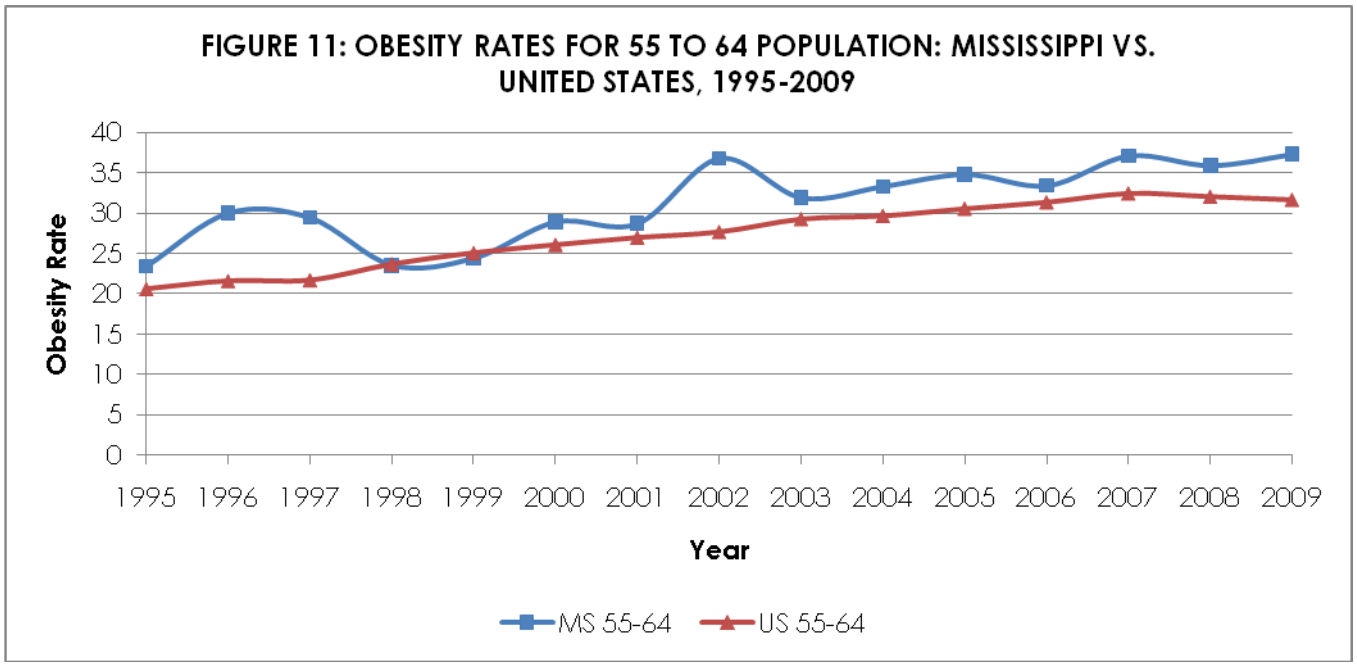
Data related to other major health indicators show that older adults in Mississippi tend to fair worse than the nation as a whole. Disability rates from the Current Population Survey show that over 29 percent of older Mississippians reported living with a disability in 2010 compared to 24 percent of

older adults nationwide.

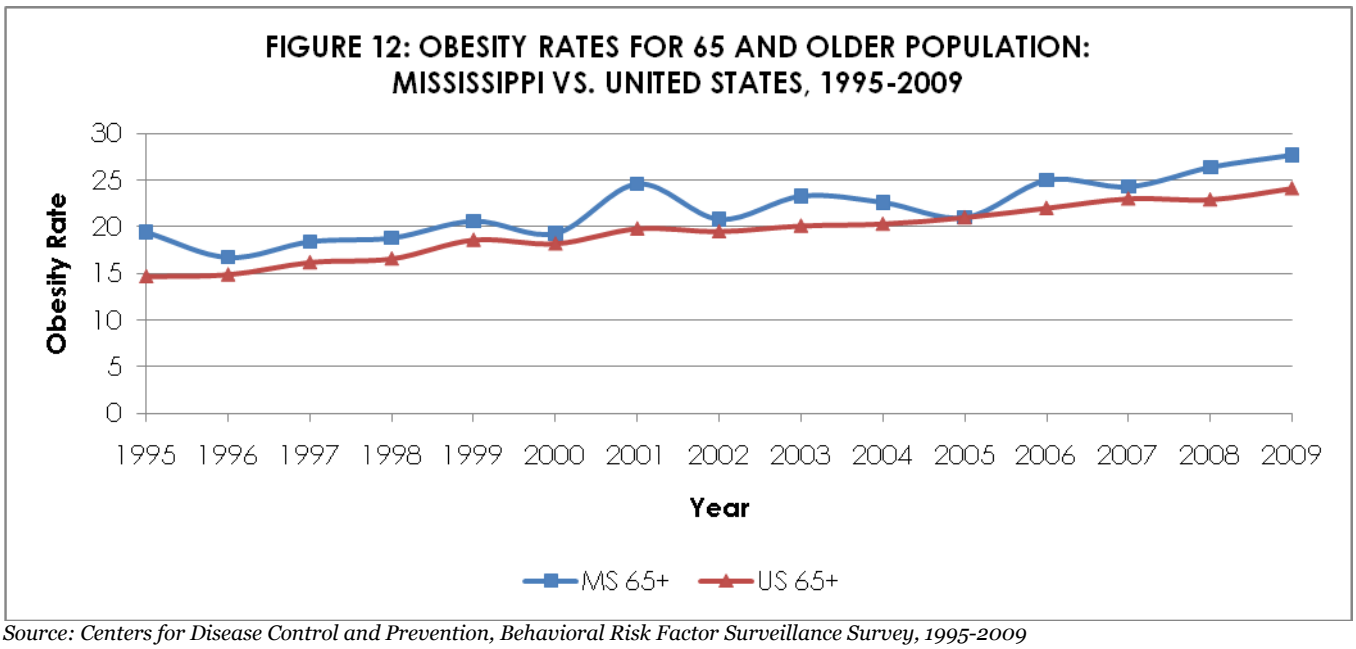


Source: U.S. Census Bureau, Current Population Survey March Supplement, 1992-2010.

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.

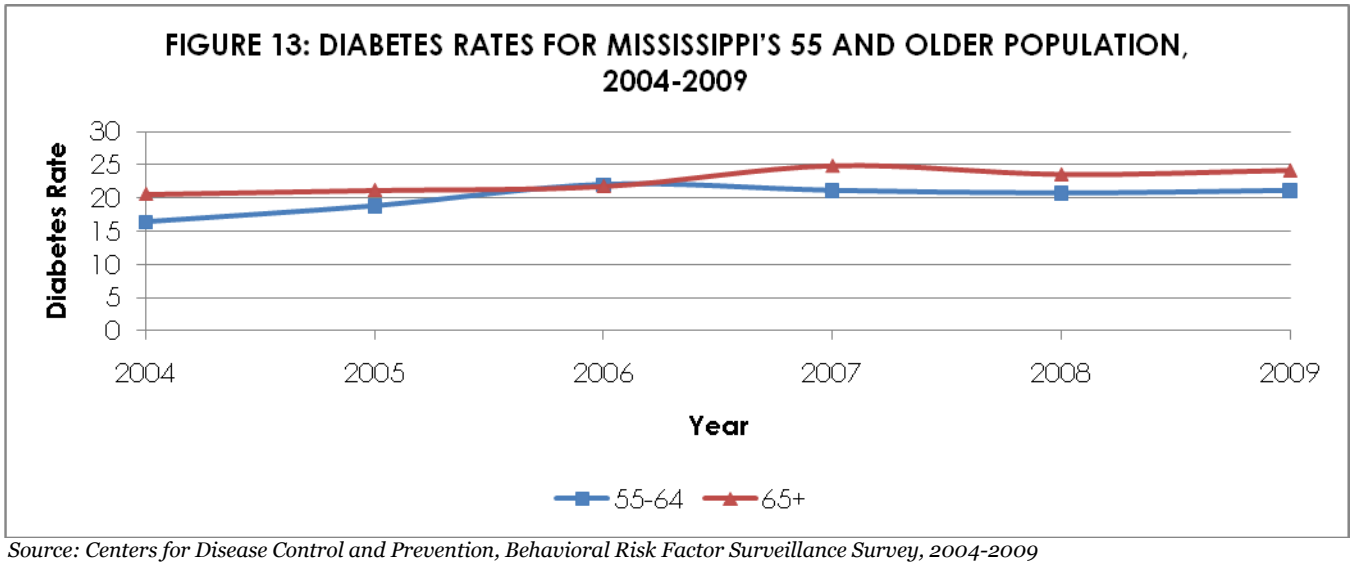


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



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

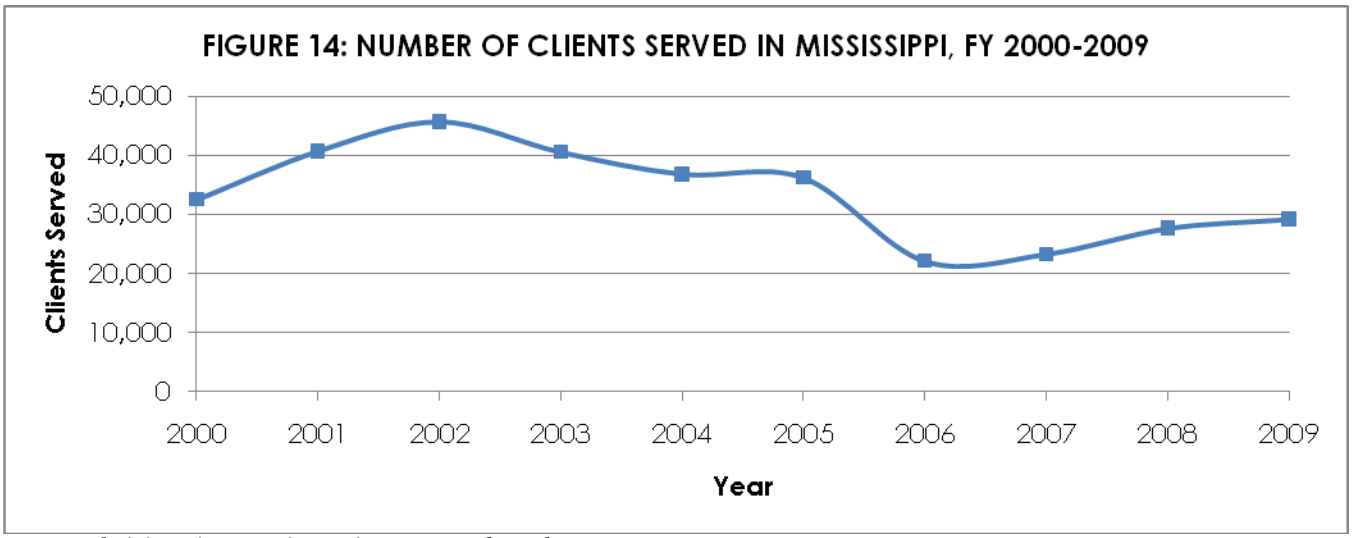
High rates of obesity in Mississippi have been accompanied by high rates of diabetes. As Figure 13 shows, over 21 percent of 55 to 64 year olds and over 24 percent of adults aged 65 and over reported being diagnosed with diabetes.



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

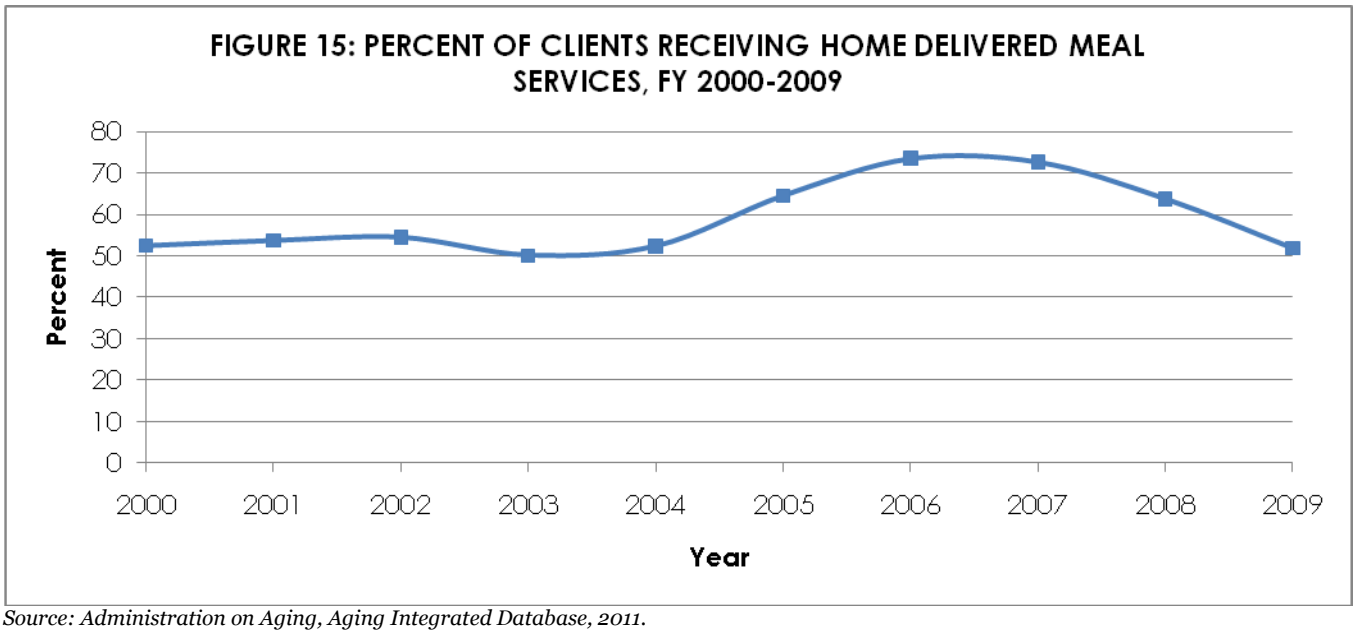
SERVICE

Population estimates for 2009 report that there were over 525,000 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.



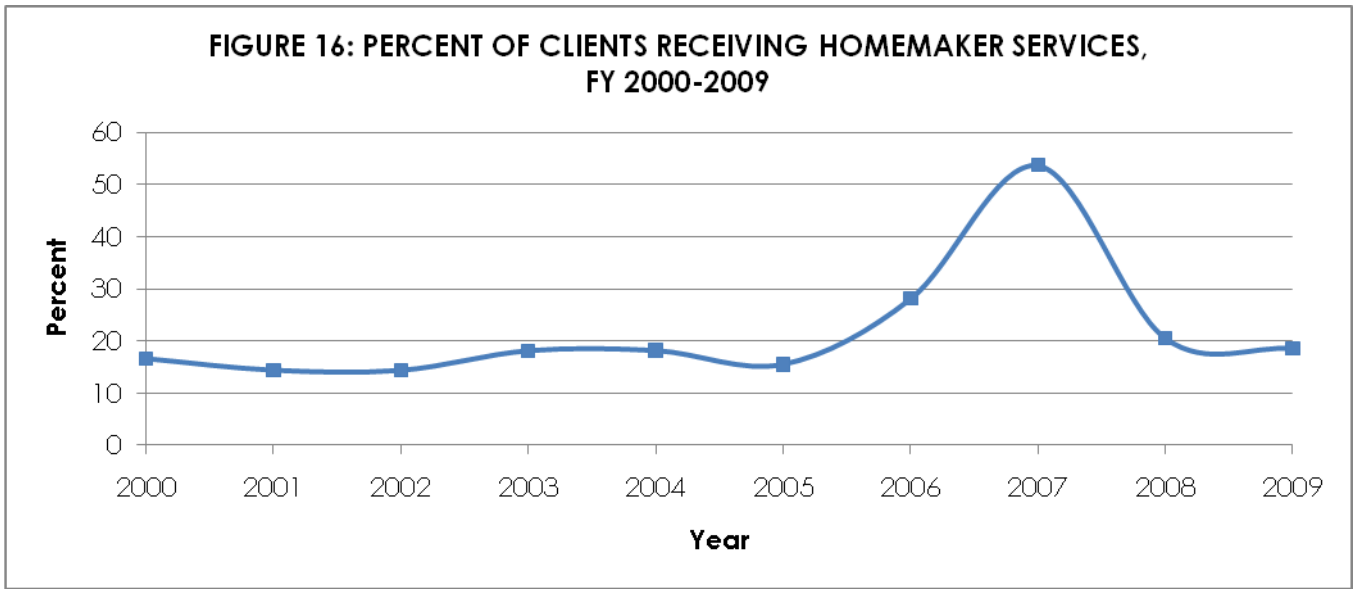
Source: Administration on Aging, Aging Integrated Database, 2011.

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.



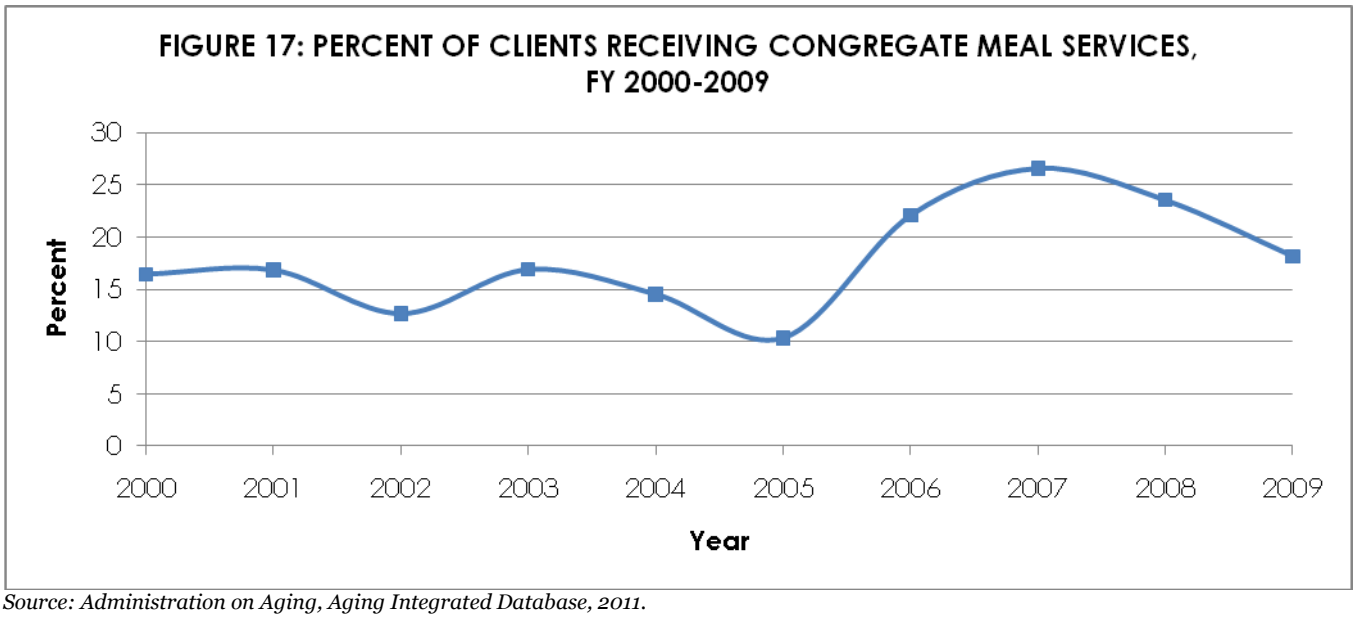
Source: Administration on Aging, Aging Integrated Database, 2011.

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 faired 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

1 September 2006
MEMORANDUM FOR: SEE DISTRIBUTION

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 emer gency 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 informa tion 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.

Deputy Executive Director has primary staff responsibility for all EOC and disaster operations.

2. Deputy Administrator for Administration has primary staff responsibility for finance, lo gistics 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 Man agement during emergency operations.

3. 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.

4. 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 sup port locations and mass care shelters. All MDHS employees assigned to support these facili ties 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 responsibil ity 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 re port 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 sup porting 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 ap proval, 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 indi viduals to the Recon Team(s) as required.

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

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

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

F. Directory 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 sup port 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

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

ANNEX A, MDHS EOC Operations for MDHS Emergency Operations SOP

1. PURPOSE. This Annex provides guidance for EOC operations during a disaster or state emergency operation.

2. EOC ACTIVATION PROCEDURES. (READINESS CONDITION (REDCON) LEVEL MAN NING)

   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 delcared, 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.

   F. 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.

   G. 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

   H. 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 ac quire 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 re quests for assistance inside of and outside of the affected area.

TABLE A-1

REDCON LEVEL	EOC STATUS	EOC ACTION	MEMA STATUS
1	Normal Preparedness.	**1-** Continue Normal Operations **2-** Monitor conditions with MEMA.	Level 1: Normal opera-tional status.
2.	Increased readiness. EOC pre-pares for 24-hour operations. EOC manning rosters verified and personal alerted for opera- tions.	**1-** Provide daily SITREP to ED, DA's and Directors. 2-Alert counties for possible EOC Operations. **3-** Alert selected personnel for deployement. **4-** Prepare to issue Warning Order to directorates. 5. Request Executive Order and Mission Assignment from MEMA.	Level 1: With increased communications watch.
3.	EOC activated and extended operations begin, 3-8 hr shifts Monitoring of affected areas begins Liaison activities with counties and other agencies begin.	**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).	Level 2: SEOC acti-vated with Key ESF representatives .

K. Shift procedures for EOC employees.

1. Shift change occurs at 0800, 1600, and 2400 with an overlap beginning 30 minutes prior to shift change.
2. A shift change briefing will be conducted at shift change IAW Appendix 2 to this Annex.
3. Each directorate representative coordinates with his or her counterpart on unfinished actions and upcoming events.
4. All directorate representative are responsible for reviewing the staff journal entries for the previous shift.
5. No directorate staff working in the EOC is allowed to depart without approval of the DED or Battle Captain. All employees working in the EOC fall under the direct supervision of the DED or Battle Captain regardless of normal directorate.

L. Management Information Systems EOC Responsibilities.

1. Supervise Message Center Operator and Message Center Clerk.
2. Prepare required reports for transmission to other agencies.
3. Supervise the proper set up and operation of all EOC communications equipment.
4. Supervise the set up and operation of supporting EOC automation equipment.

M. Message Center Operator.

1. Retrieve copies of messages from each directorate to ensure a comprehensive log is maintained of all messages for the agency.
2. Transmit messages to directorates as required through email or voice.
3. Maintains EOC Daily Staff Journal.
4. Maintain a comprehensive log to assign mission numbers as directed. These mission numbers will come from MEMA assigned missions or the internal mission number log.

3. RECORDS AND REPORTS

A. Journal Files will be used to record the following types of activities:

1. Receipt of Governor's Executive Orders, mission assignment and/or tasks from MEMA including the assigned mission number of the document.
2. Times, directorates, number of personnel, location of duty, and authority when employees are serving on State Emergency Duty (SED).
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 under stand 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- mes sage 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 re ceiving 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
The EOC will track Current Operations as they occur. See Appendix 7, Current Operations Chart. This chart will be updated

H. Appendix 1- MDHS as events occur.

APPENDICES: 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.

Appendix 3, Journal File to Annex A, MDHS EOC Operations

MDHS EOC JOURNAL			PAGE NUMBER	NO. OF PAGES	
PERIOD COVERED					
FROM			***TO***		
HOUR		***DATE***	***HOUR***	***DATE***	
	TIME		INCIDENTS, MESSAGES, ORDERS, ETC	ACTION TAKEN	INITIALS
ITEM NO	IN	OUT			

Appendix 4, Optional Form 271, Conversation Record

CONVERSATION RECORD	TIME	DATE

	PERSONAL VISIT	LOCATION OF CONVERSATION		
	CONFERENCE			
	TELEPHONE	EXECUTIVE DIRECTOR ATTENTION REQUIRED	YES	NO
	OTHER			

NAME OF PERSON	PHONE NO

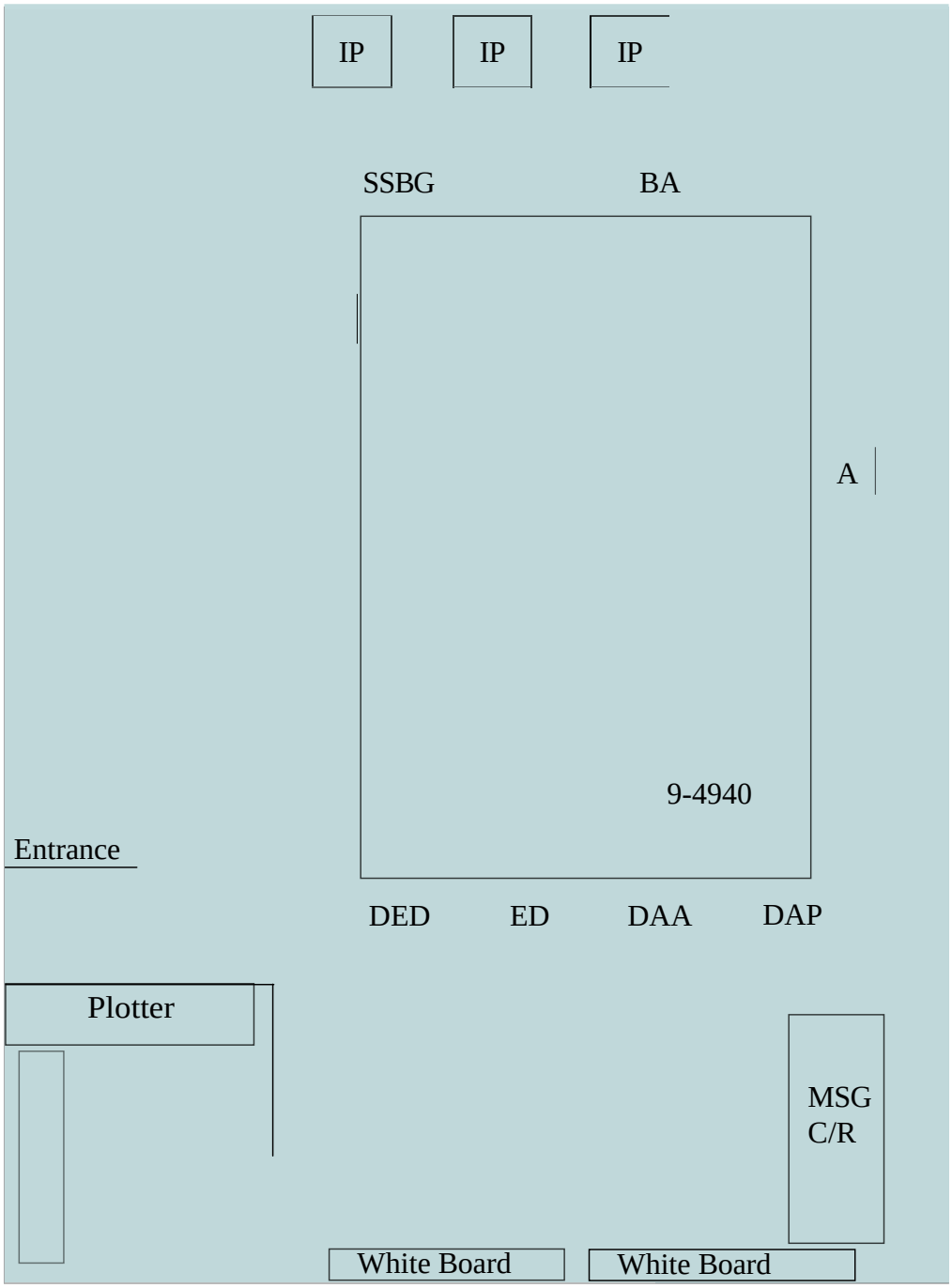
ORGANIZATION OF PERSON

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

Appendix 7, MDHS Current Operations Chart, to Annex A, MDHS EOC Operations

MDHS CURRENT OPERATIONS

MISSION	MISSION #	LOCATION	START DATE/TIME	EMPLOYEES	DATE/TIME COMPLETED

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

Appendices: 1

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	1-866-312-7215	601-359-4972
Mema-Mike Womack	601-352-9100	601-201-7728
Email	Disaster@mdhs.ms.gov	

Annex C, MDHS EOC Update Charts

1. PURPOSE. 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- EOC Executive Director's Update

Appendix 1, Weather Chart to Annex C, EOC Briefing Charts

W E A T H E R

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

Appendix 2, Personnel Status to Annex C, EOC Briefing Charts

P E R S O N A L S T A T U S

AS OF:

AGENCY	DIRECTORATE	DIRECTORATE STRENGTH				DIRECTORATE MISSIONED				INJUIRES TO DATE	PASS	REMARKS
		PER	TL	PT	AGG	PER	TL	PT	AGG			

Appendix 3, Logistics Issues Chart to Annex C, EOC Briefing Charts

LOGISTICS STATUS								
NOMENCLATURE	QTY	LOANED FROM	LOANED TO	OPERATIONAL LOCATION	MAINT RESP	EQUIP STATUS R/A/G	POC PHONE #	REMARKS

Appendix 4, VIP Status to Annex C, EOC Briefing Charts

VIP STATUS				
NAME	ARRIVAL TIME	DEPARTURE TIME	ITINERARY	REMARKS

Appendix 5, Temporary Phone List to Annex C EOC Briefing Charts

PHONE LIST		
TEMPORARY FACILITY HOURS OF OPERATION	**LOCATION AND PHONE NUMBER**	**POC**

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	FUEL
PAY	SHOWERS
COMP TIME	ICE
TRANSPORTATION	WATER
FOOD	TOILETS
BILLETING	PROTECTIVE CLOTHING
FACILITIES	MAINTENANCE
LAUNDRY	

MDHS FACILITIES

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

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

NUMBER OF EMPOYEES 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, TELPHONE 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 WORKERS 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

ENT SCHEDULED

EARLY CHILDHOOD CARE AND DEVELOPMENT

- 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

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 GUIDELINES 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 dur ing prescribed operations.

2. GENERAL. When the EOC is activated, it will be designated a Restricted Area. Access will be JAW paragraph 3 below.

3. S P E C I A L .

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 E0Cs.

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	150 East Franklin	V
	Patricia Barlow	Natchez, MS 39121	
	Supervisors:	(601) 442-1481, Fax: 446-5111	
	Suzanne Goodman		
02	ALCORN	PO Box 2170	
	Janis Haynie	2690 S. Harper Rd.	
	Supervisor:	Corinth, MS 38834	
	Gayle Forsythe	(662) 286-2205, Fax: 286-7721	
03	AMITE	PO Box 305	V
	Carolyn Wooley	185 Irene St	
		Liberty, MS 39645	
		(601) 657-8066, Fax: 657-8068	
04	ATTALA	PO Box 729	III
	Sheldon Harmon	717 Fairground Rd.	
		Kosciusko, MS 39090-0729	
		(662) 289-4881, Fax: 289-1575	
05	BENTON	PO Box 37	
	Sondra G. Wilburn	183 Court St.	
		Ashland, MS 38603	
		(662) 224-6245, Fax: 224-6308	
06	EAST BOLIVAR	PO Box 1628	II
	Mark Couey	212 North Pearman Ave.	
	Supervisors:	Cleveland, MS 38732-1628	
	Sandra Travis	(662) 843-8311, Fax: 846-0990	
	Loretta Phillips		
	BOLTVAR	PO Box 368	II
	Vera Edwards, Supv.	706 Bradford St.	
		Rosedale, MS 38769	
		(662) 759- 3552, Fax: 759-3465	

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 Branch:	234 W. Main, Room 101 Okolona, MS 38860 (662) 447-5511, Fax: 447-5536 745 W. Church St. Houston, MS 38851 (662) 456-3724, Fax: 456-	
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 Quitman, MS 39355	PO Box 30 29 Harris Avenue (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

16 COVINGTON
Thomas Abbott
Supervisor:
Lorretta Keys

17 DESOTO

Kenette 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:

J 23 HANCOCK

24 HARRISON

Carolyn
DeIorio
Rhonda
White, Assoc.
Supervisors:
Patricia Hall
Patricia
Rayford,
Cheryl Gipson,
Pamela
Baggett, Jimie

Cuevas, Mary
Frambes

PO box 1179 107 Arrington Ave. Collins, MS 39428 (601) 765-6585, Fax: 765-5004	V
PO Box 546 2725 Hwy 51 South Hernando, MS 38632 (662) 429-4461, Fax: 449-1407	II
PO Box 1938 1604 W. Pine St. Hattiesburg, MS 39403-1938 (601)554-4350, Fax: 554-4367	VI
PO Box 428 90 Mill Rd. Bude, MS 39630 (601) 384-5837, Fax: 384-3734	V
PO Box 177 38 London St., Suite B Lucedale, MS 39452 (601) 947-7551, Fax: 947-7406	VI
1008 Jackson Ave. PO Box 40 Leakesville, MS 39451 (601) 394-2362, Fax: 394-4069	VI
PO Box 945 1240 Fairground Rd.	III

		Grenada, MS 38901-0945 (662) 226-1971, Fax: 227-2866	
		PO Box 2069 3066 Longfellow Dr. Bay St. Louis, MS 39520 (228) 467-4565, Fax: 467-7530	VI
		10260 Larkin Smith Rd. Trailer #1 PO Box 3400 Gulfport, MS 39505-3400 (228) 897-5600, Fax: 897-5785	VI
25	HINDS Michael Miller Associate: Debra Evans-Williams Supervisors: Daisy Bates, Carolyn Mabry, Delois Linear, Majorie Purnell, Carolyn Gee, Frances Johnson,ey, Mvron Bennett. Tommie Down	PO Box 11677 4777 Medgar Jackson, MS (601) 362-9892,	
	BOLTON: Supervisor: Lionel Cooper		
	MIDTOWN: Supervisor:		

Janice Yates-Wells

26 HOLMES
Henry
Luckett
Supervisor:
Mickie
Rodgers
Cassandra
Burks

27 HUMPHREYS
Jacqueline
Hughes
Supervisor:
Sedgene
Robertson

28 ISSAQUENA
Marquetta Brown

29 ITAWAMBA
Nina House

30 JACKSON
Harold Nett°
Supervisors:
Linda Strunk
Peggy Grear
Mary
Lowe Jennifer
Johnson

PO Box 450
300 East Madison
Bolton, MS 39041
(601) 866-4454, Fax: 866-2290

152 Millsaps Ave.
Jackson, MS 39202
(601) 355-5536, Fax: 355-6328

PO Box 620
Hwy 12 East III
22419 Depot St.
Lexington, MS 39095
(662) 834-1221, Fax: 834-3869

PO Box 714 III

27	JASPER Bonnie Grantham Supervisor: Jim Sims	Courthouse/102 Castleman Street Belzoni, MS 39038	
28	JEFFERSON Delores G. Rankin Supervisor: Emma Walton		
29	JEFFERSON DAVIS Kenneth Hall	(662) 873-6296, Fax: 873-9399	
30	JONES Margaret Moss Supervisors: Willa Jo Richardson Denise Chancellor	PO Box 637 305 West Cedar Street Fulton, MS 38843-0637	
31	KEMPER Janet Key	(662) 862-9781, Fax: 862-4888	
32	LAFAYETTE Billie McNece	PO Box 789	VI
33	LAMAR Barbara Hammer	Pascagoula, MS 39568-0789 5343 Jefferson St.	
34	LAUDERDALE Jackie Cockfield Supervisors: Ginger Crenshaw Linda Mackey Pamela Graham	Moss Point, MS 39563 (228) 769-3275, Fax: PO Box 350	IV
35	LAWRENCE Alvis Everett	37 West 8th Ave. Bay Springs, MS 39422 (601) 764-2151, Fax: 764-4869	
		PO Box 97 235 Medgar Evers Blvd Fayette, MS 39069 (601) 786-3571, Fax: 786-6005	V

PO Drawer 1167
1185-B Frontage Rd. V
Prentiss, MS 39474-1167
792-4206, Fax: 792-2472

PO Box 1943 IV
923 Sawmill Rd.
Laurel, MS 39441-1943
(601) 426-1200, Fax: 426-1207

PO Box 326

Hwy 39 North IV

Dekalb, MS 39328
(601) 743-5826, Faz: 743-9166

PO Box 1027
819 Jackson Ave.
Oxford, MS 38655
(662) 234-1861, Fax: 236-0228

PO Box 779 V
207 Main St.
Purvis, MS 39475

(601) 794-1050, Fax: 794-1066

PO Box 1891 IV

5224 Valley St.

Meridian, MS 39301-1891

(601) 483-3337, Fax: 484-5117

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

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	
36	LEAKE Mary J. Johnson	PO Box 476 201 W.M. Chipley St. Carthage, MS 39051 (601) 267-3242, Fax: 267-8884	III
37	LEE Addie Colburn Supervisors: Leslie Tucker Sandy Tyes	PO Box 1563 220 South Industrial Rd. Tupelo, MS 38802 (662) 841-9050, Fax: 680-5790	
38	LEFLORE Dynetha Thornton Supervisor: Cora Winters	PO Box 1936 216 Hwy 7 South Greenwood, MS 38930 (662) 453-3124, Fax: 455-7972	
39	LINCOLN Eleanor Monroe Supervisor: Betty Steen	PO Box 538 300 East Chickasaw St. Brookhaven, MS 39602 (601) 833-3311, Fax: 835-0244	V
40	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
41	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	Ill
42	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

43 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

44. MONROE
Laura Carothers
Supervisor:

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

48 MONROE BRANCH
Supervisor:
Joyce Awtrey

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:
Melissa Tarver Mollie Branch

300 South Front Sr., Suite 2 III
PO Box 744
705 Alberta St.
Winona, MS 38967

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

PO Box 177 IV
1016 Holland Ave.
Philadelphia, MS 39350

(601) 656-1451, Fax: 656-6515

PO Box 158 IV
14712 Hwy 15 South

Decatur, MS 39327

(601) 635-2346, Fax: 635-4014

PO Box 347 IV
601 West Pearl St.
Macon, MS 39341

(662) 726-5884, Fax: 726-2936

PO Box 865 IV
213 Yeates St.
Starkville, MS 39760-0865
(662) 323-1566, Fax: 324-0003

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 VI
101 Main Street
New Augusta, MS 39462

(601) 964-8374, Fax: 964-8376

PO Box 665 V
1002 Warren Krout Rd.
McComb, MS 39649

(601) 684-7100, Fax: 249-4632

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

Corene Ray (662) 887-2051, Fax: 887-7056

COUNTY CODE	COUNTY/ DIRECTOR	ADDRESS/ PHONE	REGION
67.1	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
			II
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	
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

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P0949

Tupelo, MS 38802
(662) 841-1847, Fax: 841-1826

REGION II
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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 sould be considered in light of disaster in the larger sense.

Prior preparation

Develop **a family emergency communication plan.**

In case family members are separated form 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.

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 form 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.

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 Direcotr 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 numbr 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 expectatins.

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.

6-5-06: 2pm, 6-13-09: 1030am, 1130am, 6-15-06

Appendix 3, Special Needs Shelter to Annex D, MDHS Guidance

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 conditioin 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, com petitive procedures are probably required.

Computer and Telecommunications Equipment, Software and Services

Contact the Department of Information Technology Services Procurement Help Desk, phone: 601-576-HELP (601-576-4357). www.its.state.ms.us ITS utilizes various procurement mechanisms which state and local entities may use. ITS will be able to tell you if there are standing Requests for Proposals (RFPs) or Express Products Lists (EPLs) for your required products/services and if so, how to use these agreements. If there is no standing procurement vehicle, ITS will be able to advise you on how state and local entities should purchase the products/services. Per state statute,

all telecommunications systems and services affecting the management and operations of the state must be acquired through ITS. Contact ITS directly to arrange for the following services:

Telephone: business lines, trunking, Centrex, voice mail, set installation, long distance, toll free num bers, calling cards, audio conferencing.
Data: cabling, circuits (inter-LATA, intra-LATA, MPLS), Internet, DSL"

For additional information, see the ITS Procurement Handbook.

For specific information about ITS Telecom Contracts and Services go to:
http://www. its. state .ms.us/its/procman.nsf/f4ad43bd44ad9d8c86256daa0063elfD/c29 fa4737d13967e 86256e6d007be1d4?OpenDocument

Construction

Most state construction is done thru the Department of Finance and Administration, Office of Build ing, Grounds and Real Property Management, 601-359-3621. Some of the state agencies have ad equate appropriations to do construction on their own. The Office of Purchasing and Travel can also provide some guidance in the area of construction. If you do not have expertise on staff, it is recom mended that you hire an architect with experience in governmental construction contracting.

Service Contracts

Most state agencies fall under the jurisdiction of the Personal Service Contract Review Board, www. spb.state.ms.us, and must follow formal bidding procedures for contracts over $100,000. Some agen cies (Universities and MDOT) and most Governing Authorities are not required to comply with any competitive process for services yet many do implement a competitive procedure.

Travel

Contact the Department of Finance and Administration, Office of Purchasing and Travel, 1401 Wool folk Building, Suite A, 501 North West Street, Jackson, MS 39201 601-359-3647. The Office will be able to tell you if there is a State Contract for your required travel services. If there is no State Contract, the Office will be able to advise you on how the state and local entities should procure the service(s).

THE COMPETITIVE BID PROCESS

Section 31-7-13 (a), (b), or © $0 to $5,000- no bids required
$5,000 to $25,000- at least two written quotes
Over $25,000- Formal sealed bids required (advertised)

All purchases in excess of $25,000 must be advertised in a local paper and a copy of the notification must be sent to the Mississippi Contract Procurement Center 601-352-0804.

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 yen dors, or state agencies may purchase the item from other that the contract vendor provided that they must follow the applicable procedures set forth in Section 31-7-13 (a), (b), or © 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 ob tam n 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 al 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, f le 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 offi cer 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.

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

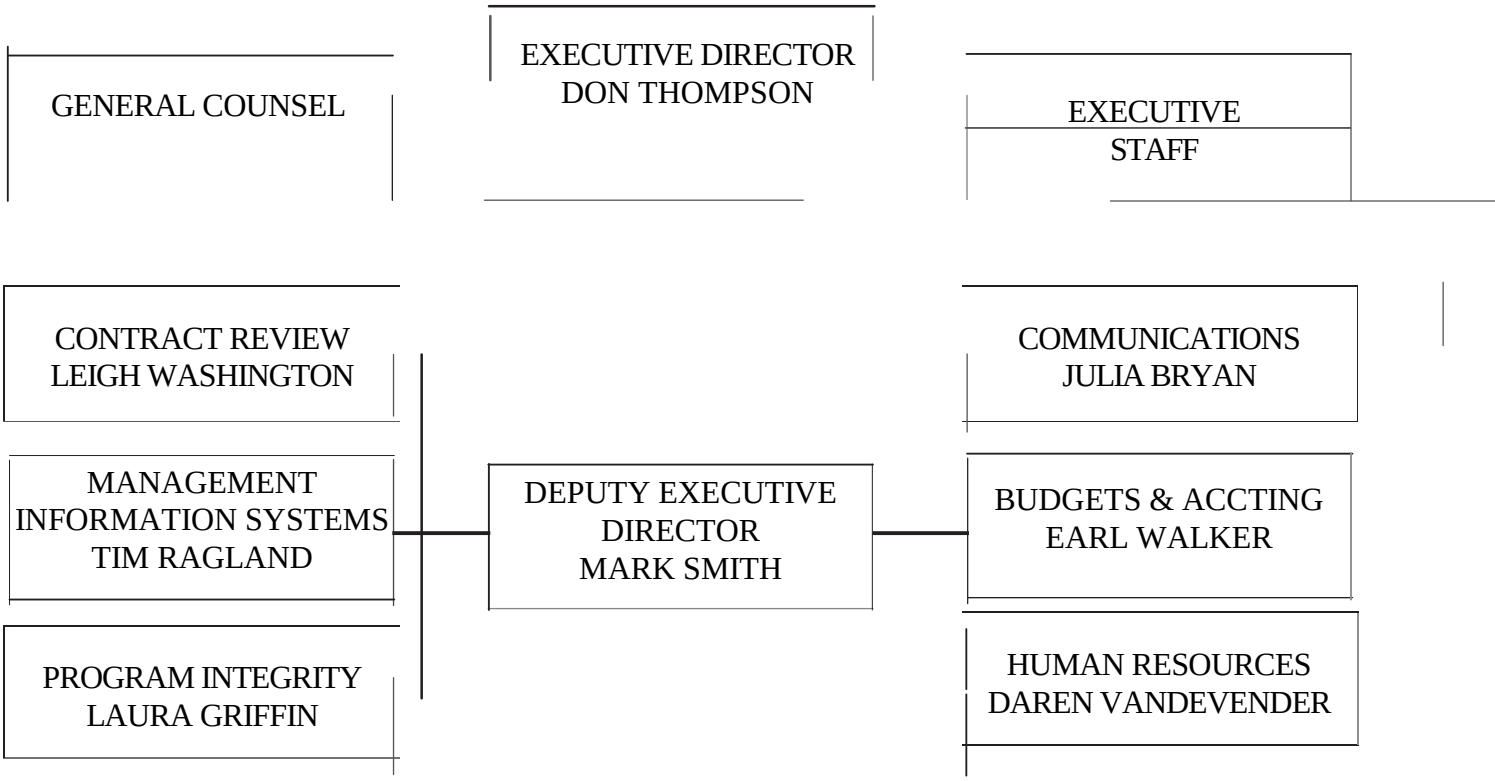
ITS Procurement Forms in Word or PDF format:
http://www.its.state.ms.us/its/itsweb.nsf/ProcurementRequest?OpenFor

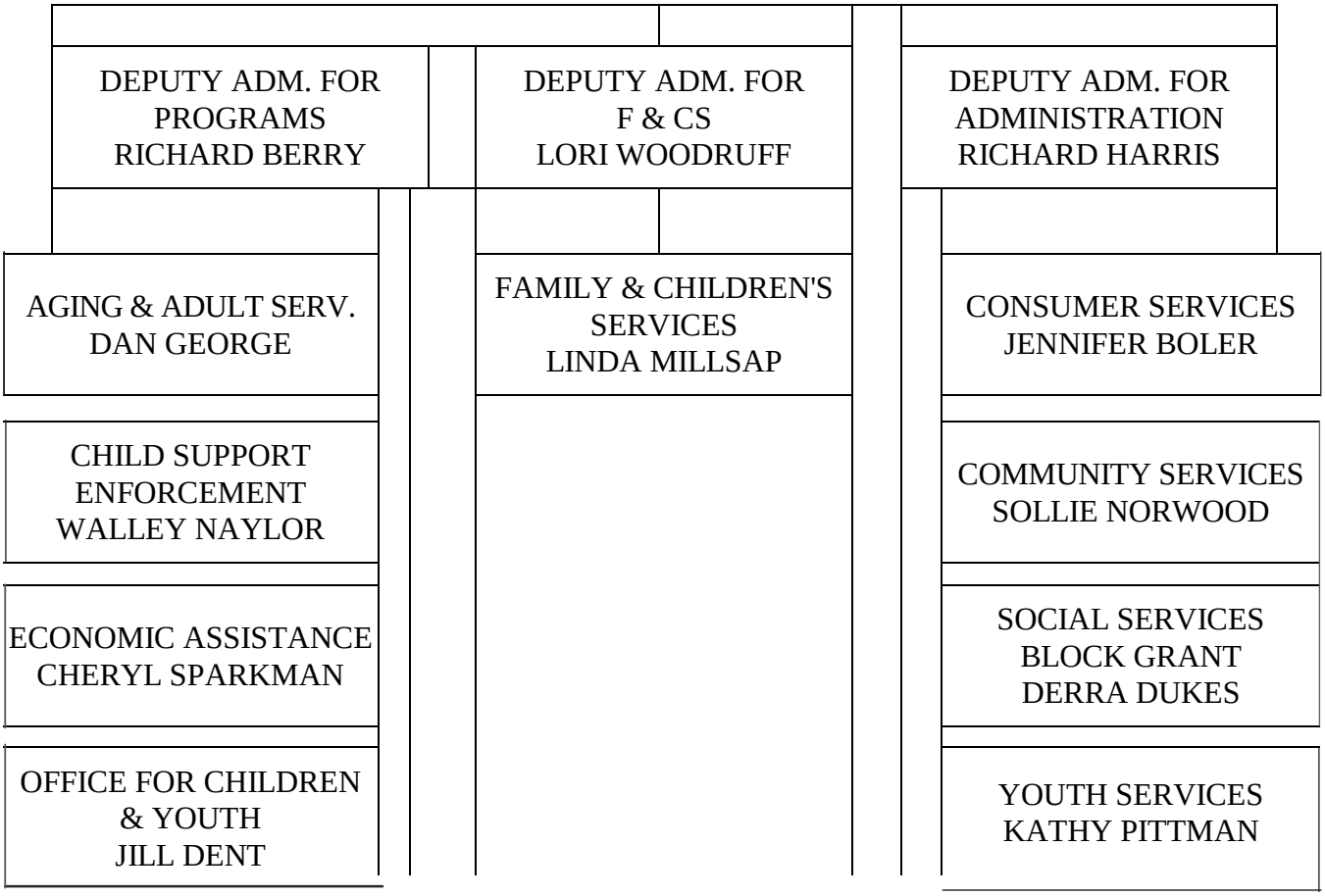
Procurement Manual, Office of Purchasing and Travel
http://www.dfa.state.ms.us/Purchasing/Proc_Man/pro_man.htm

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





Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 307

Title 18: Human Services

Part 2: Division of Aging and Adult Services

Part 2 Chapter 2: Quality Assurance Stanards

CHAPTER 2: QUALITY ASSURANCE STANDARDS

Rule 2.1 ADULT DAY CARE

A. Definition and Purpose

Adult Day Care is a place for aged and disabled individuals with serious health problems or impairments to go during the day for recreational activities, personal care supervision, nutrition, limited health care and the opportunity to interact socially with other people in group or individual activities.

The purpose of day care is to: (1) provide care, supervision and services to individuals who are capable of only limited self-care; (2) meet health maintenance, prevention/intervention, and rehabilitation needs; and (3) promote a maximum level of independent functioning.

B. Eligibility

Qualification - Persons age 60 and older with scores ranging from level II through III on the Consumer Information Form. Spouses of clients are eligible if under 60 and disabled.

Contributions - Clients shall be allowed the opportunity to contribute to the cost of service. The Center director shall assure that no one is denied service because he/she cannot or will not voluntarily contribute to the program.

C. Unit of Service

One unit of service equals a client's attendance for at least four (4) hours but less than twenty-four hours at the center. The day begins when the client enters the facility and ends when he/she leaves unless the center provides transportation. If the center provides transportation, the unit starts when the client is picked up. It is recommended that participants be transported not more than sixty minutes without the opportunity for rest stop. At a minimum, clients should be scheduled for a full day two (2) to five (5) day a week, with scheduled attendance based on a full day of services.

For fiscal reimbursement purposes, unit cost can be prorated based on the number of hours the client is in attendance. (i.e. if the unit cost is $45 per client per day, and the client could

not stay the full day, then the reimbursement for three hours would be $16.89 rounded up $17.00). If fraction is less than .50, it would be rounded down to the next whole number.

D. Minimum Program Requirements

Each service provider of Adult Day Care under Title III of the Older Americans Act or through contractual agreement with an Area Agency on Aging must adhere to the following requirements:
All clients are to be entered into the State Approved Client Tracking System no later than 10 working days.

1. Service Activities

Adult day care components include but are not limited to:

a. Personal care service such as assistance with walking, grooming, eating and toileting.
The adult day care program shall provide assistance and supervision needed with activities of daily living.

b. Nutrition - A minimum of one mid-morning snack, one nutritious noon meal and one mid-afternoon snack shall be provided at the center.

Modified diets shall be provided to meet participants' needs. Snacks shall be offered as appropriate to meet the participants' nutritional needs. Fluids shall be available as needed by participants. Nutrition education and counseling shall be an integral part of the day care program. The participant's total dietary intake is not the center's responsibility. The center is responsible only for meals served at the center.

c. Client Activities - The day care program shall provide recreational and social activities suited to meet the needs of the participants and designed to encourage physical exercise to prevent deterioration and to stimulate social interaction.

Social services are provided to participants and their families to help them with personal, family, and adjustment problems that interfere with the effectiveness of the treatment plan. They are an essential part of care management. The social worker may serve as a consultant or may be a part-time or full-time staff member.

The planning of activities shall reflect professional understanding of the recreational needs and abilities of the participants. Activities shall emphasize

the individual participant's strengths and abilities rather than impairments and shall contribute to participant feelings of competence and accomplishment.

Activities shall be designed in a manner to promote personal growth and enhance the self-image and/or to improve or maintain the functioning level of the participants. Activities offered to participants may focus, but are not limited to, the following:

1) Maintaining lifelong skills;
2) Learning new skills and gaining knowledge;
3) Challenging and tapping the potential abilities of participants;
4) Participating in activities for independent functioning;
5) Improving capacity for independent functioning;
6) Developing interpersonal relationships;
7) Developing creative capacities;
8) Improving physical and emotional well being;
9) Being exposed to and involved in activities and events within the greater community;
10) Experiencing cultural enrichment; and,
11) Having fun and enjoyment.

Planned activities shall be available whenever the center is in operation. A monthly calendar of activities shall be prepared and posted in a visible place. Calendar may be distributed to family/caregivers and other interested individuals.

Group daily activities shall be posted in a prominent, convenient, visible place.

The activities schedule shall be coordinated with other services offered at the center and with other staff.

d. Transportation Services - The day care program shall provide transportation, when needed, for participants to and from their homes and to other community facilities utilized in implementing the participants' plan of care. Handicapped accessible transportation will be provided.

All contracted transportation systems shall meet local, state and federal regulations. It is recommended that participants be transported no more than sixty minutes without the opportunity for a rest stop.

e. Nursing Services - Registered nurse (RN) services such as physical assessment, preparing and administering medications, observing drug

reactions, carrying out treatments, changing dressings and rehabilitative nursing shall be provided.

Nursing services may vary in intensity, depending on the needs of the participants. Intensity is determined by both the number of participants requiring nursing services and the type of nursing service needed. The nurse may serve as a consultant or may be a part-time or full-time staff member. Delegation of some nursing services, such as personal care, to program aides who are trained and supervised by the nurse, is part of the nursing service.

Nursing services shall be offered by all adult day care centers. According to participant needs as identified in the nursing assessment, inter-disciplinary plan of care and physician orders, the nursing service may include a configuration of the following, depending on the level of intensity needed.

All of the following shall be carried out:

1) Assess participants' health status;
2) Monitor vital signs and weight;
3) Provide health education and counseling, including nutritional advice, to participants and families;
4) Develop policies and procedures for personal care and train staff in the implementation;
5) Provide liaison with the participant's personal physician, notifying him/her of any changes in participant's health status;
6) Coordinate the provision of other health services provided outside the center;
7) Train staff and supervise the use of standard protocols for communicable diseases and infection control; and,
8) Coordinate and oversee participant health records.

The following shall also be added to the above if they are needed by participants and if there is a full-time nurse or provision for professional care:

1) Administer and document medications and observe for possible adverse reaction;
2) Supervise the provision of modified and therapeutic diets or supplemental feedings;
3) Provide observation, monitoring and intervention for unstable medical conditions;
4) Provide training in self-administration of medications;
5) Provide restorative or rehabilitative nursing including bladder and bowel retraining and the supervision of, or provision of, maintenance therapy procedures;

6) Provide supportive nursing such as general maintenance care of colostomy and ileostomy, changing dressings, prophylactic skin care to avoid skin breakdown, foot and nail care, and routine care of incontinent participants, including incontinence supplies;
7) Provide emergency care including notification of physician or ambulance;
8) Provide for regular inspection of drug storage conditions; and,
9) Any other direct nursing service requiring skilled nursing treatment.

f. Emergency Services - Instructions for dealing with emergency situations shall be established in writing. Such instructions must include name and telephone number of a physician on call, written arrangements with a nearby hospital for inpatient and emergency room service, and provision for ambulance transportation. A contact name and telephone number shall be maintained for each participant in case of emergencies. An evacuation plan diagram and documentation of evacuation drills must be posted.

g. Emergency Plan - A written procedure for handling emergencies shall be posted in the center and in all center vehicles. The emergency plan shall include the following:

1) A written agreement with the participant or family regarding arrangements for emergency care and ambulance transportation;
2) Written procedure for medical crises, and an easily located file for each participant;
3) Listing of identifiable information (physician's name and telephone number, family's name, and hospital needed in emergencies);
4) Staff training to ensure smooth implementation of the emergency plan; and,
5) Plan for handling emergencies during transportation.

h. Pre-admission Assessment - A pre-admission assessment shall be conducted either in the participant's home or at the center. This includes:

1) Review of intake information;
2) Review of medical forms;
3) ADL's/IADL's;
4) Signing of all consent forms (release of information, emergency information); and,
5) Signing of application.

As part of the assessment process, the applicant and family members or other caregivers shall have at least one personal interview with a program staff member.

i. Enrollment Agreement - It is highly recommended that there be a signed enrollment agreement that includes the following:

1) Scheduled days of attendance;
2) Services and goals of center;
3) Transportation agreement;
4) Emergency procedures;
5) Releases from liability (e.g., field trips); and,
6) Conditions for termination from service or discharge.

The participant and/or caregiver should receive a copy of the enrollment agreement and a copy of the center's grievance procedures.

j. Inter-Disciplinary Team Assessment - A comprehensive written assessment shall be completed in order to collect sufficient information to develop the individual's plan of care. The assessment shall be completed within eight days (8) of attendance in the program or within no more than 30 calendar days. The level of detail shall depend upon the level of care to be provided.

The assessment may include the person's health profile (medical records, medical history, verification of medical regime, primary physician and other specialists, and physician's restrictions), social history, formal and informal support systems, including caregiver information and assessment of caregiver stress, activities of daily living skills, mental and emotional status, community and financial resources.

k. Medical Report - A current medical report (based upon an examination completed within six (6) months prior to admission) including diagnosis, medication, other treatment recommendations, and verification of the absence of communicable disease (including tuberculosis screening) shall be obtained from the physician prior to enrollment unless exception is necessary. Each participant shall provide a name and number of a physician to contact in the event of an emergency and for on-going care.

l. Written Individualized Plan of Care - The goal of the plan of care is to increase the functioning of the participant to the optimum level and maintain it at that level. The written plan of care shall reflect the individual's strengths, needs and problems and shall be developed by an inter-disciplinary team through a team conference. It shall include realistic, specific, verifiable and achievable

objectives, which are both long-term and short-term. Also to be identified are the services to be provided and responsible staff.

m. Service Documentation - Progress notes on each participant shall be written quarterly and shall reflect at least the plan of service, goals and objectives, and the participant's status in regard to the services. Treatment notes and notes on significant events shall be recorded according to professional standards, when appropriate.

n. Discharge Plan - Many participants take part in adult day care on a long-term basis. However, discharge plans are necessary and appropriate for those who will leave the program because of changes in need and functional status.

o. Evaluations - Evaluations provide information concerning the effectiveness in reaching established goals and objectives. Evaluation is a process whereby information is secured by the agency for making appropriate program or structural changes. Evaluations include an analysis of data collected, and a comparison to the planned expectations and actual achievements, based on prevailing community standards of care.

The administrator of the adult day care program is responsible for seeing that the program evaluation is done on a regular basis with reporting to the governing body. The governing body must ensure that evaluations result in positive and constructive actions for improving agency effectiveness.

The program evaluation may be conducted either internally or externally. It is recommended that internal evaluation include individuals not directly affiliated with the center. For external evaluations, it is recommended that composition of the multi-disciplinary team include persons having expertise with the specialized populations being served.

The evaluation process selected by the agency shall examine the adult day care program on three levels: the caregiver/participant/staff level; the agency program level; and the community level. The evaluation shall include resources invested, the productivity of performance, and the resulting benefits.

Each adult day care program shall have a written plan for the evaluation of its operation and services. The program's goals and objectives shall be reviewed at least annually, but not all evaluation components need to be done that often. The plan shall include:

1) The purpose and reason for the evaluation;
2) The timetable for initiating and completing the evaluation;
3) The parties to be involved; and,
4) The areas that will be addressed.

2. Location of Service

a. A day care center for adults should be located close to the population it serves.

b. A telephone shall be readily available to staff in emergencies.

c. The center shall use rooms that are appropriately ventilated, with proper lighting.

d. The center must meet all applicable handicapped accessibility standards.

e. There must be adequate heating and cooling to maintain a comfortable temperature. All heating and cooling equipment must be adequately protected so that participants cannot come in direct contact with equipment.

f. Drinking water from a source approved by the Mississippi State Department of Health Department (MSDH) and supplied by sanitary means must be located in or near the rooms usually occupied by participants.

g. Adequate bathroom facilities, including hand washing basin, must be readily accessible from the areas where most of the center activities take place. Paper towels must be available in all bathrooms.

h. Isolation space must be available in which a sick or upset participant can be cared for temporarily.

i. Floors and walls must be free from dampness and odors and must be kept clean.

j. The building must be approved by the local fire department to be free from fire hazards; the facility must also be approved by the MSDH for sanitation and for other health protective measures. Certification of approval must be visibly located in the center.

k. There must be at least two (2) exits and the exit doors must open outward.

3. Access to Service

The client may enter the service system through an appropriate referral.

4. Delivery Characteristics

a. Each client record must include:

1) Emergency contact person's name and telephone number;
2) Approval/termination for services;
3) Consumer Information Form which contains Confidentiality and Authorization Release;
4) Medical health, special dietary needs, and impairments; and,
5) A plan of care.

b. Services shall be provided a minimum of five (5) days a week and at least four to eight hours a day.

c. The adult day care center will develop with the client a mutually agreed upon plan of care based on assessment of the client's need and resources.

d. All staff shall participate in each individual's plan of care, established during the assessment and reassessment to achieve the goals set for individual through planed objectives.

e. There shall be one staff member assigned to provide care for every ten adult day care participants, depending upon the physical capabilities of the clients. {Preferably the ratio is a minimum of one (1) six (6)}

f. The adult day care center shall have access to nursing services if a registered nurse is not on staff at the center. Access to nursing services can be attained through contractual agreements, the use of volunteers (retired registered nurses) or the use of nursing school supervisors.

5. Staffing

a. There must be a person designated to be responsible for the day-to-day operations of the center.

b. There must be adequate staff to accomplish the purpose of the program.

c. All staff members must be emotionally and physically fit to care for persons who have physical and/or mental limitations.

d. All persons employed by the center must provide evidence of a current or annual physical/medical examination.

e. The staff shall be qualified by demonstrated competence, specialized background, education and experience as outlined in specific job descriptions.

f. Volunteers must be trained and must meet minimum requirements established by the provider.

g. All staff shall have completed First Aid, CPR, and Heimlich Technique class, or definite plans must be made for this training to be included as part of an in-service program.

h. The adult day care provider shall check the references on all employees and volunteers.

i. A minimum of eight hours per year in-service training shall be provided, preferably quarterly, and must be appropriate to staff job function and participant care needs.

j. Personnel files shall contain a copy of a current license or certification if applicable to the staff position, and certification of CPR and First Aid training.

k. Employee background check is required, due to the increase in adult abuse, child abuse, terrorist acts and false or inflated information supplied by job applicants.

6. Prohibited Service Activities

Only a licensed health care professional can provide nursing care, medical services, or medication, as long as these activities are part of the client's approved plan of care.

7. Qualifications

Qualifications outlined in the *Adult Day Care 1990 Proposed Standards will apply to anyone hired after October 17, 1990.* A waiver of exception can be requested from the Division of Aging and Adult Services.

a. Program Director - (also known as center manager, site manager, center director, center coordinator)

Under the direction of the Administrator, the Program Director organizes implements and coordinates the daily operation of the Adult Day Care program in accordance with participants' needs and any mandatory requirements. The Program Director shall have a Bachelor's Degree in health, social services, or a related field, with one year's supervisory experience (full-time or equivalent) in a social or health service setting. Sample duties may include supervision of, or direct responsibility for, the

following:

1) Planning the day care program to meet individual needs of the participants, liaison with community agencies, and provision of services to individuals and families when necessary.
2) Coordinating the development and on-going review and monitoring of participants' individual plan of care, and making necessary program adjustments.
3) Establishment, maintenance and monitoring internal management systems to facilitate scheduling and coordination of services, and for the collection of pertinent participant data.
4) Recruitment, hiring and general supervision of all staff, volunteers, and contractors.
5) Training and utilization of volunteers with consideration of their individual talents and program activities to work effectively with the day care program.

b. Social Worker - Shall have a Master's Degree in social work and at least one year of professional work experience (full-time or the equivalent) or a Bachelor's Degree and three years experience in a health or social service setting. (All social workers must be licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists.)

c. Nurse - Shall be a licensed registered nurse or hold a Bachelor's Degree in nursing (BSN) with valid state credentials and a minimum of one year applicable experience (full-time or equivalent) in working with the aged and disabled.

d. Activities Coordinator - Shall have a Bachelor's Degree plus one (1) year of experience (full-time or equivalent) in social or health services.

e. Program Assistant/Aide - Shall have one(1) or more years of experience in working with the aged and disabled in a health care or social service setting.

f. Secretary/Bookkeeping - Shall have at least a high school diploma or equivalent and skills and training to carry out the duties of the position. Preferably a Bachelor's Degree in Accounting or high school diploma and five (5) years experience in Accounting.

g. Driver - Shall have a valid and appropriate state driver's license, a safe driving record and training in First Aid and CPR (cardiopulmonary resuscitation.)

h. Custodian - Shall be knowledgeable and experienced in maintaining a service

facility.

i. Volunteers - Shall be individuals or groups who desire to work with Adult Day Care participants and shall take part in program orientation and training. The duties of volunteers shall be mutually determined by volunteers and staff. Duties shall either supplement staff in established activities or provide additional services for which the volunteer has special talents.

8. Personnel Management

a. There shall be a description of behaviors that will not be allowed, the number of infractions that constitute reasons for termination of services, and hearing procedures for the Center.

b. There shall be a termination and grievance procedure outlining conditions under which staff will be removed from the Center's services.

9. Monitoring

The Mississippi Department of Human Services, Office of Monitoring shall monitor the Adult Day Care Program three (3) times a year and at least every six (6) months.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.2 CASE MANAGEMENT

A. Definition and Objective

Case Management is the term used to describe the many approaches needed to meet the service needs of individuals who are at risk for institutionalization. Case Management is a central issue in the provision of health and social services to aged and disabled individuals. It is the mechanism by which services are coordinated and monitored to these individuals in an effort to provide continuity of care and avoid costly duplication of services.

The main objective of Case Management is continuity of services. Ideally, Case Management provides the comprehensive assessment by which an individual's needs for services are determined, arranges for those services in an organized and coordinated way to meet goals and objectives of an individualized service plan, and periodically monitors and reevaluates progress in the attainment of those goals.

B Eligibility

To be eligible for Case Management Services, individuals must be 60 or older and receiving a Level II score of 22 or above on the DAAS Consumer Information Form. Spouses of case-managed clients are eligible if under 60 and disabled. Information gathered during the assessment process must meet at least four (4) of the following criteria:

1. Without intervention, the client is at risk of inappropriate nursing home placement.
2. The client is suffering a recent loss of a significant other (spouse, etc).
3. The client's need for assistance with activities of daily living (ADL) exceeds the help available from his/her natural support system.
4. The client needs three or more services or has multiple disabling problems.
5. The client's behavior is too difficult for family members to manage.
6. The client is isolated or homebound.
7. The client has unresolved medical, social, or psychological problems.
8. The client has a frail or non-existent support system.
9. The client is unable to access the Aging service system.
10. The client is inappropriately institutionalized.

C. Units of Service

A unit of service equals one (1) case managed hour and includes all activities carried out by the case manager that relate to a client's case. This shall include any travel relating to the client or the case record. One (1) hour of service activity may be counted as a unit of service when a medical assessment is paid out of case management funds.

D. Case Management Program Requirements

All state and local service providers offering case management service under Title III and SSBG must adhere to the following:

All clients are to be entered into the State Approved Client Tracking System no later than 10 working days.

1. Service Activities

Phase I: Entry

a. Screening: The initial procedure to determine the following:

1) Eligibility for various services based upon socioeconomic data and functional impairment;
2) Whether the client is receiving an appropriate level of service; and,
3) A database of service recipients.

The case manager must complete the Consumer Information Form for hospital patients within one working day upon receipt of the referral. Persons in the community must be screened within three working days upon receipt of the referral. In emergencies, the screening must be completed within a 24-hour period. Exceptions will be granted with sufficient justification. (An exception to the three days and the 24-hour period is if the Case Manger is at a maximum caseload and has a waiting list. Case Managers must then refer clients to Information and Referral for referral to formal services or make the appropriate referral to formal services.)

b. Intake: The process by which the program has committed to serve the individual in the planning process. At the time of admission into the program, the client will be informed verbally and in writing of the following rights. The client shall:

1) Participate in the development, revision and termination of the plan of care; be informed of all case management services to be provided, and when and how services will be provided;
2) Be given the name, address, telephone number, and function of any person or agency providing care or services to the client;
3) Be given the name, address and telephone number of the designated case manager contact to ask questions, express complaints, report absence of workers, and seek aid in emergencies; (business cards or any other type of communication should be available.)
4) Have the right to refuse any portion of the plan of care; however, refusal of services may cause termination of case management services;
5) Have the right to recommend changes in service or policy to program staff, Area Agency on Aging staff, and State Office staff;
6) Be encouraged to exercise his/her rights to voice complaints and to seek protection from mental, physical and financial abuse, mistreatment and neglect;
7) Be informed both verbally and in writing of the agency's complaint procedures;
8) Be informed of his/her right to review his/her case record;
9) Be discharged from the program according to the discharge procedures stated in the Quality Assurance Standards;
10) Be treated with respect, consideration and full recognition of his/her dignity and individuality;
11) Be shown proper and current identification by any person providing service in their home, (name tags, badges);
12) Have his/her wishes respected regarding home environment and possessions;
13) Be entitled to expect persons coming into the home will exhibit

appropriate standards of behavior; and,

14) Be assured of confidentiality regarding his/her case records.

Phase II: Assessment

Assessment provides the fundamental information upon which all other aspects of case management services are based. A comprehensive assessment must be completed within five (5) working days after completion of the screening. A comprehensive assessment involves obtaining adequate information for implementing plan of care and meeting the informational needs of the assessment.

Phase III: Client Goal Setting and Service Planning

The formulation of goals and objectives should take place with each client. This enables the client to have an active role in attempting to solve his/her problems. The goals need to be specific, attainable and compatible with the goals of the program. The type of service offered to the client needs to be based on the long range goals or objectives of the client. The plan of care is focused on the needs of the individual, such as activities of daily living. Additional needs of the client also warrant inspection and include counseling, day care and socialization services. Resource Development and Coordination at the community level serves to limit duplication, assist in client targeting, maximize use of limited funds, identify community priorities, and most importantly, to maximize informal support system.

Phase IV: Plan of Care Implementation

Plan of Care implementation is the follow-through of the objectives that have been stated. The individualized plan for service delivery is based on the assessment of the clients' needs and on resource availability.

Phase V: Review and Evaluation of Client's Status

Reassessment is necessary to determine if the services being rendered need to be modified, replaced or terminated. Case management is time limited and parameters need to be established for reassessment of the client's condition, reassessment of the effectiveness of the plan and termination of case management activities. This review is to be completed annually.

Termination of Case-Managed Client:

A client will be terminated from case management services for any of the following reasons:

1) The client or his/her legal representative requests termination;

2) The client no longer meets program eligibility;
3) The client refuses to accept services; or,
4) The client is not available for services after thirty days (30).

Each client or legal representative will be informed in writing via the (DAAS-106 Notice of Determination of Service) of the reason(s) for termination ten (10) working days prior to termination. Clients will also be informed of their rights to a hearing.

The case manager will assist the client in seeking appropriate care or services, and if necessary, will link the client with the local ombudsman to ease the client's transition into a nursing facility or other long term care facility.

2. Location of Services

Case Management services are to be provided in the home of the client.

3. Access to Services

A client may enter the system at any time through an appropriate referral.

4. Delivery Characteristics

a. The Case Manager shall have control of client records that will be housed in the Case Manager's office. Each client will have a case record that is legible, either handwritten or typed, that will include the following:

1) DAAS-Screening Form - completed annually.
2) DAAS-Assessment - completed at initial intake and annually at the time of recertification. Reassessments and updates may be made more frequently if the client's condition warrants a new assessment.
3) Notice of Determination of Service (DAAS-106) - completed initially to inform the client or legal representative of his/her approval or denial for services. It is also completed any time when services have been reduced or terminated. A copy of the notice will be placed in the case record.
4) Comprehensive Plan of Care DAAS-107 - completed at the initial intake. If changes occur prior to the annual review, update and document in case worker's monthly review. This must include the client's signature which indicates consent to participate in the program. When annual review is completed, "Signature on File" will be placed on signature line.
5) Authorization to Release Health/Medical Information (DAAS-105) completed at the time of the initial assessment.
6) Referral and Response for Services (DAAS-104) - completed for services identified in the plan of care. The original is to be mailed to

the potential service provider and a copy will remain in the case record until the response is received and becomes a part of the case record.

7) Medical Assessment (DAAS-101) - to be completed initially by the client's' physician or medical staff person designated by physician.
8) Activity and Units of Service (DAAS-103) - contains documentation of clients' progress, service activities, and units of service for all case management activities. This form also includes documentation of home visits and telephone contacts with the client or service providers, on behalf of the client. Documentation is to be completed within 48 hours of the service activity. The exception will be weekends and holidays when documentation is to be completed the following workday.
9) General Correspondence - Any written communication to or from the informal network on the client's behalf.

b. Services are available, but not limited to, five (5) days per week, between 8:00 a.m. and 5:00 p.m.

c. Case Record Filing System

Material to be filed on the left side (top to bottom):

1) DAAS screening;
2) Signed copy of clients' rights;
3) DAAS 107 - Comprehensive Plan of Care;
4) General Correspondence;
5) DAAS-109 - Referral and Response;
6) DAAS-105 - Authorization to Release Health/Medical Information;
7) DAAS-106 - Notice of Determination/Termination of service. At termination of services, this form will be filed on top to document that case has been closed.

Note: The DAAS- screening and DAAS - 107 Comprehensive Plan of Care, will be filed with the most current form on top.

Material to be filed on the right side (top to bottom):

1) DAAS-103 - Progress and Assessment Notes;
2) DAAS-104 - Reassessment;
3) DAAS Assessment Instrument; and,
4) DAAS-101 - Medical Assessment.

Note: The current DAAS-103 - Progress and Assessment notes will be filed on top.

d. Client/Caregiver Satisfaction Survey, DAAS-108 - Survey 20% of clients

for client/caregiver satisfaction annually and keep survey in client file or in a separate file. Send a copy to the Division of Aging and Adult Services Case Management Administrator.

e. Case Record Retention - A confidential case record will be maintained on each client served and will be protected from damage, theft, and unauthorized inspection by being in a locked/secured cabinet. All client records will be retained for three (3) years after client termination from the program. The case records will be disposed of in a way that will not affect the client or family confidentiality, i.e., shredding or burning.

5. Staffing

a. Case Management Supervisor

1) General Statement of Duties:
This is an administrative position involving the planning, direction, and administration of the case management program. Supervision of the case manager is a function that is required to ensure that all components of case management are carried out according to the Quality Assurance Standards. Case management supervisors shall operate under the same training and educational requirements as the case manager, and they must meet the qualifications for case managers plus two (2) years of supervisory experience in working with the aged and disabled.

2) Responsibilities:
Work involves the application of experienced professional casework and knowledge in staff supervision. Emphasis of work is on planning and program objectives, supervision of casework, staff, evaluation and monitoring of case managers and the services they provide. Work is performed under the general direction of the agency director and is evaluated through written reports, personal conferences, and through the attainment of individual performance objectives.

3) Illustrative Tasks:
Plan, assign and supervise the work of case management staff; participate in the hiring and training process; set individual performance objectives; and evaluate employees' performance.

Participate with administrative staff in the development of programs and services to resolve the needs of recipients; identify advantages and disadvantages of individual programs and services, and recommend program changes to enhance their effectiveness.

Review caseloads and case records of staff each quarter; hold

regularly scheduled staff meetings with case management staff to discuss problems and/or successes of the program.

Monitor and evaluate program and service activities to ensure the quantity and quality of staff services meets agency requirements, program objectives, and professional standards.

Attend conferences, seminars, and professional meetings with service providers to provide or receive information concerning agency programs and services; plan for cooperative interagency relations; remain abreast of current knowledge, trends and developments in the needs of aged and disabled individuals; and perform public speaking as required.
Establish and maintain effective communication and working relationships with agencies, community groups, and other public/private service agency providers.

Other supervisory activities include:

a. Induction of new agency case managers;
b. Assessing and understanding the personal strengths, weaknesses, and areas of competency of each case manager;
c. Dealing with staff problems as related to service delivery;
d. Reviewing cases for consistency and quality of services, and record keeping;
e. Serving as a liaison between case managers and agency administration;
f. Maintaining the flow of communication; and,
g. Performing related work as required.

b. Case Manager

1) General Statement of Duties
Provide a systematic process of service planning, monitoring, and follow-up to properly meet the needs of individuals who meet the requirements for the Home and Community Based Program.
2) Responsibilities:
The case manager is responsible for conducting alone, or as a part of a team, assessments and reassessments, and developing plan of care. The case manager is also responsible for the following activities:

a Assessment of the assigned client, developing and initiating

an appropriate plan of care, arranging for the provision of services, and monitoring each plan of care;

b. Coordinating the efforts of family, friends, or volunteers to provide services to clients;

c. Contacting potential service providers to negotiate delivery of services, preparing written referrals to community service agencies, exploring the availability and quality of services, eligibility criteria, and the accessibility of services to the client;

d. Arranging for and attending case conferences as needed;

e. When appropriate, assisting clients and support systems on a short-term basis;

f. Maximizing and coordinating appropriate informal and community resources;

g. Monitoring and reviewing continued appropriateness of plan of care, making revisions where necessary; visiting in the home of the client at least monthly;

h. Maintaining complete documentation of clients' progress and interaction with service providers, according to the case management documentation standards; completing all applications, forms, and additional documentation as required; and,

i. Providing follow-along to ensure quality of care with case reviews that will focus on the individual's progress in meeting goals and objectives established through the plan of care.

A Case Manager shall maintain an average, active caseload of 60 clients. A Case Manager who serves as supervisor of case managers shall maintain an active caseload of 50 clients.

3) Qualifications

Case Manager

a. Education:

1) Master's degree in a behavioral or health related science and two (2) years of related work experience;
2) A Bachelor's degree in a behavioral or related science and two (2) years of related work experience;
3) A Bachelor's degree in any field and four (4) years

of related work experience in a human services field preferred, or equivalent experience with the elderly or in case management or social services can be substituted; and,

4) A license to practice as a social worker or nurse in the State of Mississippi with a Bachelor's degree in social work or related field and at least two (2) years of full-time experience in direct services to the aged and disabled clients.

b Knowledge:

1) Thorough knowledge of the principles, practices, procedures, and techniques of professional Social Work and Nursing;
2) Knowledge and understanding of psychological, social, health, rehabilitation principles, practices, and economic factors influencing the attitudes and behavior of individuals and families;
3) Knowledge of community resources available to individuals and families, and an interest in mobilizing the specialized function into a more coordinated and comprehensive system;
4) Knowledge and skill in interviewing and assessment techniques; and,
5) Ability to work in a team relationship.

6. Training:

Case management supervisors and case managers are required to complete the following training:

a. All new case management staff must receive agency induction training and in-service education, or staff development as required by the Area Agency on Aging and/or the service provider.
b. All case management staff are mandated to participate in orientation and training activities scheduled by the Division of Aging and Adult Services Case Management Administrator and any other training activities designated by the Case Management Administrator. Orientation shall include:

1) Introduction to the agency and the organization of the Aging network;
2) Overview of the program history, intent and target population;
3) Introduction to community resources;

4) Review of agencies and services, policies, procedures, and applicable service regulations.

c. New case management staff shall participate in a program orientation by the Case Management Administrator and a minimum two (2) day field training experience under the supervision of a case manager at the designated training site.

d. Agencies providing case management must have a system in place for identifying the training needs of staff. This training is provided to help staff in performing their case management activities.

e. Field training experience for case managers and case management staff shall include:

1) Observing and working with a designated case manager(s) specifically receiving training on how to perform all case management functions, including home visits;
2) Completion of all required forms;
3) Development of a comprehensive plan of care based upon client needs; and,
4) Protocol for working with any agency staff in arranging services.

f. Ongoing training will be provided to all case management staff to enhance their knowledge and skills through in-service training, conferences and workshops, and academic course work.

All training activities shall be documented by the Area Agency on Aging and shall be made available to the Division of Aging and Adult Services Case Management Administrator upon request.

7. Monitoring, Evaluation and Reporting

Monitoring includes performing necessary activities to determine the delivery of case management activities.

a. The Office of Monitoring and Evaluation shall monitor case management annually with periodic reviews at the discretion of the Division of Aging and Adult Services.

b. The Case Management Supervisor shall monitor and evaluate case managers annually.

c. The Area Agency on Aging shall monitor the case management program and/or case management service provider annually.

d. The Division of Aging and Adult Services case management quarterly reporting form is to be completed within five (5) working days after the end of each quarter. It will then be mailed to the Case Management

Administrator within ten working days after the end of the quarter.

8. Personnel Management

The Area Agency on Aging and/or provider agency shall have a personnel management system in place to include the following:

a. A written job description and a listing of qualifications for all case management staff;
b. An established wage scale for each job category; and,
c. Written personnel policies that include at a minimum:

1) Recruitment and selection process;
2) Benefits;
3) Leaves and absences;
4) Hours of employment or methods of scheduling;
5) Evaluation procedures to include a copy of the performance assessment;
6) Discipline or termination procedures; and,
7) Grievance procedures/appeal process.

d Personnel policy and procedures shall be made available to the Division of Aging and Adult Services Case Management Administrator upon request.

9. Prohibited Case Manager Services Activities:

a. Direct services other than case management are not to be provided by the case manager;
b. Lending or borrowing money or articles, to or from the clients;
c. Driving or riding in the client's automobile;
d. Transporting the client in the case manager's automobile;
e Smoking in the client's home;
f. Breach of client's confidentiality; and,
g. Consumption of alcoholic beverages in the client's home or prior to service delivery.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.3 **Congregate Meals**

Bulk, Emergency
Pre-plated and
Frozen Meals

Revised 2010

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A. Definition, Purpose, and Legal Basis

1. Definition - At least one hot or other appropriate meal provided to an eligible person in a congregate setting which (*Older Americans Act of 1965*, as amended *(OAA)*, Section 331(1)):

    a. Is offered at least five or more days a week unless, with documented annual state approval, it is deemed such frequency is not feasible secondary to a rural location; and
    b. Can be offered at breakfast, lunch and/ or dinner; and
    c. Is identified by a printed menu, signed and dated by the Registered, Licensed Dietitian who created it, which is posted at least two weeks in advance; and
    d. Complies with the most recent *Dietary Guidelines for Americans* published by the Secretaries of the United States Department of Health and Human Services and the United States Department of Agriculture (*OAA*, Section 339(1)); and
    e. Provides a minimum of thirty-three and one-third percent (33⅓%) of the dietary reference intakes (DRIs) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences (*OAA*, Section 339(2)(A)); and
    f. Is served in a congregate setting opened at a minimum of three (3) hours a day, as defined as locations where individuals can engage in social interaction, or various other activities and services such as rehabilitative and supportive services; which can include adult day care centers and multi-generational meal sites; and
    g. That setting provides nutrition education, nutrition screening and other nutrition services such as nutrition counseling, as appropriate, based on the needs of program participants.

2. Purpose

    a. To reduce hunger and food insecurity; and
    b. To promote socialization of older individuals; and
    c. To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

3. Legal Basis

a. The legal basis for the operation of the Elderly Nutrition Program is found in the *Older Americans Act of 1965*, as amended *(OAA)*, Title III, Part C; and the *Code of Federal Regulations*, Title 45, Part 1321, as amended (*45 CFR Part 1321*).

b. NSIP - Section 311 authorizes the Nutrition Services Incentive Program known as NSIP, which provides supplemental funding for congregate and home delivered meals served under Title III in the form of cash in lieu of commodity foods to provide incentives for the effective delivery of nutritious meals to older adults, for meals which meet OAA requirements. NSIP funds may only be used for the purchase of United States produced agricultural commodities and other foods.

(1) NSIP funds are no longer under USDA oversight and should not be referred to as a USDA program or USDA reimbursement. (The Consolidated Appropriations Resolution, 2003, Public Law 108-7, amended the OAA to transfer the NSIP from the USDA to the Administration of Aging (AoA) within the Department of Health and Human Services. (Sec.311, OAA 2000)).

(2) The AAA MAY use NSIP funds for food purchases from U.S. sources, or as in the case of vendor-contracted meals at a set price, in general up to 1/3 of the cost of an entire eligible meal including transportation and labor; served to eligible participants.

A meal is required to meet the OAA nutrition requirements stated in Part 1, Section 1 of this document and served to individuals who meet the eligibility requirements stated in Part II, Eligibility,and who is not means tested; and those individuals are provided the opportunity to voluntarily contribute to the cost of service.

(3) The AAA MAY NOT use NSIP funds for the following:
Incomplete meals IF an alternate vendor is NOT used to fill the shortages or complete the meal;
Second meals/helpings served to participants or
Any meals served to guests or staff under 60 years of age or to anyone else who is not an eligible participant, regardless of age or circumstances.
Any means tested programs such as Medicaid waiver and CACFP.

c. Title XIX Medicaid waiver- While a home-delivered meal funded by the Medicaid waiver program does not fall under Title III standards, a client **may not receive a duplication of services** in the form of a meal from both Medicaid waiver and Title III. If a participant qualifies for a meal under Medicaid waiver, this will be the first and only choice for meal funding. If they are not deemed eligible for Medicaid waiver they can be assessed for a meal under Title III. This is effective for both Title III home-delivered and congregate meal service.

d. AAAs are required in their area plans to establish procedures for coordination

of services with entities conducting other federal or federally assisted programs for older individuals at the local level, and shall include language addressing how they will prevent duplication of meal service between these two programs and how they will monitor this. (Sec. 306 (42 U.S.C. 3026))

B. Eligibility (*OAA*, Section 307(a)(13)(A) and (I))

Congregate nutrition services shall be available to eligible persons, particularly those in greatest economic and social need, including low-income minority older individuals, older individuals with limited English proficiency and those at nutritional risk.

1. Except when noted in Section (c) below, when eligibility is determined and documented by an active Consumer Information Form (CIF) on file and/or documented in the current state approved client tracking system, congregate meals will be provided to:

    a. Any person 60 years of age or older; and
    b. The spouse of an eligible person, regardless of age (with a notation on the screening form that he/she is the spouse of a 60+ participant), however;
    c. In the event funding is such that there are not enough congregate meal allotments for all persons aged 60 or older who apply, the priority services waiting list guidelines set forth by each AAA will serve to determine services.

2. Provided all the above eligible potential service recipients needs are met, congregate nutrition services MAY be made available to:

    a. Disabled persons*, regardless of age (with a notation on the screening form specifying circumstances), when:

        (1) The disabled person resides in housing facilities occupied primarily by older persons at which congregate nutrition services are provided; or
        (2) The disabled person resides at home with and accompanies an eligible participant to the congregate site; and

    b. Volunteers, regardless of age, who provide meal-related services regularly during meal hours IF his/her having a meal does not deprive an eligible older person from having a meal, they sign the meal sign in sheet and meet the criteria established in Section M. Records.

*A disability is defined as a mental or physical impairment, or a combination of mental and physical impairment(s), that results in substantial functional limitations in one or more areas of major life activity such as self-care, learning, mobility, capacity for independent living, cognitive functioning, etc.

3. A meal MAY be offered to paid staff members and/or guests of any age *ONLY IF*:

a. The staff member/guest pays the full cost of the meal; and

b. An eligible person will not be deprived of a meal.

4. Termination from the Program – Each AAA will establish a system delineating the criteria for termination of a participant from the congregate meals program. Once a participant is placed on the program, they cannot be terminated without sufficient rationale. This rationale will be documented on the participant's Consumer Information Form. Recommendation for termination can be made by program staff with approval from the AAA director. This information will be found in the AAA Area Plan, updated annually or as needed.

C. Unit of Service

1. Meals – One meal served to an eligible person is one unit of service. Except as described in Section H, Irregular Situations, Title III C-1 money may not be used for second meals.
2. Nutrition Education - Entered into the current state approved client tracking system, defined as one unit per attendee per session as a nutrition education unit, for required NAPIS reporting.
3. Nutrition Counseling – Entered into the current state approved client tracking system, is defined as one individualized session per participant, and required on NAPIS reporting.

D. Support Activities

1. Nutrition Screening-(OAA, Section 339(2)(J))

What and When - Nutrition screening is completed on every recipient of the OAA Nutrition Program through the Nutrition Risk Assessment of the Consumer Information Form (CIF) and/or current state approved client tracking system and updated at a minimum annually. The Nutrition Risk Assessment is comprised of the twelve questions in this section. Two scores are derived from the CIF.

a. A Nutritional Risk Assessment score, with a possibility of 0 to 6 points, indicates the potential for nutritional concerns and risk. Nutrition risk scores are a required field and compiled and filed for the NAPIS report. This score contributes to the Total Consumer score.
b. The Total Consumer score, which is the sum of all scores on the CIF, will determine participant level of services, including meal service.
c. A Nutrition Risk Assessment Score of 6 or greater, which is defined as high risk by the OAA, signals the need for further nutrition intervention, such as referral to a medical doctor, or registered dietitian for nutritional assessment and counseling. A diagnosis of diabetes automatically places the participant at high nutritional risk with a score of 6.

2. Nutrition Education (*OAA*, Section 330 (3), 331 (3) (339 (J))

a. What- Nutrition education is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health, as it relates to nutrition, information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a registered dietitian or individual of comparable expertise. In addition, community nutrition resources and services shall be provided.

When and by Who - Nutrition education shall be provided to participants in a group setting at least quarterly. Nutrition education shall be planned/scheduled by the nutrition coordinator/service provider and presented by a registered dietitian, county extension agent, or other qualified person, using printed material, demonstrations, audio-visual presentations, lectures, and/or small group discussions.

b. Documentation of the topic, presenter, number of attendees, and date of nutrition education shall be retained at the AAA and may be kept at the site as well; and

c. Entered into current state approved client tracking system or other form of documentation as one unit per attendee per presentation as a nutrition education unit, for required NAPIS reporting.

d. Expenses, if any, shall be anticipated and included in the program budget.

3. Nutrition Assessment and Counseling (336, 339 (J)) NOTE: THE ACTIVITIES IN THE FOLLOWING SECTION ARE RECOMMENDED BY THE NEWEST REVISION TO THE OLDER AMERICANS ACT, HOWEVER DUE TO LIMITED FUNDING AND RESOURCES, MAY NOT BE FEASIBLE AT THIS TIME. WHILE THESE ACTIVITIES ARE NOT REQUIRED, DEVELOPMENT IS ENCOURAGED.

a. What and When –

(1) A more specialized activity, which may be included as a component of the nutrition education program. The provision of professional, individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian (RD, LD), working with the individual's physician as appropriate, in accordance with state law and policy.

(2) Participants who are designated at high nutritional risk on the Nutrition Risk Assessment section of the Consumer Information Form (CIF), through scoring a 6 or above, or have a diagnosis of Diabetes Mellitus are candidates for follow-up nutrition assessment and counseling.

(3) Participants at high nutritional risk shall be referred to the appropriate health professional within six months of entry into service.

b. Who and How –

(1) At this time, individual dietary evaluation and counseling for therapeutic needs is not provided directly. Clients needing these services are to be referred to a local hospital, their private physician or registered dietitian. The AAA will assist in making this referral.
(2) As this component of the OAA Nutrition Program is developing, clients may be referred to their individual physician until funding and/or contract services with a Registered Dietitian (RD, LD) are available.
(3) The health care provider may choose to follow-up though his/her office, or refer the participant to a Register Dietitian.
(4) The AAA/service provider may partner with a Registered Dietitian (RD/LD) through the local hospital, medical groups or private contractors.
(5) Participants with a diagnosis of diabetes may be referred to a Registered Dietitian, certified diabetic educator or a local diabetes self-management class.

c. A notation will be made on the CIF and/or the current state approved client tracking system in the notes section, stating to whom the client was referred and the date referred.

4. Social Activities - Games, outings, art appreciation, gardening, crafts, fitness programs, site clubs, etc. shall be demonstrated by a list or calendar of monthly activities.

5. Contributions (*OAA*, Section 307(a)(13)(C)(i)(ii); *45 CFR*, 1321.67) - Participants shall be encouraged and provided an opportunity to contribute voluntarily and confidentially to the cost of the meals for the express purpose of expanding nutrition services. AAAs/service providers may develop and post a suggested contribution schedule for meals, but shall not deny any eligible person a meal if he/she is unable or unwilling to contribute to the cost of the meal service. Minimally, signage noting that donations are accepted and there is a box for cash donations visible in the meal dining area.

a. Safekeeping and Accountability - Contributions shall be safeguarded against loss, mishandling, or theft. Each congregate site shall have a lock box with a space in the top or other appropriate container into which contributions may be placed confidentially. The container shall be kept locked at all times, except at set times, preferably weekly, when two people shall access the box, count the contributions, and certify the amount. Between meal hours, the container shall be stored in a secure place.

b. Direct Services Documentation - For those AAAs who provide direct services, site personnel shall purchase a money order or cashier's check, indicate on it the service that generated the income (congregate meals and/or home-delivered meals), and forward it to the AAA/PDD.

c. Indirect Services Documentation - For those AAAs who provide indirect services, site personnel shall certify the program income, indicate the service from which the income was generated (congregate and/or home-delivered), and forward the income to the service provider who shall, in turn, forward a contribution report to the AAA/PDD.

E. Location (*OAA,* Section 307(a)(13)(D))

Congregate nutrition sites shall be located at approved private or public community facilities, and meeting rooms, particularly churches, schools, community centers, and senior centers that meet the following requirements:

1. Are clean and neat and have adequate lighting, heating, cooling, and ventilation;
2. Meet all applicable state and local health, fire, safety, building, zoning, and sanitation laws, ordinances, and codes and have annual inspections by the local fire and *health authorities (with a plan for corrective action if deficiencies are noted).

   Requirements for the safe and sanitary facilities and food handling are described in the 2009 USDA Food Code and the DAAS Food Safety and Sanitation Manual for the Older Americans Act Nutrition Program.

   Current health inspection documentation and fire inspection documentation must be posted at each facility or kept in a secure location at the facility, available on request. It is the responsibility of the AAA to insure that inspections are kept current by calling the inspecting entity to make an appointment for inspection, if it is about to expire. A cost may be incurred for the inspection and program costs should be anticipated.

3. Required Equipment on Site
   a. If bulk meals are served, the site must have a kitchen or approved area for the set-up and dispensing of bulk meals and a three-compartment sink or approved alternative sink set up as specified in The Food Safety and Sanitation Manual for washing, rinsing, and sanitizing utensils.

   b. Congregate sites where frozen meals are stored, reheated/cooked, and served to participants and hot food/bulk, pre-plated sites may need to be reheated must have:

      Freezer(s) with the capacity to hold five (5) days of frozen meals for all participants served from that site(including those for homebound if their meals are not delivered immediately upon receipt from vendor). The frozen meals may be removed from the outer delivery boxes and stacked in the freezer(s) by meal, by day (e.g. all of Monday's together, all of Tuesday's together, etc) to ensure that all congregate participants receive the identical meal on the same day and consume the week's variety of nutrients as planned by the vendor's dietitian.
      Freezers must contain a freezer/refrigerator thermometer (not a food or oral thermometer) to ensure that a temperature between 0-20 Fahrenheit is maintained at all times. To ensure safety from contamination and /or theft freezers must remain locked at all times and a designated person responsible for the key.

   c. Oven(s), conventional and/or microwave, for reheating/cooking.

4. Are free of architectural barriers which limit the participation of older persons, including those with disabilities, to ensure compliance with the *Americans with*

Disabilities Act of 1990 (ADA) as related to the following:

a. Restrooms shall be adequate and accessible and contain toilet tissue, a soap dispenser (a hand-held, portable one is acceptable), disposable hand towels, and a waste container; and in addition, meet sanitation standards as outlined in the Food Safety and Sanitation manual.

b. Tables and chairs shall be sturdy and appropriate for eligible participants.

5. Have clearly marked exits that are obvious to the observer and have an evacuation plan posted of the room(s) used by the elderly participants. (Example: There could be a drawn diagram of the room(s) with "YOU ARE HERE" marked with an "X" and the exit doors clearly noted.)
6. Have adequate parking space;
7. Are approved by the Area Agency on Aging (AAA) with a completed and approved Site Inspection Report on file with the DAAS prior to opening a new site or relocating an established one; and
8. Will not be closed, temporarily or permanently, without the AAA notifying the DAAS and the vendor two (2) weeks prior, except in an emergency.

F. Access - An eligible person may enter the service system through appropriate referral.

In the event there is a waiting list for congregate meal service, fee-for-service options may be made available.

Fee-For-Service Meals – Meals purchased at full cost by a participant. These meals may not be counted as Title III meals for reporting purposes on NAPIS nor for NSIP purposes. The AAA may make available to individuals who meet the criteria for a congregate meal, and who are to be placed on a waiting list, the option of purchasing a congregate meal. The participant will pay for the full cost of meal until the participant no longer needs the meal and cancels the service; or they reach the top of the waiting list and subsequently stop paying for the meal. This information must be clearly documented on the Consumer Information Form.

G. Service Delivery

1. a. State Contract for Meals-Mississippi elects to contract with a sole statewide vendor through means of an open bid RFP process every three years. All meals provided through the Older Adult Nutrition Program must be provided by the vendor.
   b. The exception to this rule is the few adult day care sites which have been grandfathered in to provide self prepared meals. **The AAA must request a waiver annually in the area plan for these programs.**
   c. No other programs may start a self-preparation site as this weakens the state contract and value pricing. Existing self-preparation sites must meet all food safety and sanitation standards, have minimally an annual health department inspection, score and permit to operate and have a ***Servesafe*** certified employee present on duty during service and preparations hours. Serving a

high-risk population as in elderly day care clients, may warrant a health department inspection three times a year. This determination is left to the discretion of the local health department.

2. Times of Operation - Except for holidays designated by the DAAS, unforeseen emergency situations, or scheduled training, sites shall be open and meals shall be served five (5) days a week, 52 weeks a year, three (3) consecutive hours per day so that participants may eat a leisurely meal, enjoy social contact, and take advantage of supportive services.

   If it is not feasible or cost-effective to provide congregate nutrition service five (5) days a week due to location, lack of participation and/or transportation, etc., the AAA shall request approval annually from the DAAS for the site to be open less than five (5) days.

3. Minimum Meal Numbers - Sites shall serve a minimum average, over a five day period, of twenty (20) total meals (congregate and home-delivered combined) per day. This is a quality issue, and will not affect eligibility of the meal.

   a. Delivering less than twenty meals to a site is not cost effective, nor does the food, whether bulk or pre-plated, retain adequate temperatures to meet Health Code requirements. The vendor is not required to deliver to a site where an average of less than twenty meals are served however they are not restricted from entering into a mutual agreement with the AAA, if so agreed upon.

   b. To serve less than twenty (20) total meals at a site, the AAA shall provide a written justification annually and receive written approval from the DAAS.

   c. In the event a congregate site does not have the required 20 participants, if the rest of the participants are made up of home-delivered meals, there must be a clear documentation trail showing that the home-delivered meals are paid for from Title III, C-2 funds and the congregate meals from C-1.

4. Meal Orders/Meal Order Changes

   a. Meal Orders - Site personnel shall encourage participants to use a reservation system to accurately forecast and order meals and keep the number of unserved meals to a minimum. Meal orders shall be placed to the commissary via fax or e-mail (not the phone) by AAA nutrition coordinators/service providers only (not site managers).

      Meals ordered and not consumed by an eligible participant, including second meals, may not be paid for with Title III, C-1 funds, except as noted in Section ((H), (1), (d)) below.

   b. Meal Order Changes - Meal order changes must be made to the commissary via fax or e-mail only by AAA nutrition coordinators/service providers only (not site managers) no later than 2:00 p.m. on the day before the change is to take effect. The vendor is not expected to honor phone orders/order changes

or messages of any kind relayed through drivers.

5. Special Days - Congregate participants may have up to four (4) field trips per year, excluding times when the sites may be closed for an election, training, health fair, or other community activity. For those days when sites will be closed, AAAs/service providers shall order via fax or e-mail shelf-stable meals or picnic lunches for congregate participants at least two (2) weeks prior to the time they will be needed.

6. Portion Control

   a. Proper Utensils - Site personnel shall use only the utensils specified in the vendor's daily Site Serving Instructions guide to insure that each participant receives the proper serving size. If a utensil is lost or misplaced, the AAA nutrition coordinator/service provider/site manager shall request a replacement from the commissary office (not the driver) and it shall be sent with the driver the following day or, if it is not in stock at the time, as soon as it is received from the supplier.

   b. "Stretching"- Site personnel shall NOT "stretch" food to compensate for vendor shortage(s), unacceptable food items, or unexpected participant "drop ins," but shall use an alternate vendor (see below) to fill such shortages or unacceptable items and document the same.

      If it is not feasible to secure food from an alternate vendor, site personnel shall give properly measured meal components to as many participants vailable food will serve, using the utensils specified in the Site Serving Instructions guide and record the missing meal(s) or meal components as shortages.

   c. "Provide versus serve"- site personnel are no longer required to place all items on the plate if a participant requests that they do not receive a food item. Site personnel may provide a serving of all food items to each participant, and shall NOT "skip" giving all meal components to all participants; however, if a participant requests not to be given and/or refuse to eat a certain food item, the item does not have to be served on the plate. Participants have the right not to eat a meal or part of a meal, but site personnel may not cut back on orders of certain foods or milk or offer extras to another participant until it is refused. The correct amount of food for the number of participants must be ordered and provided.

H. Irregular Situations

1. Extra Meals/Second Meals - Whenever there is an extra congregate meal, it shall be taken to the following, if possible:
   a. A congregate participant too ill* to come to the site; or
   b. An eligible person on the home-delivered waiting list.
   c. Required documentation on the meal log is the name of the participant the meal was given to and social security number, (located on the CIF, which should be completed if the client is on a waiting list).

*If the congregate person is still ill after two weeks, he/she shall be reassessed for home-delivered service unless there is a doctor's statement indicating that the condition is temporary, in which case the congregate meal will be resumed when he/she returns to the site.

If it is not feasible to deliver the meal to one of the above, it may be given to:

d. A congregate participant, as a second helping, with a notation placed by his/her name on the Monthly Client Service Report that it is a second helping. This meal MAY NOT be claimed for Title III nor NSIP reimbursement as a second meal.

e. Second meals may only be paid for with Title III, C-1 funds if there is available, current documentation, at the site and AAA, designating this person has been assessed as severely underweight by a registered dietitian (RD, LD) or a Medical Doctor and would benefit from extra food. A reassessment by the above mentioned participant must be completed every 6 months to be considered current.

f. No senior may be denied a meal because another senior is receiving more than one meal.

2. Meal Exchange - While it should not be actively promoted nor become a common practice, it is within the custom of charity and good will to allow, in unusual circumstances, a well congregate participant to freely and temporarily "give up" his/her meal to an especially needy, eligible homebound person on the waiting list. In rare instances when this may be done, the meal shall be so documented. If the congregate person learns of the need and freely chooses to give his/her meal to the needy homebound person after he/she has already signed in at the site, a line should be drawn through his/her name and the name of the homebound person receiving the meal shall be entered on the home-delivered service log.

3. Take-Out Meals - Take-out congregate meals are not allowed. Congregate meals are intended to be eaten at the site and participants or their representatives shall NOT pick up and/or take meals from the site. Because of health, safety, and legal liability considerations resulting from possible foodborne illnesses, participants should be discouraged from taking *any* food leftover from their own or anyone else's meal from the site and made to understand that doing so is at their own risk.

Exceptions: Cake, cookies, bread, rolls, and fresh fruit MAY be taken from the site to eat later IF they are wrapped (Note: citrus fruit and bananas do not need to be wrapped). Wrapping material shall not be provided by the site, AAA, local service provider, or vendor.

4. Powdered milk - All congregate sites, even those serving frozen meals, should do everything in their power to serve fluid milk, as it has been shown consistently that the reconstituted milk is not being used, nor even being reconstituted. Sanitation concerns are frequently documented in centers that do reconstitute the powdered milk, and the milk is not made sufficiently ahead of time to chill to improve palatability.

Not consuming the milk does not benefit the nutritional status of the participant, which is a goal of the program.

a. In the event powdered milk must be used by a site, it first must be offered to the participants daily. It is in violation of the previous guideline to not provide the powdered milk. If it is refused every day in the week, it can then be offered to participants to be taken home as a non-perishable food item on Friday for use in cooking.

b. If powdered milk is taken home by congregate participants, the site shall provide a biannual nutrition education session on how to use powdered milk in recipes along with a demonstration taste testing and take home recipes.

5. Substitutions -Substitutions shall not arbitrarily be made by the vendor. In extreme and/or rare instances when a change must be made the manager will verify with the vendor dietitian that the substitution meets the nutritional specifications of the original food item(s). The vendor shall notify the State and the AAA Nutrition Coordinators of menu changes via phone, fax, e-mail, or other electronic means, as soon as possible. Documentation of substitutions must be noted on meal tickets by site manager.

I. Alternate Vendor

1. AAA Nutrition Coordinators/service providers/site managers may purchase meals or portions of meals from an alternate meal source to substitute for meals ineligible only in the following situations:

a. The vendor fails to deliver any meal(s)*, or an entree which is equal in value to an entire meal, or any other portion of the meal(s);
b. All or any portion of the meal(s) is deemed unacceptable, for any reason(s), including time temperature violations;
c. Meals are not delivered by 11:15 a.m. and/or according to the specifications in the contract executed by the vendor and the DAAS.

* Frozen Meals Exception - If, after frozen meals have been delivered to recipient homes, it is learned that they lack components or contain unacceptable components, the vendor shall discuss the matter with the AAAs and make the adjustments to the invoice accordingly.

2. Payment - If an alternate meal source is used, the AAA shall pay the alternate meal source(s) or individual who paid for the meals per AAA policies. The AAA will bill the vendor the contract price of the food replaced, less the mileage expense, for picking up food from the alternate meal source.
3. Commencement - The AAA will maintain a list including the complete name(s), mailing address(es), and phone number(s) of prospective alternate meal sources in their site areas to be used when meals or portions of meals need to be replaced. The vendor will be notified when alternate meals have been ordered and the reason.

4. Agreement - The AAA will maintain an agreement with the prospective alternate meal source(s). The AAA Nutrition Coordinator shall send the list to their service providers and/or site managers.
5. Food Substitution -At the beginning of the contract, the vendor shall provide the AAA Nutrition Coordinators/service providers with a food substitution list so that food purchased from an alternate meal source, in the event of default by the vendor, may be of like value to that being replaced.
6. Credit - When an alternate meal source is NOT used to replace vendor shortages, the vendor shall issue a credit to the AAA based on the following allocations:

Food Group	Meal Cost Percentage
Meat/Meat Alternative	100%
Fruit/Salad	15%
Milk	15%
Vegetable	10%
Dessert (other than fruit)	10%
Bread/Bread Alternative	5%
Margarine	2%
Condiments	2%

CACFP reimbursed meals, provided through Adult Day Care Centers may not be credited, all components must be provided for the meal.

7. Alternate Meal Sources - Should alternate meals be obtained, that is, not from the state contract approved meals vendor, the alternate meals must be procured from a licensed food service establishment with a current 'A' rating from the MS State Department of Health, exhibited by a copy on file at the site. A copy of the establishment's health inspection must be obtained before food may be served. This may be obtained from the MS State Department of Health website for all licensed food establishments.

J. Supplies: Ordering, Handling, and Storing

1. AAAs/service providers/site managers shall keep one week's disposable congregate and home-delivered supplies on hand at each site at all times and order necessary supplies from the vendor on the day/time schedule requested by the vendor.
2. If due to storage or delivery limitations, this schedule is not beneficial to both the site and the vendor, an alternative arrangement for supplies is acceptable, if both parties are in agreement.
3. Site personnel shall make every effort to safeguard all supplies from pilferage and/or inappropriate use, such as packing home-delivered meals in congregate supplies or serving congregate meals in home-delivered supplies. The vendor shall maintain an ongoing record of supplies delivered to each site.
4. Supplies shall be commercially packaged for individual use and shall be stored at the site in closed containers on clean shelves above the floor and handled in a way that they are protected from contamination at all times. Supplies may not be stored on the same shelf, below or next to chemicals.

K. Staff –

There shall be an adequate number of staff to manage the program's fiscal and administrative responsibilities. Records for documenting in-kind match shall be kept of volunteers' time and activities.

1. Registered Dietitian - The meals program shall be operated under the direction of the DAAS registered and licensed dietitian (RD, LD). Menus and nutritional information is prepared by a registered and licensed dietitian. **NOTE: As expansion of the Title III programs continue including 1) in the area of nutrition assessment of high risk participants, education and nutrition counseling, and 2) chronic disease prevention through health promotion activities including evidence based disease prevention programs, the services of a Registered Dietitian (RD, LD) will become more in demand beyond what has been required before. While not currently a requirement at the local level, contracting with a credentialed nutrition professional on an as needed basis is suggested to meet the growing need for health and nutrition related services. Title III C-1 and D funding may be used for such services as described.
2. Nutrition Coordinator - The AAA nutrition coordinator shall oversee the management and administration of the entire meals program. She/he or the service provider shall determine the supervisory functions of the site managers; plan training in food service safety and sanitation techniques and practices for all site personnel, including volunteers; and consult with the dietitian when desired and as necessary.
3. Site Manager - The site manager shall direct the day-to-day details and logistics of the entire meal program under and according to the supervision of the AAA nutrition coordinator/service provider.
4. Volunteers may be recruited and shall be supervised. Volunteers who handle food, including delivery must adhere to all food safety and sanitation requirements.
5. Delivery Drivers for congregate feeding sites that also serve as distribution points for home-delivered meals, delivery drivers hired by the AAA or service provider must adhere to all standards of food safety.

L. Training

The following training is required; training documentation shall be retained; and sufficient funds shall be budgeted to cover training expenses, if necessary:

1. Personnel Orientation and Inservice - All paid staff and volunteer food service workers shall have orientation training prior to working in the program and at a minimum yearly training. AAA nutrition coordinators/service providers shall plan and schedule the training which shall include, at a minimum, the following:

   a. Nutrition Coordinator/Service Provider - Routine management and administrative procedures, record keeping systems, reporting requirements, program requirements and sanitation and food safety and meal service;
   b. Site Manager –
      (1) Food Safety and Sanitation based on the Food Safety and Sanitation Manual, the Mississippi Food Code 10.0 and Servsafe instruction,
      (2) Meal service, with detailed instruction on congregate meal service

requirements, counting and claiming, participant eligibility, and correct food portioning using the Site Serving Instructions guide;
(3) Site operations;
(4) Site record keeping;
(5) Contribution policy and cash reconciliation;
(6) Community resources;
(7) Coordinating volunteers; and
(8) Methods of referrals.

c. Volunteers - Site procedures and various volunteer activities when they first enter the program and anytime thereafter as deemed necessary by the AAA/ service provider. Specifically, any volunteer which deals with the handling, distribution and/or delivery of meals must receive training on basic food safety and sanitation and meal eligibility.

d. All Staff - Participant confidentiality; all aspects of food safety and sanitation; and procedures for handling emergencies – medical, fire or disaster, which includes being able to locate participants' emergency contact information and to evacuate participants safely.

e. Any person who administers a Consumer Information Form must receive training, with documentation retained.

f. Training is documented via sign-in sheets with date, topic/training title. A training log of employees and volunteers may be kept to compile all employee training in one at-a-glance form. (See appendix).

2. Training Opportunities for Nutrition Coordinators – While not mandatory, the following are opportunities to learn and share regarding the Older Adult Nutrition Program:

a. Quarterly Menu and Nutrition Program Meetings-Attendance at the quarterly menu meetings and the DAAS meetings that follow, as well as any other special meetings called by the DAAS dietitian is encouraged to allow input and discussion from all areas of the state, due to the rapidly changing Title III program.

b. ServeSafe –It is recommended that at least one person under advisement of the AAA, for example, a service provide or site manager, or the Nutrition Coordinator, be ServeSafe certified to act as a resource person and lead trainer due to the importance of food safety and sanitation in the high risk older population we serve.

c.

3. Fire/Evacuation Drills for participants should take place at least once every six months and documentation by sign-in sheets kept at the site and/or sent in to the AAA as designated by the AAA; and

4. Instruction in general first aid, cardiopulmonary resuscitation (CPR), and the Heimlich maneuver is recommended for everyone working with older persons.

M. Records

1. General - Adequate records shall be maintained on each participant to ensure the accuracy and authenticity of the number of eligible congregate participant meals served each day. To the greatest extent possible, all participant information and

service records will be recorded in and all forms, sign-in sheets, and records should be drawn from current state approved client tracking system.

All records and reports shall be made available for audit, assessment, or evaluation on demand by authorized representatives of area, state, and federal agencies. Except for audit purposes, recipient confidentiality shall not be violated and information about or obtained from an individual shall not be disclosed without that individual's written consent. However, the individual shall not be denied services if he refuses to provide written consent.

2. Documents to Reconcile - To determine that congregate persons received meals on certain dates and to assure that the meals paid for were served to eligible persons, the meal numbers on the following documents must reconcile:

   a. Sign-in Sheets- The Daily Service Unit Form, large spacing, printed from the current state approved client tracking system is recommended or a similar form, printed via the AAA's/service providers, affixed with the date and the signature or mark of each person receiving a congregate meal (with the site manager signing and initialing the name of any eligible person who refuses or prefers not to sign, but with no one person signing for the majority of the participants);
   b. Monthly Client Service Reports (also known as "Service Logs") which shall be printed from current state approved client tracking system by the AAAs/service providers and sent to each site manager who shall complete and return it to the AAA/service provider who shall, in turn, reconcile by funding source the number of meals listed on the monthly report to the number of meals paid for;
   c. Meal Tickets; and
   d. Vendor Invoice.

3. Program Information shall include:

   a. All reconciled program documents, including Sign-In Sheets with the signature or mark of each person receiving a congregate meal (see details above);
   b. Waiting List of persons eligible for congregate meal service;
   c. Contribution Policy information provided to participants;
   d. Nutrition Education Documentation listing the topic, presenter, number of attendees, and date; and
   e. Program Income Records noting the daily/weekly contribution amounts.
   f. Volunteer Records showing that the person is a bonafide volunteer at that site or for that AAA and has received all orientation and annual training, and thus able to receive a meal, paid for with C-1 congregate, after signing the meal sign-in sheet for that day.

4. Participant Information is contained in the Consumer Information Form, which shall:

   a. Be completed by trained personnel prior to services being received, and updated annually, either on the anniversary date of the participant's entrance into the system (recommended system) OR at a single point in time,

e.g. October, for continuation or termination of meal services with additional assessments made whenever necessary and/or appropriate;

b. Identify eligibility status for services;

c. Contain emergency information such as the elderly person's family or contact person and a record of any special health, medical, or dietary needs, when appropriate;

d. List all services provided to the person in accordance with NAPIS/MIS reporting procedures, and

e. All forms with each previous form filed together kept at the AAA, and a copy of the most recent form kept at the site, **or, if the AAA has progressed to a paperless system and all documentation can be located in the client tracking system.**

f. Be entered into current state approved client tracking system within ten days of completion.

N. Reports

1. Site to AAA or Service Provider

On Friday or the last food service day of each week, site managers shall mail/scan to the AAAs the site's delivery tickets and original sign-in sheets for that week, retaining a copy at the site, or by any other written procedure designated by the AAA so that meal count information is entered in to the client tracking system by the current DAAS designated due date.

2. AAA Nutrition Coordinator/Data Entry Person to Client tracking system

By the current DAAS designated due date, AAA nutrition coordinators shall insure meal count and nutrition education units are provided to the data entry person/entered into the client tracking system.

3. Vendor Reports

The vendor will provide to DAAS, in May and November, a Semi-annual Meal Numbers Report; and a Self-assessment Report, which includes the results of client satisfaction surveys administered prior to the second and fourth quarter menu cycles.

4. State Reports

The AAAs shall provide any additional information or reports requested by the DAAS via the current state approved client tracking system. The State nutrition coordinator shall conduct a regular statewide analysis of the nutrition program and the state meal contract vendor from information submitted by the AAAs.

5. Adult Day Care Centers-CACFP

CACFP reports are absolutely due to designated DAAS staff, no later than the date specified on the Reports Due Date Calendar. Failure of one site to submit information may affect filing of the CACFP claim for all Adult Day Care Centers and affect the statewide sponsorship. While mail is acceptable, is must reach the state office by the due date. There may be no late submissions. To avoid delays from the mail, preferably, the AAA/service provider may fax or scan a copy of the report and keep the original on file at the AAA and a copy at the site.

Required documentation is

a. the completed CACFP-4 Cost worksheet
b. Monthly CACFP report page

c. Any food receipts for snacks or additional food items
d. Current roster with changes

O. Credits, Penalties and Reimbursements

1. Vendor Credit

a. The AAA MAY claim vendor credit IF:

(1) The vendor fails to deliver meals or portions of meals or fails to deliver meals by the stated time, or if meals or portions of meals are deemed unacceptable AND
(2) The site manager/service provider/AAA does NOT use an alternate vendor to fill the shortage.

b. The vendor shall credit the AAA according to percentages listed below:

Meat/Meat Alternative	100%
Fruit/Salad	41%
Milk	15%
Vegetable	10%
Dessert (other than fruit)	10%
Bread/Bread Alternative	5%
Margarine	2%
Condiments	2%

2. Penalties to Vendor - After three occurrences per site, at the discretion of the AAA, a penalty is permitted to be imposed upon the vendor, in addition to the cost the AAA bills the vendor for meal replacement.

a. These occurrences reflect the most critical situations when the provider will impose the penalty of $100 per site, in addition to, the delivery cost of substitute meals, including salary, mileage and food purchase. Vendor must credit the Area Agency on Aging in each planning and service area as need arises. These occurrences include:

(1) No meal delivery;
(2) Meals arriving beyond the agreed upon time;
(3) Meal shortages; and,
(4) Sub-standard temperatures at point of delivery and /or unacceptable food quality.

b. The penalty for Congregate Meals will be $100 per site even if an alternate meal source is used.
c. The penalty for Frozen Meals delivered to the site at any time other than the agreed upon designated date will include $100, plus one shelf-stable meal for each participant, the expense of paying a driver an hourly wage to deliver meals to participants, and vehicle mileage for delivering meals. This amount

shall be credited to the AAA.

d. The penalty for Adult Day Care Meals deemed 'not allowed' due to failure of vendor to comply with laws, regulations, and/or guidelines will result in cost of the alternate meals and payment of meals disallowed.

3. CACFP (Child and Adult Care Food Program) Reimbursement - Providers of adult day care services are eligible to receive funds from Mississippi Department of Education based on federally published rates by participating in the State Unit on Aging sponsored program. ADC Providers must

a. Serve a creditable meal;
b. Comply with all program policies and procedures;
c. File a monthly report to the SUA;
d. Maintain a completed and approved application on file for each participant;
e. Attend training given three times a year by the SUA; and
f. Be monitored three times each year by MDHS Division of Monitoring/Program Integrity.

P. Monitoring

1. The Mississippi Department of Health, Division of Sanitation will conduct a site inspection annually to determine food safety and sanitation standards are followed. This is not a pass/fail inspection, however corrective action must be taken and follow up by the inspector will take place within the time period determined by the inspector. A report will be sent to the AAA. While some local health departments may keep up a schedule, it is the responsibility of the AAA or the provider to call for an appointment before an inspection has passed one year.

The cost for this service, if any, shall be anticipated and included in the program budget.

2. The State Department of Human Services' Office of Monitoring/Program Integrity shall monitor once a year the:

a. AAA nutrition program; and the
b. Food service vendor; and
c. Shall monitor CACFP sites three times a year.

3. Mississippi Department of Education monitors a percentage of CACFP, for Adult Day Care Programs annually, unannounced.

4. AAA nutrition coordinators are required to monitor each nutrition site annually using the same tools used by Program Integrity, Office of Monitoring. Any findings or concerns shall be followed up on, in person, to insure the required changes have taken place. More frequent site visits are encouraged to provide technical assistance and assist is any revisions that should take place to insure the nutrition program is provided correctly.
AAA nutrition coordinators should informally monitor or visit the vendor commissary during early morning hours once a year or as often as possible for the benefit of themselves and the overall nutrition program they manage.

5. The vendor conducts a site visit to 75% of all sites yearly including those with hot bulk, pre-plated and frozen delivery. While monetary penalties are not incurred from these reports, the findings are meant to give the site, service provider and AAA knowledge of problems and potential problems on meal service, food safety and sanitation; as well as health inspections.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.4 EMERGENCY RESPONSE SYSTEM

A. Definition and Purpose

Emergency Response - a personal response system installed in a frail, elderly client's residence for use 24 hours in signaling for help at the push of a button. Emergency response is usually a small radio device transmitting a coded signal or message over existing telephone lines to a control station, such as 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 can be worn around the neck or wrist and can be activated in emergencies while away from home.

The purpose of Emergency Response is to:

1. allow older persons to remain living independently at home and yet have the capability of being able to summon assistance, should the need arise;
2. offer peace of mind and provide respite and reassurance for concerned families and caregivers;
3. call for help in emergency situations for those who are unable to do so;
4. give the older adult a feeling of confidence and security in his/her own home;
5. allow the elderly individual freedom of movement outside of his/her home; and
6. prevent or delay premature institutionalization of the frail, handicapped, disabled or homebound elderly.

B. Eligibility

Any frail, elderly Mississippians 60 years old and above, living alone or temporarily alone, amputees successfully using prosthesis, and heart patients are eligible for emergency response services. Priority is given to seniors in most need and case managed clients.

Unit of Service

Unit of service equals one 24 hour day of service to a client.

C. Minimum Program Requirements

Each service provider offering Emergency Response Systems funded by Title III of the Older Americans Act or other funds through contractual agreement with an Area Agency must adhere to the following requirements:

1. Service Activities

The following sequence of events occurs in the provision of emergency response:

a. An emergency response home unit device is connected to the client's telephone line which sends an automatic call for help at the Emergency Response Center when the help button on front of the device is pushed.
b. When the signal for help is received, the Emergency Response center responds by immediately calling the home of the client.
c. If there is no answer at the client's home, a "responder" will be called. A responder is a friend, neighbor or relative whom the participant has chosen to be called in case of an emergency. This person should live nearby and have access to the home.
d. Upon arrival at the home, the responder presses the reset button on the home unit to signal the Emergency Response center that help has arrived.
e. The Response Center will then call to see what the situation is and what sort of help is needed.
f. For serious situations, an ambulance or police will be dispatched to the client's home.
g. The home unit is equipped with a timer which alerts the Center for help when the client fails to reset the timer in a specified period of time.
h. The Emergency Response device dials the Center automatically when the client's phone is off the hook or during a power failure.

2. Location of Service

Emergency response services will be provided through the installment of a home unit in the client's home, and a base unit at a hospital medical Center or police department or any other base station where 24 hour coverage is available seven days per week.

3. Access to Service

Participants can access emergency response service through referrals from doctors, health and social service agencies, hospitals and private individuals.

4. Delivery Characteristics

a Each participant shall have a case record which includes:

(1) screening/intake instrument:
(2) assessment;
(3) plan of care;
(4) documentation of services provided, dates and times;

(5) client's name, address, phone number, physician, and two contact persons' names and addresses;
(6) health and medical information (illnesses and medications);
(7) authorization releases; and
(8) confidentiality agreement form.

b. Emergency response services shall be available 24 hours per day, Monday through Sunday, including holidays.

c. A "test" call is required on a monthly basis to assure that the unit is in working order. This is a requirement of most distributors.

d. The emergency response system is designed for easy and convenient use by the elderly client with the following features:

(1) Home/away switch - inform the Center if the client is home or away for more than 24 hours.
(2) Reset button - let the Center know that help has arrived.
(3) Standby battery - allows the unit to function for ten hours in the event of a power outage.
(4) Help button - to be pressed for emergency assistance instead of the personal help button worn around the neck or wrist.
(5) inactivity timer - alerts the Center automatically when the client is unusually inactive.
(6) Built-in speaker phone - allows two-way voice communications without lifting the telephone receiver.

e. The client shall be allowed the opportunity to contribute to the cost of the service.

5. Staffing

a. There must be a person assigned to monitor the home base unit at all times.
b. There must be a person designated to be responsible for the day-to-day operation and installation of the emergency response home unit.
c. Volunteers shall be used in the provision and delivery of the service.
d. There must be a person, neighbor, relative or friend, designated as a "responder" for each client who receivers an emergency response system.
e. There must be a designated person to supervise the emergency response staff and handle emergencies after work hours, weekends and holidays.

6. Training

a. All emergency response service staff must receive training on home unit devices, its features, operational and installment procedures.
b. Staff must receive training on emergency procedures, first aid, CPR, Heimlich techniques, etc.
c. All staff shall receive orientation training which includes:

(1) introduction to the State Unit on Aging, its policies and procedures;
(2) introduction to the service providers, policies and procedures; and
(3) community resources.

7. Emergency Response Coordination duties shall include:

a. Public relations to generate donations and referrals.
b. Speaking to civic groups and increasing public relations through the media, including TV, radio and the newspaper.
c. Securing referrals from physicians, home health agencies, individuals and social workers.
d. Demonstrating the operation of the system to those interested and possible subscribers, the hospital Emergency Department staff, and local organizations.
e. Installing the emergency response system, obtaining medical information and contracts from subscribers and transferring information to the emergency room, connecting the communicator and instructing subscribers on its use.
f. Maintaining the systems through monthly checks on system use, trouble shooting calls, and consulting with Emergency Response personnel when necessary.
g. Maintaining accurate records which include inventory, monitor readouts and emergency calls.
h. Insuring that a screening form is completed on all subscribers and updated as required.
i. Attending meetings as required by the funding source.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.5 EMERGENCY SERVICES

A. Definition and Purpose

Emergency Services - social, financial and supportive assistance to help elderly individuals through a crisis, 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.

The purpose of Emergency Service is to:

1. Offer immediate response to identified needs of older persons for which no other

resource is available;
2. Allow older individuals to remain in their homes through the provision of needed services in crisis situations;
3. Provide much needed temporary assistance to help alleviate a sudden or urgent, unexpected crisis;
4. Maintain proper health of older individuals in their homes; and
5. Solve emergencies or crisis situations that plague elderly individuals.

B. Eligibility

Persons 60 and older with a Level II score of 22 or above on the screening instrument are eligible for Emergency Services; priority is given to case managed clients.

C Unit of Service

A unit of service is counted for emergency assistance activities (listed below provided to a client:
1. Food (other than the services of the meals program);
2. Medical, orthopedic and convalescent supplies and equipment;
3. Medication (prescription(s) filled);
4. Clothing; and
5. Emergency transportation (other than services provided through the regular transportation program

D Minimum Program Requirements

All Area Agencies on Aging and providers of emergency services must adhere to the following requirements:

1. Service Activities

a The Case Manager or designated staff shall (if needed):

1) complete purchase request;
2) ensure the purchase is made for the client(s) n accordance with established purchasing procedures;
3) make arrangements for the delivery of the services, supplies or equipment; and
4) thoroughly document all activities and services provided.

b. Staff providing emergency services shall have means of identification (badges, agency cards, or ID'S).

c. Sufficient documentation by the AAA is needed to justify the need for emergency transportation when providing the service.

d The AAA Director shall make the final decision on whether or not to supply the needed services or item based on the recommendations from the case manager/assistant or other designated staff person.

e The client shall be allowed the opportunity to contribute to the cost of the service.

2. Location of Services

Emergency services shall be provided, but not limited to the following places:

a. client's home;
b. service provider's office;
c. designated focal point or centralized facility accessible to elderly individuals; and
d. the Area Agency on Aging.

3 Access to Service

A client may enter the service system at any point through an appropriate referral service to be determined eligible for services.

4 Delivery Characteristics

a Each client shall have a case record that includes:

(1) Screening/Intake/Assessment instrument;
(2) Authorization Releases, if required;
(3) Health/medical information;
(4) Approval/termination of services;
(5) Documentation of client's inability to pay for the needed services;
(6) Documentation of services provided;
(7) Plan of care, if applicable; and
(8) Name and address of a contact person.

b Emergency services shall be made available when needed by the client, seven days per week, 24 hours a day, including holidays, if needed.
c The emergency services provider, case manager/assistant or designated staff shall have a system to distinguish emergency from non-emergency situations.
d The transportation drivers shall have a safe driver's record and a valid driver's license as required by the Mississippi Highway Safety Patrol.
e Emergency services shall be coordinated with existing services provided by the agency.
f Volunteers shall be utilized to provide emergency services when necessary.

5 Staffing

a. All staff included in the service must have good physical and emotional health

with the ability to carry out or perform assigned duties.

b. There shall be a designated staff person to supervise the day-to-day operations of the program.
c. There shall be adequate staff to achieve the purpose/goal of the program.
d. There shall be a designated staff person or an established system to provide emergency service after hours, weekends and holidays.
e. Volunteers shall be supervised same as the regular staff.

6 Training

a. All emergency services staff shall receive orientation to the Agency, State Unit on Aging, and the program's operational policy and procedures.
b. All staff involved in the service shall receive training in emergency procedures, first aid, CPR, community resources, Heimlich technique, referral process and case record documentation.
c. Volunteers shall be trained same as the regular staff.
d.

7 Monitoring

a. The MDHS Monitoring Unit shall monitor the Area Agency on Aging emergency service program annually.
b. The Area Agency on Aging shall monitor the emergency service provider annually.
c.

8 Prohibited Service Activities

a. Consumption of client's food or drink.
b. Breach of confidentiality.
c. Acceptance of gifts or tips.
d. Friends or relatives of emergency service staff brought to client's home.
e. Smoking in client's home.
f. Solicitation of money or goods from clients.
g. . Consumption of alcoholic beverages prior to or during service delivery.
h. Discussion of personal problems, religious or political beliefs with client.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.6 **FAMILY CAREGIVER SUPPORT PROGRAM : CAREGIVER COUNSELING/SUPPORT GROUP**

A. Definition and Purpose

Caregiver counseling is defined as that service that provides an opportunity for the caregiver to receive one to one provision of guidance and instruction about options and methods for providing support to caregivers in an individual or group setting. The caregiver and professional develop a treatment plan to work through issues related to caregiver stress, burnout, role overload, grief and many other caregiving related issues.

Support Group is defined as a group of caregivers with same or similar need(s) meeting with each other or professionals to discuss, for guidance, advice and best practices to work through issues related to caregiver stress, burnout, role overload, grief and many other caregiving related issues.

The purpose of Caregiver counseling/support group is to:

1. assist in assessing the caregiver's need(s)
2. provide one to one or group advice, guidance, instruction and support;
3. help grandparents and other relatives deal with their new, unexpected responsibilities;
4. secure basic services the children need, such as health care or education, if caregivers are not the legal guardians or custodians;
5. help work through burnout, role overload and issues related to caregiver stress;
6. help work through grief and many other care giving related issues;
4. help link caregivers to resources and information; and
5. provide group or individual counseling in the form of support groups and respite care.

B. Eligibility

A grandparent or relative caregiver who is 60 years of age or older caring for a child eighteen (18) or younger. Priority will be given to older individuals with greatest social and economic need. Particular attention will be given to low-income older individuals and to older individuals providing care and support to persons with mental retardation and related developmental disabilities.

C. Unit of Service:

One unit of service equals one hour of services provided to caregiver or older relative and/or their dependents.

D. Minimum Program Requirements:

Each service provider of the Family Caregiver Support Program must comply with the Minimum Program Requirements developed by the Division of Aging and Adult Services.

1. Service Activities

The service provider for the FCSP will:

a. Assess the caregiver's strengths and needs creating a caregiver care plan that includes a series of workshops and counseling sessions.
b. Provide a series of workshops to help orientate the family to new, and often unexpected, responsibilities. Topics may include:
    1. crisis intervention (family tragedy);
    2. the changing family structure/non traditional family
    3. evaluating the children of the 21st century
    4. communicating with children;
    5. goal setting for adult and children
c. Provide or develop support groups to address the multiple needs of caregivers and their families.
d. Make appropriate referrals to community resources;
e. Maintain current reference and resource files for the caregivers and family.

2. Location of Service

Services shall be located in a centralized area accessible to the caregiver in the Agency's service delivery area.

3. Access to Service

The client may enter the service system at any point, through an appropriate referral.

4. Delivery Characteristics

a. Each caregiver's record shall include documentation of services requested/provided.
    (1) Screening/contact;
    (2) A care plan;
    (3) Authorization releases, where appropriate; and
    (4) Documentation of training sessions.

b. Services must be available to persons seeking assistance, by phone or on a walk-in basis during normal working hours, Monday through Friday and any other times that are convenient for caregiver and services provider.

c. The Provider Agency must have satisfactory arrangements to ensure that caregivers' files are kept in a locked file cabinet and inaccessible to the general public.

d. Provider Agency must have satisfactory procedures established to provide or obtain services for the non-English speaking caregiver, where appropriate.

5. Staffing

a. There shall be a person responsible for the day-to-day operation of the program.

b. There must be an appropriate adult/child ratio when respite, group activities and/or counseling sessions are provided. Some suggested ratios are as follows: ages infant-2, 1:3; ages 3-4, 1:4; ages 5-7, 1:5; ages 7-12, 1:6; and ages 13-18, 1:10. Levels of disability may require ratios smaller than those suggested.

c. Staff must be knowledgeable of the available services and resources in the community.

d. All staff must be able to communicate with caregivers who have speech, visual or hearing impairment.

e. In-service training is required of all staff and is the responsibility of the contracting agency. Training must consist of:

(1) information on available community service providers and resources;
(2) the agency's operational policies and procedures;
(3) completing screening/intake, referral and assessment form
(4) telephone techniques and procedures;
(5) the interviewing process;
(6) counseling skills;
(7) the Aging process;
(8) active listening skills; and
(9) use of the resource directory (to be able to collect, organize, update and retrieve resource information on a continuous basis).

6. Monitoring

The Bureau of Audit and Evaluation, Department of Human Services, shall monitor at least annually.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.7 FAMILY CAREGIVE SUPPORT PROGRAM: RESPITE

A. Definition and Purpose

Respite care is the providing of temporary relief time for the regular or primary caregiver (spouse, child, relative) of an ill, frail, infirmed, functionally impaired older individual or dementia patient that requires constant in-home care.

The purpose of respite care is to:

1. prevent, delay, or avoid premature or unnecessary institutionalization;
2. prevent elder abuse;
3. prevent or reduce physical and emotional stress on the family;
4. reduce and give the primary caregiver some much needed personal time away from home and the caregiver's role;
5. prevent caregiver's burnout; and
6. give the caregiver an interval of rest from the burden of constant care.

B. Eligibility

A family caregiver, grandparent or older individual who is a relative caregiver. Priority is given to older individuals with greatest social and economic need, (with particular attention to low-income older individuals) and older individuals providing care and support to persons with mental disability and related developmental disabilities.

C. Unit of Service:

One unit of service equals one hour (1) of relief to the caregiver.

D. Minimum Program Requirements:

Each service provider of Respite for the Family Caregiver Support Program must comply with the Minimum Program Requirements developed by the Division of Aging and Adult Services.

1. Service Activities

a. The Respite Care worker must provide one or more of the following primary activities: feeding, personal care needs, companionship, support or general supervision.
b. Respite Care is provided by placing a respite worker in the client's or caregiver's home; or the client can attend a local senior center.

c. Institutional Respite can be provided by an approved adult day care center, licensed board and care home, nursing home or hospital.

d. a minimum of one hour and no more that 32 hours per month , unless for emergency or unusual circumstances.

2. Location of Service

Respite services are provided in the caregiver/care recipient's home or a local senior center. Institutional Respite may be provided by one of the following:

a. DAAS approved adult day care center;
b. Licensed board and care home;
c. Nursing home;
d. Hospital; and
e. Trained Respite Care Worker.

3. Access to Service

The caregiver may enter the service system at any point through an appropriate referral.

4. Delivery Characteristics

a. Each caregiver shall have a record to include:

(1) Screening/intake/caregiver assessment;
(2) A plan of care;
(3) Referral form, if applicable;
(4) Authorization releases, where appropriate;
   a. to share information with emergency personnel
   b. to provide skilled services; and
   c. to provide recreational or medical emergency transportation.
(5) Documentation of services provided, date and time, and respite worker's name providing the service; and
(6) Notice of termination of service, if applicable.

b. Respite services may be available day or night, seven days a week, including holidays, during the hours that will best meet the needs of the caregivers.
c. Respite care at DAAS approved adult day care centers may be provided.
d. Institutional respite at a licensed nursing home, licensed board and care or hospital may be available 24 hours a day within the planning and service area.
e. If respite service is provided at any location other than the caregiver/care recipient's home under the FCSP, the care recipient must meet the requirements established by the program and the licensed facility. The licensed facility must meet the licensing requirements of the State Board of Health.

f. The caregiver/care recipient shall be allowed the opportunity to contribute to the cost of the service.

5. Staffing

a. There shall be a person responsible for the day-to-day operation of the service at the Area Agency on Aging.
b. There must be an adequate number of staff to meet the goals of the program.
c. The respite worker should:

(1) have past experience in caring for someone who is ill, disabled or elderly;
(2) have the ability to communicate with the caregiver/care recipient with speech/hearing or visual impairments; (No formal training is needed to detect a speech problem);
(3) be able to maintain confidentiality;
(4) have reliable transportation.

d. It will be the responsibility of each provider agency to ensure that respite staff is available to provide various levels of care under the NFCSP.
e. Annual training should consist of:

(1) safety education;
(2) elderly abuse detection and prevention;
(3) emergency procedures;
(4) confidentiality;
(5) first aid, CPR and the Heimlich;
(6) communication skills;
(7) the Aging process; and
(8) orientation to the Respite Program (policies and procedures).

6. Prohibited Service Activities

The following activities are prohibited by the Respite Worker:

a. Use of caregiver/care recipient's cars.
b. Consumption of caregivers' food or drink.
c. Use of caregivers' telephones for any reason other than an emergency or respite related activities.
d. Breach of caregivers' confidentiality.
e. Acceptance of gifts or tips.
f. Bringing friends or relatives of respite worker to caregivers' homes.
g. Consumption of alcoholic beverages or drugs in caregivers' home or consumption of alcoholic beverages prior to or during service delivery to

clients.

h. Smoking in caregivers' homes.
i. Solicitation of money or goods from caregivers.
j. providing yard maintenance
k. grooming pets
l. making home repairs

7. Monitoring

The Bureau of Audit and Evaluation, Department of Human Services, shall monitor at least annually.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.8 FAMILY CAREGIVE SUPPORT PROGRAM: INFORMATION AND ASSISTANCE

A. Definition and Purpose

Information is defined as group services, including public education and provision of information at health fairs, expos and other similar events.

Assistance is a service defined as one-on-one contact to provide information and assistance. Assistance is a service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to opportunities and services available; and to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.

The purpose of information and assistance is to:

1. provide current information on opportunities and services available;
2. assess the problems and capacities of the individual;
3. link the individuals to opportunities and services available;
4. ensure that the individuals receive the services needed; and
5. establish adequate follow-up procedures to see that services were received.

B. Eligibility

Family caregivers or grandparents or older individuals who are relative caregivers. Priority will be given to older individuals with greatest social and economic need. Particular attention will be given to low-income older individuals and to older

individuals providing care and support to persons with mental retardation and related developmental disabilities.

C. Unit of Service:

One unit of service equals one caregiver contact or contact with a person on behalf of the caregiver.

D. Minimum Program Requirements:

Each service provider of the Family Caregiver Support Program must comply with the Minimum Program Requirements developed by the Division of Aging and Adult Services.

1. Service Activities

The provider for the FCSP Information and Assistance System shall:

a. receive incoming contacts from the caregiver or person calling on behalf of the caregiver and the general public;
b. assess and evaluate inquiries received from a caregiver or person on behalf of a caregiver;
c. provide accurate information about community services and resources;
e. provide appropriate referrals;
f. complete appropriate sections of the screening/intake assessment forms;
g. maintain current reference and resource files for the elderly and caregivers;
h. follow-up on all referrals with the caregiver, person on behalf of the caregiver or the resource agency, to determine if the needed services were received;
i. be knowledgeable of current resources, services, programs and opportunities available for the caregiver in the community;
j. maintain the confidentiality of personal information obtained from a caregiver; and
j. provide appropriate resources for the caregiver and/or care recipient, which may include scheduling appointments, arranging transportation for caregiver/care recipient, and assisting with completing forms or paperwork, if needed or requested.

2. Location of Service

Information and Assistance Service Agencies shall be located in a centralized area accessible to the caregiver in the Agency's service delivery area.

3. Access to Service

The client may enter the service system at any point, through an appropriate referral.

4. Delivery Characteristics

a. Each caregiver shall have documentation of services requested/provided.
b. Information and Assistance services must be available to caregivers seeking assistance or persons on behalf of the caregiver, by phone or on a walk-in basis, during normal working hours, Monday through Friday.
c. The Information and Assistance Agency must have satisfactory arrangements to ensure that caregivers' files are kept in a locked file cabinet and inaccessible to the general public.
d. Information and Assistance Agency must have satisfactory procedures established to provide or obtain services for the non-English speaking caregivers where appropriate.

5. Staffing

a. There shall be a person at the Area Agency on Aging responsible for the day-to-day operation of the program.
b. There must be adequate staff to meet the goals of the program.
c. All staff must be knowledgeable of the available services and resources in the community.
d. All staff must be able to communicate with the caregivers who have a speech, visual or hearing impairment.
e. In-service training is required of all staff and is the responsibility of the contracting agency. Training must consist of:

(1) information on available community service providers and resources;
(2) the agency's operational policies and procedures;
(3) completing screening/intake, referral and assessment form;
(4) telephone techniques and procedures;
(5) the interviewing process;
(6) counseling skills;
(7) the Aging process;
(8) active listening skills; and
(9) how to use the resource directory (to collect, organize, update and retrieve resource information on a continuous basis).

6. Monitoring

The Bureau of Audit and Evaluation, Department of Human Services, shall monitor at least annually.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.9 **FAMILY CAREGIVER SUPPORT PROGAM: SUPPLEMENTAL SERVICES**

A. Definition and Purpose

Supplemental Services are services in addition to the Information and Assistance, Counseling/Support Groups, Respite and Adult Day Care Services that might be necessary for meeting the needs of the caregiver. These services are provided on a limited basis.

The purpose of supplemental services is to: (1) supplement the services provided to the caregiver to help meet a nutrition need, (2) provide assistance with ADLs, housekeeping, laundry, meal planning, food preparation, and/or (3) provide minor home modifications, assistive devices, some durable medical supplies, etc.

Eligibility

Family caregivers or grandparents or older individuals who are relative caregivers. Priority will be given to older individuals with greatest social and economic need. Particular attention will be give to low-income older individuals and to older individuals providing care and support to persons with mental retardation and related developmental disabilities.

B. Unit of Service

A unit of service depends on the service provided. Refer to the unit as it is defined in other HCBS standards. Example: Homemaker service-is one hour of activity related to, for or on behalf of the caregiver or care recipient.

C. Service Activities

Supplemental services may include:

1. Personal care services, such as assistance with walking, grooming, eating and toileting.
2. Nutrition - A meal that meets the daily dietary requirements.
3. Social services – services provided to caregivers/care recipients and their families to help them with personal, family and/or adjustment problems that interfere with the effectiveness of the treatment plan. These services are an essential part of care management, which also may include counseling services provided by private physicians, therapists, professional counselors, etc.
4. Transportation Services - provided when needed, for participants to and from their homes and to other community facilities used in implementing the participants' plan of care. All contracted transportation systems shall meet local, state and federal regulations. Handicapped accessible transportation should be available.

5, Emergency Services – Medical supplies, durable goods and medication, on a limited basis.

D. Location of Service

Services shall be located in a centralized area accessible to the caregiver, in the agency's service delivery area.

E. Access to Service

The client may enter the service system at any point, through an appropriate referral.

F. Delivery Characteristics

1. If only supplemental services are required, the caregiver's record may include the following:

   a. Emergency contact person's name and telephone number;
   b. Approval/termination for services;
   c. Authorization releases where appropriate;
   d. Medical health and impairments; and
   e. Documentation of services provided.

2. Services shall be available to meet the need(s) of the caregiver as determined by the provider.

G. Staffing

1. There must be a person designated to be responsible for the day-to-day operation of the program at the Area Agency on Aging.
2. There must be adequate staff to accomplish the purpose of the program.
3. Volunteers must be trained and must meet minimum requirements as determined by provider.

H Monitoring

The Bureau of Audit and Evaluation, Department of Human Services, shall monitor at least annually.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.10 **Home-Delivered Meals**

Frozen, Bulk, Emergency and Pre-plated
Revised 2010

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A. Definition, Purpose, and Legal Basis

1. Definition – A home-delivered meal is a hot, cold, frozen, or other appropriate meal provided to an eligible homebound person in his/her home which (*Older Americans Act of 1965*, as amended *(OAA),* Section 336):

    a. Complies with the most current *Dietary Guidelines for Americans* published by the Secretaries of the United States Department of Health and Human Services and the United States Department of Agriculture (*OAA*, Section 339(1)); and
    b. Provides a minimum of thirty-three and one-third percent (33⅓%) of the dietary reference intakes (DRIs) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences (*OAA*, Section 339(2)(A)); and
    c. Is provided for a minimum of five meals per week, fifty-two weeks per year. Meals may be delivered daily or once a week to allow AAAs/service providers to serve eligible homebound adults who live in very rural, isolated, hard to reach areas and who would not receive a meal otherwise.

2. Definition- AoA defines a homebound person as an individual for whom leaving

home is a major effort, who is normally unable to leave home unassisted, and when they leave home it is to get medical care or for short infrequent non-medical reasons such as a trip to get a haircut, or to attend religious services. Homebound is not a permanent classification nor is it based on transportation availability.

3. Purpose

a. Provide eligible homebound, functionally impaired persons, particularly those in greatest economic and social need, low-income minorities, older individuals with limited English proficiency and those at nutritional risk (because they cannot afford to eat adequately or lack the knowledge, skills, mobility, or motivation to obtain and/or prepare adequate food), with five (5) or more nutritious meals per week at the lowest reasonable cost.
b. Promote the physical and mental health and well-being of older adults through improved nutrition; and
c. Enable eligible persons to maintain their self-sufficiency and quality of life, remain at home as long as possible, and avoid or delay institutionalization.

4. Legal Basis

a. Title III- The legal basis for the operation of the Elderly Nutrition Program is found in the *Older Americans Act of 1965*, as amended *(OAA)*, Title III, Part C; and the *Code of Federal Regulations*, Title 45, Part 1321, as amended (*45 CFR Part 1321*).
b. Home delivered nutrition services to the homebound are specified under Title III, C-2, Section 336, however may be paid for by other state, local and federal funding sources.
c. NSIP - Section 311 authorizes the Nutrition Services Incentive Program known as (NSIP), which provides supplemental funding for congregate and home delivered meals served under Title III in the form of cash in lieu of commodity foods to provide incentives for the effective delivery of nutritious meals to older adults, for meals which meet OAA requirements. NSIP funds may only be used for the purchase of agricultural commodities and other foods produced in the United States.

    (1) NSIP funds are no longer under USDA oversight and should not be referred to as a USDA program or USDA reimbursement. (The Consolidated Appropriations Resolution, 2003, Public Law 108-7, amended the OAA to transfer the NSIP from the USDA to the Administration of Aging (AoA) within the Department of Health and Human Services. (Sec.311, OAA 2000)).
    (2) The AAA MAY use NSIP funds for food purchases from U.S. sources, or as in the case of vendor-contracted meals at a set price, in general up to 1/3 of the cost of an entire eligible meal including transportation and

labor; served to eligible participants.

A meal is required to meet the OAA nutrition requirements stated in Part 1, Section 1 of this document; and
Served to individuals who meet the eligibility requirements stated in Part II, Eligibility; and
Who is not means tested; and
Who is provided the opportunity to voluntarily contribute to the cost of service.

(3) The AAA MAY NOT use NSIP funds for the following:

Incomplete meals IF an alternate vendor is NOT used to fill the shortages or complete the meal;
Second meals/helpings served to participants or
Any meals served to guests or staff under 60 years of age or to anyone else who is not an eligible participant, regardless of age or circumstances.
Any means tested programs such as Medicaid waiver and CACFP.

d. Title XIX Medicaid Waiver- While a home-delivered meal funded by the Medicaid waiver program does not fall under Title III standards, a client may not receive a duplication of services in the form of a meal from both Medicaid waiver and Title III. If a participant qualifies for a meal under Medicaid waiver, this will be the first and only choice for meal funding. If they are not deemed eligible for Medicaid waiver they can be assessed for a meal under Title III. This is effective for both Title III home-delivered and congregate meal service.

AAAs are required in their area plans to establish procedures for coordination of services with entities conducting other federal or federally assisted programs for older individuals at the local level, and shall include language addressing how they will prevent duplication of meal service from different funding sources and how they will monitor this. (Sec. 306 (42 U.S.C. 3026))

B. **Eligibility** (*OAA,* Section 307(a)(13)(A), (B), and (I); 45 CFR 1321.69)

1. When eligibility is determined by trained personnel and documented on a current Consumer Information Form (CIF), on file, or documented in the RTZ GetCare system, home-delivered meal services SHALL be available to the following potential service recipients:

a. Any person who meets the OAA definition for homebound (Section A, 2), with a Level II score of 22 or above determined on a current Mississippi Consumer Information Form; and
b. That person is 60 years of age or older; or

c. The legal spouse of eligible persons as stated above, regardless of age, who will receive a meal. (The screening form of both the participant and the spouse must be clearly noted to link them together to show why the spouse receives a meal.)

2. Provided all eligible potential home-delivered meals recipients and their spouses are served and there are **none on the home-delivered waiting list** (See section F, Access), then home-delivered meals MAY be made available to:

a. Disabled persons, regardless of age, when the disabled person resides at home with an older eligible participant, and there is a notation on the screening form specifying circumstances, with

b. A disability being defined as a mental or physical impairment, or a combination of mental and physical impairment(s), that results in substantial functional limitations in one or more areas of major life activity such as self-care, learning, mobility, capacity for independent living, cognitive functioning, etc.

Note: IF a meal is provided to a volunteer who regularly delivers meals to the homebound and IF providing a meal to a volunteer does not deprive an eligible homebound older person from having a meal, the volunteer's meal shall be charged to the congregate meal budget, provided it is eaten at the site. The volunteer's meal may not be charged to Title III, C-2, home-delivered meals.

C. Unit of Service

1. Home-delivered Meals - One meal served to an eligible person is one unit of service.
2. Nutrition Education – as defined in" Section D Support Activities", is entered in to the current state approved client tracking system as one unit per health education disease prevention or nutrition information. 'Nutrition Education Unit' is a required reporting area for the NAPIS report.
3. Nutrition Counseling – Entered into the current state approved client tracking system, is defined as one individualized session per participant provided by a medical doctor or designated health professional including a registered dietitian, and required on NAPIS reporting.

D. Support Activities

2. Nutrition Screening-(OAA, Section 339(2)(J))

What and When - Nutrition screening is completed by trained personnel on every recipient of the Older Adults Nutrition Program through the Nutrition Risk Assessment of the Consumer Information Form (CIF) and/or the current state approved client tracking system The Nutrition Risk Assessment is comprised of the twelve questions in this section. Two scores are derived from the CIF.

d. Nutritional screening is completed initially per CIF instructions and updated annually along with the CIF update.

e. A Nutritional Risk Assessment score, with a possibility of 0 to 6 points, indicates the potential for nutritional concerns and risk. Nutrition risk scores are a required field and compiled and filed for the NAPIS report. This score contributes to the Total Consumer score.

f. The Total Consumer score, which is the sum of all scores on the CIF, will determine participant level of services, including meals service.

g. A Nutrition Risk Assessment Score of 6 or greater, which is defined as high risk by the OAA, signals the need for further nutrition intervention, such as referral to a medical doctor, or registered dietitian for nutritional assessment and counseling. High nutritional risk is not a single qualifying condition for home-delivered meals. A diagnosis of diabetes automatically places the participant at high nutritional risk with a score of 6, but again does not mean a home delivered meal is required.

2. Nutrition Education (*OAA,* Section 307(a)(13)(J), Section 336)

a. What and When - Nutrition education is printed and verbal information about food and nutrition sent to the homebound participant and their caregivers, at least quarterly, which promotes good health practices and encourages general well-being. It may also be a home visit by a practitioner who would deliver a nutrition education event at a congregate site, such as a nurse, registered dietitian or extension agent.

b. Documentation of the material topic and delivery date(s) shall be retained.

c. Expenses, if any, shall be anticipated and included in the program budget.

3. Nutrition Assessment and Counseling (336, 339 (J)) **NOTE: THE ACTIVITIES IN THE FOLLOWING SECTION ARE RECOMMENDED BY THE NEWEST REVISION TO THE OLDER AMERICANS ACT; HOWEVER DUE TO LIMITED FUNDING AND RESOURCES, MAY NOT BE FEASIBLE AT THIS TIME. WHILE THESE ACTIVITIES ARE NOT REQUIRED, DEVELOPMENT IS ENCOURAGED.**

a. What and When –

(1) A more specialized activity, which may be included as a component of the nutrition education program. The provision of professional, individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian (RD,LD), working with the individual's physician as appropriate, in accordance with state law and policy.

(2) Participants who are designated at high nutritional risk on the Nutrition Risk Assessment section of the CIF, through scoring a 6 or above, or have a diagnosis of Diabetes Mellitus are candidates for follow-up nutrition assessment and counseling.

(3) Participants at high nutritional risk shall be referred to the appropriate health professional within six months of entry into services.

b. Who and How – At this time, individual dietary evaluation and counseling for therapeutic needs is not provided directly. Participants needing these services are to be referred to a local hospital, their private physician or a registered dietitian. The AAA will assist in making this referral.

(1) As this component of the OANP Nutrition Program is developing, clients may be referred to their individual physician until funding and/or contract services with a Registered Dietitian (RD, LD) are available. These services may be funded from III-D, Preventive Health budget.
(2) The health care provider may choose to follow-up though his/her office, or refer the participant to a register dietitian.
(3) The AAA/service provider may partner with a registered dietitian (RD/LD) through the local hospital, medical groups, a home health agency or private contractors.
(4) Participants with a diagnosis of diabetes may be referred to a Registered Dietitian, Certified Diabetic Educator or a local diabetes self-management class.

c. Documentation - A notation will be made on the CIF and/or the nutrition screening notes section of the current state approved client tracking system stating to whom the client was referred and the date referred.

4. Contributions (*OAA*, Section 307(a)(13)(C)(i)(ii); *45 CFR*, 1321.67, and Sec. 315 (b)) - Participants shall be encouraged and provided an opportunity to contribute voluntarily and confidentially to the cost of the meals for the express purpose of expanding nutrition services. AAAs/service providers may develop a suggested contribution schedule, but shall not deny any eligible person a meal if he/she is unable or unwilling to contribute to the cost of the service, nor require disclosure of financial status.

a. Suggested Collection Procedure - AAAs/service providers may want to send small, plain envelopes bearing the address of the AAA, to the homebound at regular intervals at the time meals are delivered. Recipients would then have a simple, sealable receptacle in which to place their anonymous contribution and could, at their convenience, give the sealed envelope to their meal delivery person who, in turn, would deliver the envelope(s) to designated personnel who account for program income; or mail it.
b. Safekeeping and Documentation Procedure – Due to the variety of delivery methods within each AAA, it will be the responsibility of the AAA to develop a written procedure to address safekeeping of contributions.

E. **Location** - Home-delivered meals, nutrition screening and nutrition education are provided in the eligible person's home.

F. **Access** - An eligible person may enter the service system through appropriate referral.

1. Waiting List for home-delivered meals-Each AAA is required to have a waiting list policy for home-delivered meals in their Area Plan, to include in the criteria;

    a. All potential participants for home-delivered meals will be screened for their need for home-delivered meals by completion of the Consumer Information Form (CIF). Participants who do not meet all the eligible requirements for home-delivered meals shall not be placed on the list.
    b. Priority of service, which takes into account quality assurance standard criteria, date of request for services and score on the Consumer Information Form. Current documentation will be maintained at the AAA through the current state approved client tracking system. Criteria to consider are:

        (1) Determination that the participant is homebound;
        (2) Determination that the participant is able to care for himself, including procurement and preparation of meals,
        (3) Determination that a member of the participant's household is able to prepare the participant's meals without causing undue stress to the household member;
        (4) Available transportation

2. Fee-For-Service Meals – Meals purchased at full cost by a participant. These meals may not be counted as Title III meals for reporting purposes on NAPIS nor for NSIP.

    a. Eligible for Home-delivered Meals - The AAA may make available to individuals who meet the criteria for a home-delivered meal, and who are on the waiting list, the option of purchasing a home-delivered meal. The participant will pay for the full cost of meal until the participant no longer needs the meal and cancels the service; or they reach the top of the waiting list and subsequently stop paying for the meal. This information must be clearly documented on the Consumer Information Form.
    b. Not Eligible for Title III Home Delivered Meals – A person who is 60 years or older, or their spouse, who does not meet the criteria for a home-delivered meal, but still desires one, for example, due to lack of transportation, may pay full price for a home-delivered meal. It must be clearly documented on their Consumer Information form that they do not meet the criteria, but they are a fee-for-service client.

3. Termination from the Program – Home-delivered meal service is not designed to be a permanent classification. Each AAA will establish a system delineating the criteria for termination of a participant from the home-delivered meals program. Once a participant is placed on the program, they will be reassessed at a minimum, annually.

The AAA may elect to reassess quarterly or biannually if they have a long waiting list. When a participant is terminated from this service, the rationale will be documented on the participant's Consumer Information Form. Recommendation for termination can be made by program staff with approval from the AAA director. Rationale for termination:

a. Determination that the participant is not homebound;
b. Determination that the participant is able to care for himself, including procurement and preparation of meals, and no longer need the service;
c. Determination that a member of the participant's household is able to prepare the participant's meals without causing undue stress to the household member;
d. Repeated failure of a participant to eat the meals, eat the meal in a timely enough basis to prevent spoilage, or to prohibit safe storage;
e. Repeated failure of the participant to admit the delivery person, or be present at time of delivery or exhibition of hostile behavior by themselves or another occupant of the dwelling, which prevents the delivery person from determining whether the meal is accepted;
f. Successive absence of the participant from his/her home when delivery is made without sufficient notification to the program

G. Service Delivery

1. a. State Contract for Meals-Mississippi elects to contract with a sole statewide vendor through means of an open bid RFP process. All meals provided through the Older Adult Nutrition Program must be provided by the selected vendor.

b. The exception to this rule are the few adult day care sites which have been grandfathered-in and self-prepare their meals. The AAA must request a waiver annually at the new fiscal year for these programs. No other programs may start a self-preparation site as this weakens the state contract and value pricing. Existing self-preparation sites must meet all food safety and sanitation standards of a food service establishment and have a ServeSafe certified employee on duty during service and preparations hours.

2. Regular Meals

a. Regular Days -Meals that may have hot, cold, or room temperature components, not frozen, shall be delivered to the homebound five (5) days a week, 52 weeks a year.

(1) Hot, bulk meals delivered from the vendor to a congregated site may be packed into appropriate containers and sealed for individual meal delivery. Appropriate portion sizes of the complete meal, at the

appropriate temperatures will be placed in separate hot and cold thermal carriers to be delivered to the home.

(2) Pre-plated meals are prepared and heated at the vendor facility and transported at ready-to-serve temperatures to a congregate site or directly to the home. They are held in a thermal carrier until delivery. Pre-plated meals are beneficial when a hot home-delivered meal is desired but facilities at the congregate site are not appropriate for bulk meal service, or the participant is not able to store or heat meals at home.

(3) Special precautions must be taken, as outlined in Food Safety and Sanitation Manual, to ensure proper temperatures are maintained throughout the delivery process.

(4) At sites from where both congregate and home-delivered meals are served, there must be a clear documentation trail showing that home delivered meals are paid for from Title III, C-2 funds and the congregates meals from C-1.

b. Holidays and Special Days - Shelf stable meals in single units shall be delivered to homebound participants during the holidays designated by the DAAS, on days when field trips and outings are planned for congregate participants, any time that an unplanned emergency may occur, and/or any other time when the sites may be closed for any reason. (See Section 3 below for the Emergency Meal Protocol.)

c. Meal Orders, Deliveries and Invoicing, and Meal Order Changes

(1) Meal Orders for home-delivered meals on those days when sites will be closed shall be placed by the AAA nutrition coordinators/service providers (not site managers) via fax or e-mail (not the phone) at least two (2) weeks prior to the time they will be needed.

(2) Deliveries of shelf-stable meals should be up to two (2) days before the holiday or closing. (For example, when a holiday falls on Monday, shelf-stable meals should be delivered on the prior Thursday to allow for corrections to be made on Friday.) The vendor's invoice will reflect the meal delivery date, not the date participants are expected to consume the meals, and the AAA shall reimburse the vendor accordingly.

(3) Meal Order Changes shall be made only in emergencies such as a death or placement of a participant into the hospital, nursing home, etc. Changes must be made to the commissary via fax or e-mail by AAA nutrition coordinators/service providers (not site managers) no later than 2:00 p.m. on the day before the change is to take effect. The vendor is not expected to honor phone orders/order changes or messages relayed through delivery personnel.

3. Frozen Meals

a. Five-pack or seven-pack meals contain different frozen meals with appropriate components, are packed in a larger box, and are delivered in bulk quantities to sites or participant homes one (1) day a week. Meals are in trays that can be re-heated in a conventional oven or a microwave oven. It is the responsibility of the AAAs to assure that recipients have adequate storage and heating facilities and are able to prepare frozen meals by themselves or have available assistance.

b. Meal Delivery Options available to AAAs/providers who provide frozen meals:

(1) Nutrition Site - The vendor shall deliver 5-pack/7-pack frozen meals in bulk quantities one day a week to the sites from which staff, volunteers, and/or family members deliver them to the homebound. It is the ultimate responsibility of AAA to provide thermal protection for both hot and cold, not the vendor. If the AAA contracts with a provider, the AAA will insure the provider complies with all delivery requirements. (See equipment requirements in Food Service Safety and Sanitation Manual.) Meals must be transported in appropriate thermal protection carriers, regardless of the delivery time.

(2) Door-to-Door - The vendor shall deliver 5-pack frozen meals directly to the recipient homes one day a week. If this option is chosen, the AAA(s) and the vendor shall make their own business arrangements, including having correlated software and/or any other tool(s) that will benefit each in meal verification, data collection, invoice reconciliation, and other record keeping.

4. Emergency Shelf-Stable Meals

a. What - The emergency shelf stable meal will consist of the meal and powdered milk, or the meal and bottled water, without the powdered milk package, depending on the emergency situation and current state meals contract specifications. It is recommended that shelf-stable meals be ordered as single packs, which will reduce waste from unnecessary meals being given out, however they can be ordered as a five-pack.

b. Goal - Each AAA impacted by hurricanes and any AAA who determines their participants may be affected in any way by extreme weather that will interfere with regular delivery of services, is to arrange with the vendor for shelf stable meals, optional water procurement, and their delivery prior to the emergency.

c. Responsibility - The AAA shall assume the responsibility of assuring that all homebound participants have nourishment in bad weather or other emergencies when regularly scheduled meals cannot be delivered by the

vendor. AAAs shall either (1) provide the homebound with emergency shelf-stable meals detailed below or (2) make other arrangements such as neighbor watch, church care, a buddy system, etc.

d. Ordering, Delivering, and Invoicing - It is recommended that yearly, each affected AAA order approximately 1000 shelf stable meals to be spread out between the AAA office and senior centers or locations within the AAA network that are strategically located, accessible during adverse weather, and have adequate, safe and weatherproof storage.

(1) **Order Timeline** for Hurricane and Summer/Fall Emergencies:
April 15- Notify the vendor of total shelf stable meal numbers and delivery sites.
July 1-Latest delivery date to designated locations. (Ex. July-December).

(2) **Order Timeline** for Winter Weather Emergencies:
September 15- Notify the vendor of total shelf stable meal numbers and delivery sites for AAA's who experience power failures and transportation problems due to the weather for delivery during
November 15- Latest delivery date (Ex. November-April).

(3) Pre-delivery of Meals to all Current Participants -
It may be deemed appropriate by your agency that a portion of these meals be delivered to home-delivered and congregate site participants to be kept at their homes during the storm season, to avert last minute deliveries during bad weather. Instructions shall be given to participants that these meals are for emergency consumption for days they will not be receiving a meal or attend a meal site. It will be up to the participant to save the meals for this, but you will have provided the meal to them. **It is recommended that 2-3 days of shelf-stable meals and water be issued to each participant at the onset of the storm season.** Thus, if the home-delivered meal schedule must be delayed for a few days or a site cannot be open again for a few days due to power outages, each participant has food and water.

Home-delivered emergency meals that are not consumed in the course of an emergency may be consumed as a breakfast or dinner and counted on those designated days. (See special billing for emergency meals section H, 2)

(4) Invoicing - The vendor's invoice for the shelf-stable meals will reflect the delivery date, not the date it is anticipated that participants will consume the meals, and the AAA shall reimburse the vendor accordingly. (See special billing for emergency meals section H, 2)

b. Meal Changes When Threat is Imminent - The above mentioned shelf stable meals are meant to be an emergency supply when regular meal delivery is not possible. When a hurricane is deemed to be approaching, the AAA may request from the vendor that regular frozen and hot meals be replaced by shelf stable for a period of a week or 'ongoing until further notice'. As we usually know several days or a week in advance if we are potentially facing a hurricane, **contact the vendor as early as possible to make this change**. Again, they will not automatically substitute shelf-stable meals for frozen or hot, nor will they necessarily produce shelf-stable meals in anticipation of your need.

Stay in contact with your vendor's Commissary Manager regarding any necessary changes in delivery schedule and location. Evacuations may prevent meal delivery and alter your service numbers.

Keep the State Unit on Aging informed of your emergency plans as they progress. We are in direct contact with MEMA and the governor's office and must provide regular updates. This way we can also assist you and facilitate communication between all parties involved.

c. Meals Not Used - Shelf-stable meals not be needed for an emergency shall be used for the next holiday, picnic, special event or interspersed with regular meals. Shelf-stable meals must be kept in well-ventilated and pest-free dry storage areas at normal room temperature so that contents will remain intact without refrigeration; they should not remain in stock longer than six (6) months.

d. Nutritional Content - Shelf-stable meals are ordered with emergency use in mind, however as stated above, in the event of not being used they will be served out rather than wasted. Emergency meals are nutritious and may be funded by Title III and NSIP when served to eligible participants. A complete nutrient analysis is on record at the State Unit of Aging.

e. Special Considerations - for the general aging population in times of disaster - These meals are for distribution to any seniors aged 60 or over or their spouses living in the AAA's service area during times of emergency, regardless if they already participate in your meals program. Service providers, case managers, neighbors, law enforcement, medical services… all may be referrals for people who need these meals. Do not focus only on participants you currently provide meals to. You have already identified their needs.

5. Medical Nutrition Therapy-Liquid Meal Replacement (MNT)

a. Definition and Legal Basis (Federal *Register*, June 17, 1996; *Use of Medical Food and Food for Special Dietary Uses in Elderly Nutrition Programs*, National Policy and Resource Center on Nutrition and Aging, June 14, 1996)

Medical Nutrition Therapy-Liquid Supplements, defined by the Orphan Drug

Amendment of 1988, Public Law 100-290, is "food which is formulated to be consumed or administered entirely under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

Medical Nutrition Therapy- is NOT products such as *Slim Fast*, *Sweet Success*, etc. Medical food also differs from common dietary supplements of vitamins and minerals in that medical food provides macro nutrients such as protein, carbohydrates, fats, calories, *in addition to* vitamins and minerals.

b. Use - Liquid nutritional supplements such as *Ensure, Ensure Plus, Boost,* etc. may be provided to terminally ill or other eligible homebound persons who can no longer process regular food or who are at nutritional risk because of a condition, illness, or injury IF the guidelines below are strictly followed:

(1) A physician, registered/licensed dietitian, or other qualified health professional evaluates the person initially, recommends/prescribes a liquid supplement, and permits the person and/or his caregiver to participate in the decision;
(2) The product is within the legal and medical definition of medical food/nutritional supplements as stated in federal law;
(3) The recommended product contains at least 1/3 DRI and is the only food provided and consumed at a meal, The supplement may not be consumed in addition to other food paid for with Title III funds;
(4) The medical food is just one component in an overall comprehensive care plan that is in writing and on file; and
(5) The MD himself, or an order is written for a registered dietitian or other health professional to review the client's intake of the supplement, toleration and continued need for the nutritional supplement with periodic reevaluation, no longer than six months, who updates and files the written updated care plan

c. Funding and Supplier – MNT-Liquid supplements may be paid for from federal funds granted to the DAAS and the AAAs. However, each AAA/service provider shall make its own business arrangement with the vendor or another source for the provision of supplies.

H. Special Meals Billing

1. Holidays/Special Days - Holiday and special day meals shall be recorded for billing and reimbursement on the day(s) the vendor delivers the meal(s) to the site or home, not the day(s) the participant is supposed to consume the meal(s). (For example, if a holiday falls on a Monday and the holiday meal is delivered on Thursday or Friday the week before, the vendor's invoice will list the billing date as the Thursday or

Friday the meals were delivered, not the Monday holiday.)

2. Emergency Meals-Emergency shelf-stable or frozen meals shall be recorded for billing and reimbursement on the day(s) the vendor delivers the meals to the sites or the home for distribution to the participants, not the date(s) participants are expected to consume the meal.

   Because participants may receive more than one meal each day (not two meals at the same meal), recording two (2) units for a participant for a day is allowed as long as sign-in and delivery sheets show clearly that a supply of emergency meals were delivered to the participant.

3. Liquid Meals - Liquid meals shall be recorded for billing and reimbursement on the day(s) the vendor delivers the meals to the participants**.**

I. Alternate Vendor

1. AAA Nutrition Coordinators/service providers/site managers may purchase meals or portions of meals from an alternate meal source to substitute for meals ineligible only in the following situations:

   a. The vendor fails to deliver any meal(s)*, or an entree which is equal in value to an entire meal, or any other portion of the meal(s);
   b. All or any portion of the meal(s) is deemed unacceptable, for any reason(s), including time temperature violations;
   c. Meals are not delivered by 11:15 a.m. and/or according to the specifications in the contract executed by the vendor and the DAAS.

* **Frozen Meals Exception** - If, after frozen meals have been delivered to recipient homes, it is learned that they lack components or contain unacceptable components, the vendor shall discuss the matter with the AAAs and make the adjustments to the invoice accordingly.

2. Payment - If an alternate meal source is used, the AAA shall pay the alternate meal source(s) or individual who paid for the meals per AAA policies. The AAA will bill the vendor the contract price of the food replaced, less the mileage expense, for picking up food from the alternate meal source.
3. Commencement - The AAA will maintain a list including the complete name(s), mailing address(es), and phone number(s) of prospective alternate meal sources in their site areas to be used when meals or portions of meals need to be replaced. The vendor will be notified when alternate meals have been ordered and the reason.
4. Agreement - The AAA will maintain an agreement with the prospective alternate meal source(s). The AAA Nutrition Coordinator shall send the list to their service providers and/or site managers.
5. Food Substitution -At the beginning of the contract, the vendor shall provide the AAA Nutrition Coordinators/service providers with a food substitution list so that

food purchased from an alternate meal source, in the event of default by the vendor, may be of like value to that being replaced.

6. Credit - When an alternate meal source is NOT used to replace vendor shortages, the vendor shall issue a credit to the AAA based on the following allocations:

Food Group	Meal Cost Percentage
Meat/Meat Alternative	100%
Fruit/Salad	15%
Milk	15%
Vegetable	10%
Dessert (other than fruit)	10%
Bread/Bread Alternative	5%
Margarine	2%
Condiments	2%

CACFP reimbursed meals, provided through Adult Day Care Centers may not be credited, all components must be provided for the meal.

7. Alternate Meal Sources - Should alternate meals be obtained, that is, not from the state contract approved meals vendor, the alternate meals must be procured from a licensed food service establishment with a current 'A' rating from the MS State Department of Health, exhibited by a copy on file at the site. A copy of the establishment's health inspection must be obtained before food may be served. This may be obtained from the MS State Department of Health website for all licensed food establishments.

J. **Supplies: Ordering, Handling, and Storing** - AAAs/service providers/site managers shall keep one week's disposable home-delivered supplies on hand at each site at all times and order necessary supplies from the vendor on the day/time schedule requested by the vendor.

3. If due to storage or delivery limitations, this schedule is not beneficial to both the site and the vendor, an alternative arrangement for supplies is acceptable, if both parties are in agreement.
2. Site personnel shall make every effort to safeguard all supplies from pilferage and/or inappropriate use, such as packing home-delivered meals in congregate supplies or serving congregate meals in home-delivered supplies. The vendor shall maintain an ongoing record of supplies delivered to each site.
3. Supplies shall be commercially packaged for individual use and shall be stored at the site in closed containers on clean shelves above the floor and handled in a way that they are protected from contamination at all times. Supplies may not be stored on the same shelf, next to or below chemicals.

K. **Staff** -There shall be an adequate number of staff to manage the program's fiscal and administrative responsibilities. Records for documenting in-kind match shall be kept of volunteers' time and activities.

1. Registered Dietitian - The meals program shall be operated under the direction of the DAAS registered and licensed dietitian (RD, LD) at the state level. Menus and nutritional information is prepared by a registered and licensed dietitian.
   AAAs and local service providers may contract with a registered dietitian to provide nutritional counseling and assessment of high nutritional risk participants.
2. Nutrition Coordinator - The AAA nutrition coordinator shall oversee the management and administration of the entire meals program. She/he or the service provider shall determine the supervisory functions of the site managers; plan training in food service safety and sanitation techniques and practices for all site personnel, including volunteers; and consult with the dietitian when desired and as necessary.
3. Site Manager - The site manager shall direct the day-to-day details and logistics of the entire meal program under and according to the oversight of the AAA nutrition coordinator/service provider.
4. Volunteers may be recruited and shall be supervised. Volunteers who handle food, including delivery must adhere to all food safety and sanitation requirements.
5. Delivery Drivers for congregate feeding sites that also serve as distribution points for home-delivered meals, delivery drivers hired by the AAA or service provider must adhere to all standards of food safety.

L. **Training -** The following training is required; training documentation shall be retained; and sufficient funds shall be budgeted to cover training expenses, if necessary:

1. Personnel Orientation and In-service Training - All paid staff and volunteer food service workers shall have orientation training prior to working in the program and at a minimum, annually therafter. AAA nutrition coordinators/service providers shall plan and schedule the training which shall include, at a minimum, the following:

   c. Nutrition Coordinator/Service Provider - Routine management and administrative procedures, record keeping systems, reporting requirements, program requirements and sanitation and food safety and meal service;
   d. Site Manager –

      (1) Food safety and sanitation based on the The Food Safety and Sanitation Standards Manual for the OAA Nutrition Program;
      (2) Meal service, with detailed instruction on congregate meal service requirements, counting and claiming, participant eligibility, and correct food portioning using the Site Serving Instructions guide;
      (3) Site operations;
      (4) Site record keeping;
      (5) Contribution policy and cash reconciliation
      (6) Community resources;
      (7) Coordinating volunteers; and
      (8) Methods of referrals.

   c. Volunteers - Site procedures and various volunteer activities when they first enter the program and anytime thereafter as deemed necessary by the AAA/ service provider. Specifically, any volunteer which deals with the handling, distribution and/or delivery of meals must receive training on basic food

safety and sanitation and meal eligibility.

d. All Staff - Participant confidentiality; all aspects of food safety and sanitation; and procedures for handling emergencies – medical, fire or disaster, which includes being able to locate participants' emergency contact information and to evacuate participants safely.

e. Any person who administers a Consumer Information Form must receive training, with documentation retained.

2. Nutrition Coordinator Training Opportunities – While not mandatory, the following are opportunities to learn and share regarding the Older American's Act Nutrition Program.

d. Quarterly Menu and Nutrition Program Meetings- While not mandatory, attendance by the nutrition coordinator at the quarterly menu meetings and the DAAS meetings that follow, as well as any other special meetings called by the DAAS dietitian is encouraged to allow input and discussion from all areas of the state, due to the rapidly changing Title III program.

e. ServeSafe –While not mandatory, it is recommended that at least one person under advisement of the AAA, for example, a service provider or site manager, or the Nutrition Coordinator, for each AAA, be ServeSafe certified to act as a resource person and lead trainer due to the importance of food safety and sanitation in the high risk older population we serve.

3. Fire/Emergency and Evacuation Drills for participants should take place at least twice a year.

4. First Aid Instruction in general first aid, cardiopulmonary resuscitation (CPR), and the Heimlich maneuver is recommended for everyone working with older persons.

M. Records

6. General - Adequate records shall be maintained on each participant to ensure the accuracy and authenticity of the number of eligible home-delivered participant meals served each day. To the greatest extent possible, all participant information and service records will be recorded in and all forms, sign-in sheets, and records should be drawn from the current state approved client tracking system.
All records and reports shall be made available for audit, assessment, or evaluation on demand by authorized representatives of area, state, and federal agencies. Except for audit purposes, recipient confidentiality shall not be violated and information about or obtained from an individual shall not be disclosed without that individual's written consent. However, the individual shall not be denied services if he refuses to provide written consent. HIPPA requirements are to be followed.

2. Documents to Reconcile - To verify that homebound persons received meals on certain dates and to assure that the meals paid for were served to eligible homebound persons, the meal numbers on the following documents must reconcile:

a. Signature Sheets

(1) Specific Forms - Each AAA/service provider shall design and furnish

to site managers/meal deliverers signature sheets (daily, weekly, or monthly) listing the names of all homebound participants (which must match the Monthly Client Service Report); the dates (or spaces to insert dates) when meals are to be delivered to each participant; and space for the signatures of the person(s) delivering the meal(s),the participant or caregiver receiving the meal, and the site manager who shall also put the date beside her/his name. The Daily Service Unit Form, large spacing, printed from the current state approved client tracking system is recommended or a similar form The signature sheets shall be retained for monitoring purposes. (The AAA/service provider may want to print the signature sheets on colored paper to easily distinguish home-delivered meal verification from other site paperwork.)

(2) General Forms - For persons (perhaps differing each day/week) who pick up meals for family members, neighbors, or friends who are not on an organized route, the AAA/service provider shall provide the site with a general form on which to list (either pre-printed by the AAA/service provider or legibly handwritten) the date and the names of the meal recipients with a line/space beside the recipient's name for the signature of the person who delivers the meals, attesting that he/she delivered the meal to that person on that date.

(3) Consistent Forms - All documents verifying home-delivered meals shall be uniform in appearance within the AAA/service provider. Various odd pieces of paper devised at the site level, etc. will not be accepted as documentation, even if signed, except in an emergency.

b. Monthly Client Service Reports (also known as "Service Logs") - AAAs/local service providers shall print and send a Monthly Client Service Report from the current state approved client tracking system to each site manager who shall complete and return it to the AAA/service provider who shall, in turn, reconcile by funding source the number of meals listed on the monthly report to the number of meals paid for.

c. Meal Tickets

d. Vendor Invoice

3. Program Information shall include:

a. Signature Sheets addressed above;

b. Waiting List of persons eligible for home-delivered meal service;

c. Contribution Policy material provided to the homebound;

d. Nutrition Education Documentation noting the topic and the date(s) sent; and

e. Program Income Record noting the daily/weekly contribution amounts.

4. Participant Information is contained in the Consumer Information Form which shall:

a. Clearly identify homebound status;
b. Be completed prior to services being received, or if deemed an emergency, within three working days and,
c. Be completed and updated annually (on the anniversary date of the participant's entrance into the system OR at a single point in time, e.g. October) for continuation or termination of meal services with additional assessments made whenever necessary and/or appropriate, (AAAs may elect to reassess homebound status on a more frequent basis due to their waiting list policy.)
d. Contain emergency information such as the participant's family or contact person and a record of any special health, medical, or dietary needs, when appropriate; and
e. List all services provided the participant in accordance with NAPIS/MIS reporting procedures
f. Be entered into the current state approved client tracking system within ten days of completion.
g. All forms with each previous form filed together kept at the AAA, and a copy of the most recent form kept at the site.

N. Reports -

1. Site to AAA or Service Provider
On Friday or the last food service day of each week, site managers shall mail to the AAAs the site's delivery tickets and original sign-in sheets for that week, retaining a copy at the site.

7. AAA Nutrition Coordinator to DAAS
AAA personnel shall enter all required meal count and nutrition information for NAPIS into the current software based on the previous month's events and delivery ticket information.

8. Vendor Reports
The vendor will provide to DAAS, in May and November, a Semi-annual Meal Numbers Report; and a Self-assessment Report, which includes the results of client satisfaction surveys administered prior to the second and fourth quarter menu cycles.

9. State Reports
NAPIS reporting is crucial in representing Mississippi to the nation, in regards to OAA programs. The AAAs shall provide any additional information or reports requested by the DAAS. The current state approved client tracking system is an important tool in compiling accurate data.

The state nutrition coordinator shall do a periodic statewide analysis of the vendor from information submitted by the AAAs.

O. Vendor Credits and Penalties

1. The AAA MAY claim vendor credit IF:

a. The vendor fails to deliver meals or portions of meals or fails to deliver meals by the stated time, or if meals or portions of meals are deemed unacceptable AND

b. The site manager/service provider/AAA does NOT use an alternate vendor to fill the shortage.

2. The vendor shall credit the AAA according to percentages listed below:

Meat/Meat Alternative	100%
Fruit/Salad	41%
Milk	15%
Vegetable	10%
Dessert (other than fruit)	10%
Bread/Bread Alternative	5%
Margarine	2%
Condiments	2%

3. Penalties to Vendor - After three occurrences per site, at the discretion of the AAA, a penalty is permitted to be imposed upon the vendor, in addition to the cost the AAA bills the vendor for meal replacement.

a. These occurrences reflect the most critical situations when the provider will impose the penalty of $100 per site, in addition to, the delivery cost of substitute meals, including salary, mileage and food purchase. Vendor must credit the Area Agency on Aging in each planning and service area as need arises. These occurrences include:

(1) No meal delivery;
(2) Meals arriving beyond the agreed upon time;
(3) Meal shortages; and,
(4) Sub-standard temperatures at point of delivery and /or unacceptable food quality.

b. The penalty for Hot Home Delivered Meals will be $100 per 20 meals even if an alternate meal source is used.

c. The penalty for Frozen Meals delivered to the site at any time other than the agreed upon designated date will include $100, plus one shelf-stable meal for each participant, the expense of paying a driver an hourly wage to deliver meals to participants, and vehicle mileage for delivering meals. This amount shall be credited to the AAA.

P. Monitoring –

1. The Mississippi Department of Health, Division of Sanitation will annually conduct a site inspection of distribution sites and sites where meals are packaged for home delivery to determine food safety and sanitation standards are followed per the current Food Code. This is not a pass/fail inspection, however corrective action must

be taken and follow up by the inspector will take place within the time period determined by the inspector. A report will be sent to the AAA. While some local health departments may maintain a schedule, it is the responsibility of the AAA or the provider to call for an appointment before an inspection has passed one year. The cost for this service, if any, shall be anticipated and included in the program budget.

2. The State Department of Human Services' Office of Monitoring/Program Integrity shall monitor once a year the:

   a. AAA nutrition program; and the
   b. Food service vendor.

3. AAA nutrition coordinators shall visit, observe and document:

   a. the vendor commissary during early morning hours once a year or as often as possible for the benefit of themselves and the overall nutrition program they manage; and
   b. all distribution sites for monitoring of proper storage techniques and equipment; and
   c. delivery routes which should be verified for time and excessive length, and proper transportation equipment; and
   d. any congregate sites from which home-delivered meals are served in bulk from, packaged frozen for home delivery or as a holding point for pre-plated meals.
   e. Utilize the current **MDHS Office of Monitoring, Nutrition Sites Monitoring Tool - Older Adult Nutrition Program**

4. The vendor shall conduct a site visit at 75% of all sites yearly. These include bulk, pre-plated and frozen routes. The vendor does not go to the home where the meal is delivered, however goes to the distribution site. Concerns about delivery schedules, particularly lengthy routes, can be followed up by observation.

While monetary penalties are not incurred from these reports, the findings are meant to give the site, service provider and AAA knowledge of problems and potential problems on meal service, food safety and sanitation; as well as health inspections.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.11 HOMEMAKER

A. Definition and Purpose

Homemaker services are supportive services provided in the home by a trained homemaker that involves education and/or provision of home management duties to assist in strengthening family life, promoting self sufficiency and enhancing quality of life.

The purpose of homemaker services is to assist functionally impaired older persons to remain in their home by providing assistance with the activities of daily living, housekeeping, laundry, meal planning, marketing, food preparation, and other types of home management tasks.

B. Eligibility

Individuals 60 years and older with a level II score of 22 or above on the Consumer Information Form who cannot perform simple housekeeping tasks or need assistance in performing these tasks. Individuals 60 and older who have either functional, physical, or mental characteristics which prevent them from providing the service for themselves and who do not have an informal support network capable of meeting their service needs.

C. Unit of Service

One (1) unit of service equals one (1) hour of direct service to, for or on behalf of the client.

D. Minimum Program Requirements

All providers of homemaker services under Title III, SSBG or other funds through contractual agreement with an Area Agency on Aging must adhere to the following minimum program requirements:

- All clients are to be entered into the State Approved Client Tracking System no later than 10 working days.

1. Service Activities - the homemaker shall perform the following services:

   a. Household Management - Assist with activities of daily living such as dusting, vacuuming, sweeping, washing dishes and clothes, bed making, and other simple housekeeping tasks to ensure a healthy environment.

   b. Menu Planning and Meal Preparation – Work with the client and primary caregiver to find out what foods and menus the client needs; prepare a shopping list, plan the meals for a week, purchase groceries, prepare and serve the meal if needed, and put away groceries and other food items. The homemaker must know the basic food groups and what constitutes a nutritious meal.

   c. Consumer Education - Assist the client in getting the best buy for the dollar; selecting good quality meats, vegetables and other foods; comparing prices, buying merchandise in the size or quantity to meet the needs of the client and family; choosing the most economical products; clipping coupons, and watching for newspaper or store ads and in-store sale items.

d. Human Growth and Development - Be knowledgeable of the aging process to assist the client in understanding his or her aging process and the changes that occur as he or she ages.

e. Dressing - Assist the client in finding, preparing and putting on or taking off clothes.

f. Toileting - Assist the client to understand the importance of regular elimination of body waste and assist client in using the commode, urinal or bed pan.

g. Oral Hygiene – Assist the clients with mouth and denture cleaning procedures.

h. Bed Making – Change bed linen as necessary.

i. Sleeping and Rest Habits – Be aware of the sleeping patterns and rest habits of older people and encourage clients to take frequent rest periods.

j. Safety – Be aware of the overall protection of the household from predictable hazards and do everything possible to ensure a safe environment for the client, which includes being knowledgeable of:

1) Basic first aid and CPR;
2) Proper cleaning techniques;
3 The effects of medication on clients;
4) Ways to prevent burns, falls and fires and the types of accidents to which elderly clients are prone;
5) The phone numbers to contact emergency personnel;
6) Ways to recognize the signs of abuse, neglect and exploitation, and the proper reporting protocol; and,
7) Diseases such as AIDS, tuberculosis, pneumonia and other infections, communicable or contagious diseases and proper disease prevention techniques.

k. Health: Encourage healthy lifestyles with good habits of eating, dieting and exercising. The homemaker should be aware of the leading causes of death among the elderly such as cancer, strokes, diseases of the heart/heart attacks and others. Evidence suggests that heavy smoking, alcohol abuse, poor nutrition, improper exercise, and the lack of regular medical check-ups are associated with a variety of poor health conditions later in life.

l. Substandard Housing - The homemaker should have a basic knowledge of existing county and city housing codes and be aware of telephone numbers and process for making referrals for clients residing in substandard or inadequate housing.

2. Location of Service

Homemaker services are provided in the client's home.

3. Access to Services

a. A client may enter the service system at any point through an appropriate referral.
b. Priority shall be given to serving clients with the greatest need for the service.

. Delivery Characteristics

The following guidelines represent the basis by which homemaker services shall be provided. These guidelines serve as minimum instructions.

a. Volunteer Contributions - Allow client to voluntarily contribute to the cost of the service. However, services will not be denied due to a client's inability to contribute.
b. Gloves and Masks - Homemakers shall wear safety items such as gloves and partial facial masks when needed to prevent the spread of infections or diseases.
c. Service Hours - Homemaker services shall be available five (5) days a week, preferably between 8:00 a.m. and 5:00 p.m.
d Uniform - Homemakers shall wear uniforms which consist of a smock op, a hospital scrub suit, lab jacket, apron, or whatever has been designated by the provider agency as a uniform. The uniform must be the same in color, style, and design for all homemakers. It is left to the discretion of the service provider to supply the uniform or have homemakers to purchase one (1). A homemaker in a proper uniform has a professional appearance that makes the client feel more secure and enables the client to distinguish from other para-professionals entering the client's home.
e. Badges - Homemakers shall wear an Identification (ID) Badge or picture ID which contains agency name, and homemaker's name and title. It is left to the discretion of the provider to determine how the badge is designed or obtained.
f. Confidentiality - Homemakers shall maintain confidentiality of client information as indicated on the Consumer Information Form.
g. Case Record - The homemaker client case record shall consist of:

    1) Consumer Information Form which contains Confidentiality and Authorization Release;
    2) Service Plan/Care Plan (the care plan may be used in lieu of the service plan for case managed clients only);
    3) Record of Contact (used for documentation of visits and other pertinent information); and,
    4) Homemaker Activity Sheet.

h. Back-up System - The homemaker, provider, or supervisor shall establish a

back-up system when a homemaker is absent for reasons such as vacations, long periods of illness or death. The back-up system is a substitute homemaker, or an alternate means to ensure that the client is provided the service as outlined on the service or care plan.

i. Reporting - Homemakers shall report abusive behavior or situations to their supervisor immediately. Also, such behavior by a client must bedocumented in the client's case record.

j. Harassment - Homemakers shall not permit or be subjected to sexualharassment or advances by clients. This kind of behavior should not be tolerated. The homemaker must firmly state to the client or family member in the home that such behavior is not acceptable. If such behavior occurs, the homemaker should tell the client that such behavior will be reported to their supervisor and walk away. However, the homemaker shall handle the situation with diplomacy and tact but always refuse to participate in any sexual misconduct with the client.

k. Jewelry - Homemakers shall limit the amount of jewelry worn into the client's home. A watch is the most appropriate piece of jewelry to wear. Dangling jewelry such as earrings, necklaces and bracelets should not be worn; they can catch on bedding and furniture, or the client may pull on them and injure the homemaker. A ring may scratch the client or become lost during tasks in the home. If items are lost or damaged, the service provider or client is not responsible by the provider or client.

l. Liability - The most important protection from liability for the homemaker is to do exactly what has been prescribed on the care or service plan or instructed by the homemaker supervisor. When the homemaker follows the care or service plan or instructions, the provider agency assumes responsibility for the homemaker's actions.

m. Documentation - The homemaker shall write down on the record of contact any and all factual observations, contacts or visits with the client and actions or behaviors displayed by the client. This documentation is essential in determining if changes should be made in the care or service plan. It is also essential to show that certain tasks were performed on certain dates and time. Furthermore, the case record documentation is a valuable source of information in the event of legal action.

n. Waiting List – A waiting list consists of screened clients. Each Area Agency on Aging (contracted or direct services) shall develop policy to ensure the provision of homemaker services to those eligible individuals in the greatest need waiting to receive assistance.

o. Screening of Non-Case Managed Client – All homemaker clients shall bescreened.

p. Transportation - Homemakers shall have access to reliable means of transportation, automobile insurance, if vehicle is owned by the homemaker.

q. Coordination with Case Management - The homemaker supervisor shall maintain regular and on-going communication with the case management

rovider regarding case-managed homemaker clients. Such communication will keep both the homemaker and case manager abreast of the client status and helps in deciding whether to continue or terminate services.

1) The case manager shall develop the care plan for case-managed clients that are referred for homemaker services.
2) The homemaker shall share copies of the Homemaker Activity Sheet on case-managed clients with the case manager.

r. Termination of Homemaker Clients - Clients receiving homemaker services shall be terminated based on the following criteria:

1) Death;
2) Relocation out of state or Planning and Service Area;
3) Increased informal or formal support, or a relative moving in to care for client;
4) Improved health status or condition;
5) Client becoming abusive and belligerent, including sexual harassment;
6) Client refuses service;
7) Client reports that he/she no longer needs the service and is able to manage activities of daily living;
8) Client is placed in a long term care facility; and
9) Services are duplicated (e.g. homemaker and home health aide are providing the same service on the same days).

Any situation involving the above criteria must be reported to the homemaker supervisor and documented in the client's case record.

s. Cleaning Supplies -The homemaker provider agency shall purchase for the homemaker a generic cleaning supply kit that can be carried to each home. However, these supplies will only be used if the client cannot purchase supplies due to financial restraints.

t. Homemaker Categories - The role of the homemaker falls into twocategories, household care and personal care. However, if personal care is required, see the personal care standards.

u. Routine Tasks - The homemaker shall perform the following tasks but notbe limited to:

1) Assist with mouth and denture care;
2) Shampoo/hair care;
3) Assist with bed bath (partial or complete) and shower or tub bath;
4) Assist with dressing, bathroom use, bed pan or urinal as requested;
5) Make or change occupied bed;
6) Light housekeeping to assure that rooms are clean and in order;

7) Prepare shopping lists and run errands;
8) Purchase and store groceries;
9) Prepare and serve foods;
10) Do laundering, ironing, sweeping, light mopping, dusting; and
11) Clean and operate equipment in the home such as vaccum cleaner, stove, washer, dryer, and other small appliances.

5. Staffing

a. The homemaker provider shall ensure that the agency has an adequate number of full-time and part-time staff to cover the counties where homemaker services are available.
b. There shall be at least One (1) supervisor for every twenty full-time equivalent (FTE) homemakers.
c. The person responsible for supervision of homemaker services shall have the following qualifications:

1) A Bachelor's Degree in Social Work, Home Economics, or a related profession.
2) Licensed Registered Nurse or Licensed Practical nurse, or

3) High school diploma and two years of experience working with the elderly or aging programs and some supervisoryexperience.

6. Training

a. The homemaker provider agency is responsible for assuring that all homemakers and homemaker supervisors are trained and certified using an approved curriculum.
b. The homemaker supervisor shall observe and evaluate the homemaker performing assigned tasks in the client's home annually.
c. A homemaker or supervisor who has been trained and certified through another approved homemaker program using the approved Mississippi Homemaker Curriculum or a comparable curriculum is exempt from participating in the 40 hour curriculum training. However, the homemaker shall take and pass the standardized examination administered at the end of the 40 hour curriculum training.
d. All homemakers and supervisors who are not certified upon employment with the agency must attend and complete the 40 hours curriculum training including taking and passing the standardized examination. A certificate shall be issued upon successful completion of the aforementioned requirements.
e. The homemaker provider agency shall provide on-going in-service training that consists of a minimum of eight hours per year. Such training can be conducted in intervals most convenient for the agency and homemaker staff

and can consist of workshops, conferences, academic course work related to the homemaker program or the agency designated training material.

f. All homemakers and supervisors shall receive orientation training provided by The agency prior to performing any assigned tasks relating to the homemaker program.

Orientation training shall consist of:

1) introduction to the agency and organizations in the aging network;
2) introduction to community resources;
3) review of the agency and Division of Aging and Adult Services policies, procedures and applicable service regulations;
4) overview of the program history, intent, funding source and target population; and,
5) homemaker responsibilities and tasks.

g. Before arranging the 40 hours curriculum training, the provider agency or designated individual must seek curriculum approval from the Division of Aging and Adult Services.

i. The curriculum training shall include lecturers, class discussions, demonstrations, handouts, films, charts, graphs, other written or audio visual instructional material which relates to the services and care of the population targeted for services.

j. The provider agency shall assure that all homemakers have satisfied the requirements to perform the tasks needed in the program. This can be documented with a certificate, CNA license, etc.

k. Homemakers may be employed when the 40 hour curriculum training is not available, but only with the provision of at least two weeks of in home training with a homemaker or homemaker supervisor who has completed the training. However, this does not replace the training which can becompleted when the classes are scheduled or at a time scheduled that is convenient for the homemaker and agency.

7. Case Record Retention

a. All client records shall be retained for four years after a client has been terminated from the program.

b. If a client has been terminated and re-enters the system within four years from the date of termination, the previous case-record shall be retrieved, updated and used.

c. All case records shall be maintained in an area that will protect confidentiality of information, protect from damage, theft and unauthorized inspection or use.

8. Monitoring, Evaluation and Reporting

a. The DHS Office of Audit and Evaluation shall monitor the Area Agency Homemaker Program annually with periodic reviews at the discretion of the Division of Aging and Adult Services.
b. The Area Agency on Aging shall monitor the homemaker service provide semi-annually.

9. Prohibited Service Activities

The homemaker may be faced with problems while caring for a client, and may be asked in the work place to perform tasks that are not part of the job description The following activities are prohibited:

a. Using the client's car;
b. Consuming clinet's food or drink;
c. Using client's telephone for any reason other than an emergency Homemaker related activities;
d. Engaging in the discussion of own personal problems, religious or political beliefs with clients;
e. Breach of client's confidentiality;
f. Accepting gifts or tips;
g. Bringing friends, relatives, or other guest to the client's home;
h. Engaging in consumption of alcoholic beverages in the client's home;
i. Smoking in client's home;
j. Soliciting money or goods from the client;
k. Engage in yard maintenance;
l. Engage in pet grooming;
m. Engage in home repairs;
n. Administering medication or giving injections;
o. Using illegal drugs;
p. Wearing high or spiked heels when working;
q. Using abusive languaghe in the client's home;
r. Engaging in sexual misconduct with client;
s. Cleaning up after anyone except client or client's spouse if he or she cannot do so;
t. Engaging in heavy cleaning;
u. Hanging or laundering curtains;
v. Waxing hardwood floors;
w. Carrying firewood or containers of coal and ashes;
x. Lifting or carrying large full garbage cans; or,
y. Moving heavy furniture.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.12 INFORMATION AND REFERRAL/ASSISTANCE

A. Definition and Purpose

Information and Referral/Assistance is a service designed to support consumers and caregivers in assessing their needs, identifying the most appropriate services to meet their needs and linking them with the agency providing the services. Information and Referral/Assistance is designed to assist consumers and caregivers calling for assistance, in-person requests for assistance and proactively through outreach.

The purpose of Information and Referral/Assistance is to:

1) Inform older individuals of the available opportunities, services, resources and programs in the community.
2) Assist older individual in identifying their needs and the type of assistance they require.
3) Assist older persons in remaining independent and in their communities by connecting them with needed services and informing them of programs and services for which they are eligible.
4) Increase older persons' knowledge and awareness of public and private services and resources available to them.
5) Make appropriate referral by linking and connecting elderly clients with needed services.
6) Conduct follow-up to ensure appropriate services have been provided.

B. Eligibility

Anyone 60 years of age and older or inquiring on behalf of older persons disabled and/or 60 years of age and older is eligible for Information and Referral/Assistance. Priority shall be given to older individuals who are in greatest economic and social need, with preference given to low-income minority individuals and to those older persons residing in rural or geographically isolated areas. Families and caregivers of elderly persons may also receive Information and Referral/Assistance for needed services.

C. Unit of Service

One unit of service equals one elderly client contact or contact with a person on behalf of an elderly person.

D. Minimum Program Requirements

Information and Referral/Assistance must be provided by Area Agency on Agency staff for services funded by Title III of the Older Americans Act or other funds through an Area Plan. Information and Referral/Assistance staff must adhere to the following program requirements established by the Division of Aging and Adult Services.

1) Service Activities

The Information and Referral/Assistance Specialist will:

a. Develop and maintain resources in the state approved online resource database on available public and private providers in the community that are responsive to the needs of the elderly person and the caregiver.

b. Update the state approved online resource database as often as changes occur; but not less than annually.

c. Receive all incoming calls from elderly individuals, caregivers and the general public according to Information and Referral/Assistance delivery characteristics (See page 3).

d. Maintain confidentiality of personal information obtained from a client. The client has the right to confidentiality regarding his/her case record.

e. Recruit and train volunteers to be utilized in the delivery of Information and Referral services.

2) Location of Service

Information and Referral/Assistance will be provided by the Area Agency on Aging staff to ensure accessibility to the elderly population, 60 years and older, and to the disabled population within the planning and service area of the Area Agency on Aging.

3) Access to Service

The client may enter the service system at any point from any source (telephone, written referral, walk-in, media advertisement, friend, relative, neighbor, faith-based organization, senior center, adult day care center, hospital, civic or social organization, federal, state or local government agency, etc.). Information and Referral/Assistance must be available during normal business hours, Monday through Friday.

4) Delivery Characteristics

a. Receive all incoming calls from elderly individuals, caregivers and the general public.
b. Collect and document contact information and demographics on all incoming calls using the state approved client tracking system.
c. Evaluate all inquiries to determine whether the client is seeking service(s) or information.
d. Callers seeking information will be provided accurate information and scheduled for a fourteen (14) day follow-up.
e. Callers seeking services they are not eligible for according to the client contact information and demographics collected will be provided alternate information appropriate to their need and scheduled for a fourteen (14) day follow-up.
f. Callers seeking services they may be eligible for according to the client information and demographics collected will be forwarded to the appropriate program specialist and are scheduled for a fourteen (14) day follow-up.

    (i) The program specialist will provide the pre-populated Consumer Information Form (CIF) from the care tool to the appropriate person tasked with completing the CIF.
    (ii) The completed CIF is returned to the program specialist to determine service eligibility.
    (iii) Client determined eligible will be either scheduled for the service or placed on the waiting list in the state approved client tracking system.
    (iv) Client determined ineligible will be provided information on alternate resources according to need.

5) Staffing

a. The Area Agency on Aging must employ a qualified person responsible for coordinating the operation of the Information and Referral/Assistance program and maintaining the state approved online resource database.
b. There must be an adequate number of qualified staff or volunteers to perform the day-to-day operation of the Information and Referral/Assistance program.
c. All Information and Referral/Assistance staff must be able to communicate with the elderly who have speech, visual or hearing impairment.
d. All Information and Referral/Assistance staff must be knowledgeable of the available services and resources in the community.
e. Volunteers utilized must meet the same requirements of paid staff.
f. All staff (paid or volunteer) must receive specialized training that consists of:

    (i) Information on available community service providers and resources;
    (ii) The agency's operational policies and procedures;
    (iii) Completing screening/intake, referral and assessment forms; and,

(iv) How to use the state approved online resource database and Resource Directory to collect, organize, update and retrieve information on a continuous basis.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.13 **PERSONAL CARE SERVICES**

A. Definition and Purpose

Personal care services are services to assist the functionally impaired elderly and disabled with activities of daily living (ADL). The activities of daily living are bathing, dressing, eating, toileting, transferring, ambulation and assistance with medications which are ordinarily self-administered by the client; assistance with food preparation and feeding; performance of household services essential to the client's health and comfort in his/her home but not limited to.

B. Eligibility

Individuals 21 years and older who have functional, physical, or mental characteristics which prevent them from providing the service for themselves and who do not have an informal support network (family, friends, neighbors, etc.) capable of meeting their service needs.

C. Unit of Service

One unit of service equals one hour of direct service to, for or on behalf` of the client.

D. Minimum Program Requirements

All providers of personal care services under Title III, SSBG or other funds through contractual agreement with an Area Agency on Aging must adhere to the following minimum program requirements:

- All clients are to be entered into the State Approved Client Tracking System no later than 10 working days.

1. Service Activities - The Personal Care Worker shall have knowledge of and/or perform the following:

a. Human Growth and Development - Be knowledgeable of the aging process in order to assist the client in understanding his or her aging process and the changes that occur as he or she ages.
b. Personal Hygiene - Assist the client with the activities of daily living (ADLs)

such as:

1) Bathing
2) Tub bath/shower
3) Sponge/partial bath

c. Shampoo and Groom Hair - Wash, brush, oil and comb the client's hair.

d. Ambulation - Assist the client in walking from one point to another.

e. Diversion and Recreation - Take the client's mind off the pain or discomfort he or she may be feeling, reducing boredom. If client has a cane, wheelchair or walker, encourage the client to use it.

f. Dressing - Assist the client in finding, preparing and putting on or taking off clothes.

g. Toileting - Help the client to understand the importance of regular elimination of body waste and assist client in using the commode, urinal or bedpan.

h. Feeding - Feed client in a position that does not prevent digestion of food and does not block airway or cause choking.

i. Oral Hygiene - Keep the client's teeth and gums clean and healthy, mouth refreshed and encourage regular dental check-ups. This helps to improve the client's appetite.

j. Bed Making – Change the bed linen with or without the client in the bed.

k. Sleeping and Rest Habits – Be aware of the sleeping patterns and rest habits of older people and encourage clients to take frequent rest periods.

l. Safety – The Personal Care Worker should be aware of overall protection of the household from predictable hazards and do everything possible to ensure a safe environment for the client, which includes being knowledgeable of:

1) Basic first aid and CPR;
2) Proper cleaning techniques;
3) The effects of medication on clients;
4) How to prevent burns, falls and fires and the types of accidents to which elderly clients are prone;
5) The phone numbers to contact emergency personnel;
6) How to recognize the signs of abuse, neglect and exploitation; and proper reporting protocol.
7) Diseases such as AIDS, tuberculosis, pneumonia and other infections, communicable or contagious diseases and proper disease prevention techniques.

m. Health- Encourage healthy lifestyles with good habits of eating, dieting and exercising. The personal care worker should be aware of the leading causes of death among the elderly such as cancer, strokes, diseases of the heart/heart attacks and others. Evidence suggests that heavy smoking, alcohol abuse,

poor nutrition, improper exercise, and the lack of regular medical check-ups are associated with a variety of poor health conditions later in life.

n. Substandard Housing - Have a basic knowledge of existing county and city housing codes and be aware of the individual agencies' telephone number and process for making referrals for clients residing in substandard or inadequate housing.

2. Location of Service

Personal care services may be provided in the client's home.

3. Access to Services

a. A client may enter the service system at any point through an appropriate referral.
b. Priority shall be given to serving clients with the greatest need for the service.

4. Delivery Characteristics

The following guidelines represent the basis by which personal care services shall be provided. These guidelines serve as minimum instructions.

a. Voluntary Contribution - Clients shall be allowed to voluntarily contribute to the cost of the service. However, services will not be denied due to a client's inability to contribute.
b. Gloves and Masks - Personal care workers shall wear safety items such as gloves and partial facial masks when needed to prevent the spread of infections or diseases.
c. Service Hours - Personal care services shall be available at least five (5) days a week, preferably between 8:00 a.m. to 5:00 p.m.
d. Uniforms - Personal care workers shall wear uniforms. The uniform may consist of a smock top, a hospital scrub suit, lab jacket, apron, or whatever has been designated by the provider agency as a uniform. The uniform must be the same in color, style, and design for all the personal care workers. It is left to the discretion of the service provider to supply the uniform or have workers to purchase one. A personal care worker in a proper uniform has a professional appearance that makes the client feel more secure and enables the client to distinguish from other para-professionals entering the client's home.
e. Identification Badge -Personal Care Workers shall wear an Identification (ID) Badge or picture ID, which contains the agency name, the personal care worker's name and title. It is left to the discretion of the provider to determine how the badge is designed or obtained.
f. Confidentiality - Personal Care Workers shall maintain confidentiality of client information as indicated on the Consumer Information Form.

g. Case Record - The client case record shall consist of:

1) Consumer Information Form, which contains Confidentiality and Authorization Release;
2) Service Plan (non-case managed clients only);
3) Record of Contact (used for documentation of visits and other pertinent information); and,
4) Personal Care Activity Sheet.

h. Back-up System - The service provider shall provide a back-up system. A back-up system is vital during vacations, long periods of illness or death. The back-up system is a substitute, or an alternate means to ensure that the client is provided the service(s) on the service plan.

i. Reporting – Personal Care Workers shall report abusive behavior or situations to their supervisor immediately and document the behavior in the case record.

j. Harassment – Personal Care Workers shall not permit or tolerate sexual harassment or advances by clients. The worker must firmly state to the client or family member in the home that such behavior is not acceptable. If such behavior occurs, the worker should tell the client that such behavior will be reported to their supervisor and walk away. However, the worker shall handle the situation with diplomacy and tact but always refuse to participate in any sexual misconduct with the client.

k. Jewelry – Personal Care Workers shall limit the amount of jewelry worn into the client's home. A watch is the most appropriate piece of jewelry to wear. Dangling jewelry such as earrings, necklaces and bracelets should not be worn because they can catch on bedding and furniture, or the client may pull on them and injure the worker. A ring may scratch the client or become lost while performing tasks in the home. If these items are lost or damaged, they are not reimbursable by the provider or client.

l. Liability - The most important protection from liability for the personal care worker is to do exactly what has been prescribed on the care or service plan or instructed by the supervisor. When the worker follows the care or service plan or instructions of the supervisor, the provider agency assumes responsibility for the worker's actions.

m. Documentation - The worker shall write down on the record of contact any and all factual observations, contacts or visits with the client and actions or behaviors displayed by the client. This documentation is essential in determining if changes should be made in the care or service plan. It is also essential to show that certain tasks were performed on certain dates and times. Furthermore, the case record documentation is a valuable source of information in the event of legal action.

n. Waiting List - Each Area Agency on Aging (contracted or direct services) shall develop policy to ensure the provision of services to those eligible individuals in the greatest need waiting to receive assistance.

o. Coordination with Case Management - The personal care supervisor shall maintain regular and on-going communication with the case management provider. Such communication will keep both the worker and case manager abreast of the client

status and help in deciding whether to continue or terminate services.

p. Termination of Clients - Clients receiving services shall be terminated based on the following criteria:

1) Death;
2) Relocation out of state or Planning and Service Area;
3) Increased informal or formal support, or a relative moving in to care for client;
4) Improved health status or condition;
5) Client becoming abusive and belligerent, including sexual harassment;
6) Client refuses service;
7) Client reports that he/she no longer needs the service and is able to manage activities of daily living;
8) Client is placed in a long term care facility; and,
9) Services are duplicated.

Any situation involving the above criteria must be reported to the personal care supervisor and documented in the client's case record.

. 5. Staffing

a. The provider agency shall ensure that the agency has an adequate number of full-time and part-time staff to cover the counties where services are available in the PSA.
b. There shall be at least one (1) supervisor for every twenty full-time equivalent (FTE) personal care workers.
c. The person responsible for supervision of the personal care workers shall have the following qualifications:

1) A Bachelor's Degree in nursing, a Registered Nurse (RN), or a related profession; or
2) A Licensed Practical Nurse (LPN).

6. Training

a. The provider agency is responsible for assuring that all workers and supervisors are in compliance with the Quality Assurance Standards.
b. The supervisor shall observe and evaluate the worker performing assigned tasks in the client's home annually.
c. The provider agency shall provide on-going in-service training that consists of a minimum of eight (8) hours per year. Such training can be conducted in intervals most convenient for the agency and staff, and can consist of work shops, conferences or academic course work related to the agency designated

training material.

d. All personal care workers and supervisors shall receive orientation training provided by the agency prior to performing any assigned tasks relating to the program. Orientation training shall consist of:

1) Introduction to the agency and organizations in the aging network;
2) Introduction to community resources;
3) Review of the agency and Division of Aging and Adult Services policies, procedures and applicable service regulations;
4) Overview of the program history, intent, funding source and target population; and,
5) Worker responsibilities and tasks.

e. Employee background checks are required due to the increase in adult abuse, child abuse, terrorist acts and false or inflated information supplied by job applicants.

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7. Case Record Retention

a. All client records shall be retained for four (4) years after a client has been terminated from the program.
b. If a client has been terminated and re-enters the system within four (4) years from the date of termination, the previous case-record shall be retrieved, updated and used.
c. All case records shall be maintained in an area that will protect confidentiality of information, protect from damage, theft and unauthorized inspection or use.

8. Monitoring, Evaluation and Reporting

a. The MDHS Office of Monitoring shall monitor the Area Agency Program annually with periodic reviews at the discretion of the Division of Aging and Adult Services.
b. The Area Agency on Aging shall monitor the service provider semi-annually.
c. The personal care units of service provided will continue to be reported on the Monthly Program Performance Report submitted to the Division of Aging and Adult Services and by the Area Agency on Aging.

9. Prohibited Service Activities

The personal care worker may be faced with problems while caring for a client and may be asked in the work place to perform tasks that are not part of the job description. If asked to perform a prohibited activity, the worker may reply, “I am not allowed to do that; the agency must give me permission before such work can be done." The worker shall not:

a. Use client's car;
b. Consume client's food or drink;
c. Use client's telephone for any reason other than an emergency or work-related activity;
d. Engage in the discussion of his/her personal problems or religious or political beliefs with clients;
e. Breach client's confidentiality;
f. Accept gifts or tips;
g. Bring friends, relatives, or other guests to the client's home;
h. Engage in consumption of alcoholic beverages in the client's home or prior to or during service delivery to clients;
i. Smoke in client's home;
j. Solicit money or goods from the client;
k. Perform or engage in yard maintenance;
l. Perform or engage in home repairs;
m. Administer medication or give injections;
n. Use illegal drugs;
o. Wear high or spiked heels;
p. Use abusive language in the client's home;
q. Engage in sexual misconduct with client;
r. Clean up after anyone except the client or the client's spouse if he or she cannot do so;
s. Engage in heavy cleaning;
t. Hang or launder curtains;
u. Wax hardwood floors; or
v. Move heavy furniture.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.14 **RESPITE**

A. Definition and Purpose

Respite care is providing temporary relief time for the regular or primary caregiver (spouse, child, relative) of an ill, frail, infirm, functionally impaired older individual or dementia patient who requires constant in-home care.

The purpose of respite care is to:

1. Prevent, delay, or avoid premature or unnecessary institutionalization;
2. Prevent abuse;
3. Prevent or reduce physical and emotional stress on the family;

4. Give primary caregivers some much needed personal time from the caregiver's role;
5. Prevent caregiver's burnout; and,
6. Give the caregiver an interval of rest from the burden of constant caregiving.

B. Eligibility

Persons 60 and older with a Level II score of 22 or above on the screening instruments are eligible for Respite Services.

C. Unit of Service:

One (1) unit of service equals one (1) hour of relief to the caregiver.

D. Minimum Program Requirements:

Each service provider of Respite funded by Title III of the Older Americans Act, SSBG or other funds, through an Area Plan must comply with the Minimum Program Requirements developed by the Division of Aging and Adult Services.

- All clients are to be entered into the State Approved Client Tracking System no later than 10 working days.

1. Service Activities

a. The Respite Care worker must provide one (1) or more of the following primary activities: feeding, personal care needs, companionship, support or general supervision.

b. Respite Care is provided by placing a respite worker in the client's or caregiver's home; or the client can attend a local senior center or adult day care center.

2. Location of Service

Respite services are provided in the client's or caregiver's home or a local senior center. Institutional Respite is provided by one of the following:

a. DAAS approved adult day care center;
b. Licensed board and care home;
c. Nursing home;
d. Hospital; and,
e. Trained Respite Care Worker.

3. Access to Service

The client may enter the service system at any point through an appropriate referral.

4. Delivery Characteristics

a. Each client shall have a client record to include:

1) Screening/intake instrument;
2) Client assessment instrument;
3) Documentation of services provided, date and time, and name of respite worker providing the service;
4) A plan of care, if applicable;
5) Authorization releases, where appropriate;
6) Health and medical information;
7) Referral form, if applicable;
8) Notice of termination of service, if applicable; and,
9) Confidentiality Agreement form.

b. Respite services may be available day or night, seven (7) days a week, including holidays.
c. Respite care at a local senior center shall be provided during the center's hours of operation and the client must meet the requirements established by the senior center.
d. Institutional respite care at DAAS approved adult day care centers shall be provided during center's hours of operation and the client must meet the requirements established by the center.
e. Institutional respite at licensed nursing home, licensed board and care or hospital shall be provided 24 hours a day.
f. If respite service is provided at any location other than the client's home, the client must meet the requirements established by the licensed facility and the licensed facility must meet the licensing requirements of the Mississippi state

department of Health.

g. The client shall be allowed the opportunity to contribute to the cost of the service.

5. Staffing

a. There shall be a professional person responsible for the day-to-day operation of the service.

b. There must be an adequate number of staff to meet the goals of the program.

c. All Respite staff must have training in first aid, CPR and the Heimlich Technique prior to being one-on-one with a client.

d. The respite worker should:

1) Have past experience in caring for someone who is ill, disabled and elderly;
2) Have the ability to communicate with clients with speech impairment; (No formal training is needed to detect a speech problem);
3) Be competent, patient, trustworthy and cooperative;
4) Be able to maintain confidentiality;
5) Have reliable transportation;
6) Be flexible for day or night relief; and,
7) Be emotionally and physically capable to care for persons who have physical and/or mental limitations.

e. In-service training is required of all staff and the responsibility of the sponsoring agency. Training should consist of:

1) Safety education;
2) Elderly abuse detection and prevention;
3) Emergency procedures4) Confidentiality;
5) First aid, CPR;
6) Communication skills;
7) The Aging process; and
8) Orientation to the Respite Program (policies and procedures).

6. Prohibited Service Activities

The following activities are prohibited by the Respite Worker:

a. Use of clients' cars;
b. Consumption of clients' food or drink;
c. Use of clients' telephones for any reason other than an emergency or respite related activities;
d. Discussion of own personal problems, religious, or political beliefs with clients;
e. Breach of clients' confidentiality;

f. Acceptance of gifts or tips;
g. Friends or relatives of respite worker brought to clients' homes;
h. Consumption of alcoholic beverages in client's home or consumption of alcoholic beverages prior to or during service delivery to clients;
i. Smoking in clients' homes;
j. Solicitation of money or goods from clients;
k. The respite worker may choose to eat their own lunch in clients' home if authorized to do so by the clients;
l. The respite worker may use the clients' bathroom facilities;
m. Yard maintenance;
n. Pet grooming.;
o. Home repairs; and,
p. Administering medication. (The respite worker can remind the client to take medicine and assist client by passing to client the medicine to be taken).

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.15 **SENIOR CENTER**

A. Definition and Purpose

Senior Center - a focal point in the community where persons, individually or as a group, come together for a broad spectrum of educational and recreational services, programs and activities. A Senior Center is a facility where individuals, 60 years of age and older, come to socialize, develop skills, engage in activities and learn new roles which enhance their dignity, support their independence and encourage their involvement in and with the community.

Focal Point - a highly visible facility where anyone in a community can obtain information and access to aging services.

The purpose of Senior Center is to help older persons:

1. Adjust to the changes in roles;
2. Overcome the feelings of loneliness, helplessness and futility that tend to accompany old age;
3. Use old skills;
4. Learn new skills and new social roles;
5. Engage in active decision-making within both the center and community;
6. Prevent isolation;
7. Feel useful, self-confident and worthy;
8. Gain access to various services, programs and resources in the community.
9. Build relationships, meet friends;
10. Enjoy life while aging; and,

11. Obtain information.

B. Eligibility

Qualification -Persons age 60 and older with score ranging from Level I through Level III on the screening instrument, with priority for service being given to those individuals with a Level III score.

Contributions –clients shall be allowed the opportunity to contribute to the cost of service. The Center shall assure that no one is denied service because he/she cannot or will not voluntarily contribute to the program.

C. Unit of Service

One unit of service equals participation in activities at the Center by a client for at least four hours during a 24-hour period.

D. Minimum Program Requirements

Each service provider of Senior Center activities under Title III of the Older Americans Act or other funds through contractual agreement with an Area Agency on Aging must adhere to the following requirements developed by the Division of Aging and Adult Services:

1. Service Activities

A Senior Center must provide daily at least three or more services within the following service components:

a. Individual services and activities (refer to Quality Assurance Standards on each service).

1) Counseling and Referral: assisting the client with personal problems such as health, housing safety, legal, family, financial, through center-based group and individual services and through referral to other community resources. Through counseling the client can be assisted in understanding emotional and physical concerns.
2) Day Care: provides services to frail individuals who are in need of more assistance and support than is the typical Center participant, due to physical or emotional handicaps.
3) Employment: generating a number of both paid and volunteer jobs. In addition, a Center may be encouraged to develop a job bank; e.g. for babysitting; paid live-in companions; mail order; repair services; employment service; or other ways in which older persons can earn money.
4) Escort: accompanying an older person, individuals, or small groups, to assist with tasks or appointments.
5) Health: assisting participants in achieving and maintaining the

highest possible degree of physical and emotional well-being.

6) Outreach: search and find activities to identify hard-to-reach older persons and assist them in gaining access to and utilizing needed services.
7) Transportation: the provision of vehicles to accommodate older persons to and from needed resources. Some participants may need transportation to the Senior Center.
8) Legal Services: assisting older persons in obtaining legal counseling, advice or guidance in issues affecting the elderly.
9) Entitlement and Benefits Services: providing information and assisting in completing applications to obtain entitlement and other benefits available to elderly citizens.

b. Group activities:

1) Creative Arts: instruction and facilities for self-expression through activities such as woodworking, clay work, weaving, leather work, water and oil painting, sketching, ceramics, sewing, music and dance.
2) Education: discussion groups and speakers on current issues, classes in language skills, the humanities, consumer affairs, vocational skills, leadership training and group awareness programs, workshops and conferences.
3) Nutrition: (congregate meals) providing food and fellowship in a group setting.

c. Services to the Community:

1) Action and Advocacy: Organizing groups of participants to be creative on their own behalf regarding issues which affect them and/or the total community. Through the Center, older individuals mobilize to work for changes for themselves and their communities through meeting with legislators, government officials and others at local, state and national levels.
2) Volunteers: older persons promoted and organized by the Senior Center for work in hospitals, homes for the aged, children's institutions, schools, social service organizations and other appropriate places.
3) Safe Haven: The Senior Center may provide a safe, secure option for seniors during times of inclement weather, natural or other disaster.

d. The client shall be allowed the opportunity to contribute to the cost of the service.

2. Location of Service

A Senior Center should be located in the community, or a neighborhood which is accessible to the population it is to serve. The center should be convenient to

available transportation. The Center should be clearly marked by a large sign or logo which identifies it as a Senior Center in the community. Senior Centers begun after May 2006 must incorporate universal building design concepts and safe construction code features designed to withstand severe weather conditions. Senior Center can be housed or located in the following:

a. Renovated school building;
b. Markets, shopping malls and centers;
c. Newly constructed facilities;
d. Libraries;
e. Community centers;
f. Churches;
g Convents;
h. Public and private housing; and,
i. Public buildings.

3. Access to Service

A client may enter the service system at any point through an appropriate referral and be screened to determine eligibility before gaining access to Senior Center services.

4. Delivery Characteristics

a. Each client shall have a case record that must include:

1) Consumer Information form/intake instrument;
2) Consumer Information Form which contains Confidentiality and Authorization Release;
3) Health and medical information;
4) Documentation of services received;
5) Approval/termination notice; and,
6) Contact name and number for participant in case of emergencies.

b. Senior Center services and activities shall be provided a minimum of five days per week, Monday through Friday, for at least four hours per day between 8:00 a.m. and 5:00 p.m.

c. A Senior Center facility must:

1) Have a telephone readily available for staff and participants use in emergencies;
2) Have adequate space to allow for large group meetings, for small activities, for privacy in which individual counseling can take place;
3) Have a kitchen, if on-site meals are prepared or served, as well as adequate space for the staff and for the storage of materials;
4) Use rooms that are appropriately ventilated and have proper lighting;
5) Have furniture within the Center that is comfortable and homey rather

than office or clinic-like in appearance;

6) Have a heating and cooling system that is kept at a comfortable temperature and adequately secured so that participants do not come in direct contact with the system;
7) Have drinking water from a source approved by the State Board of Health, supplied by sanitary means and must be located in or near the room(s) usually occupied by participants;
) Have adequate bathroom facilities, including hand washing equipment; must be readily accessible from the area where most of the center activities occur; (Paper towels must be available in all bathrooms);
9) Meet and be approved by local, state, and federal laws and regulations regarding fire, safety, health, sanitation, zoning and other building code specifications;
10) Be located in an area which is accessible to a cross section of older persons, rather than a targeted group;
11) Have adequate parking facilities, including handicapped parking;
12) Keep floors and walls clean and free of dampness and odors;
13) Have available isolate space in which a sick or upset participant can be cared for temporarily;
14) Adhere to the Quality Assurance Standards required by the State Unit on Aging;
15) Serve as a bridge and link between the participant and community;
16) Have an area designated as a lounge area for participants;
17) Attract and serve minority low income handicapped and frail elderly;
18) Be established as a non-profit organization;
19) Have a designated area to display and sell items and articles made by the participants of the Senior Center, if appropriate; and,
20) Facilities erected, renovated or restructured after May 2006 must include a kitchen, bathroom facilities, shower facility, alternate energy sources, and comply with universal building design concepts, and safe construction code features designed to withstand severe weather conditions.

5. Monitoring, Evaluating and Reporting

Monitoring is important in assessing whether or not the Senior Center is meeting the objectives outlined in a contractual agreement with an Area Agency.

a. Area Agencies will send monthly reports regarding participant data, attendance and services provided to the Division of Aging and Adult Services (DAAS), the State Unit on Aging within 12 days after the end of the month.
b. The Office of Monitoring will monitor Senior Centers annually.
c. The Area Agency will monitor Senior Center activities and services quarterly.
d. The Area Agency will provide client demographic data and other relevant information to the State Unit on Aging to be used in obtaining funding and

support for Senior Centers.

e. The Area Agency shall sponsor meetings quarterly for all Senior Center Directors to provide technical assistance, to develop problem solving and program development approaches, to strengthen service delivery, and to promote expansion.

6. Personnel Management

a. All Senior Centers shall have written policies and procedures regarding each of the following:

1) Discipline or termination procedures;
2) Hours, leave, absences, and method of scheduling;
3) Evaluation procedures;
4) Fringe benefits and insurance;
5) Promotional opportunities, recruitment and selection process; and
6) Grievance procedures and appeal process.

b. Written job description and qualifications for each position, paid or volunteer, in the Senior Center.

c. An established wage scale for each job category.

7. Staffing

a. There must be a person designated to be responsible for the day-to-day operation of the center.

b. There must be an adequate number of staff to accomplish the purpose of the program.

c. All prospective staff members must present evidence of physician's examination within two weeks of employment.

d. Volunteers must be trained and must meet minimum requirements established by the agency.

g. The Senior Center service provider shall check references on all employees and volunteers.

8. Training

a. All staff shall complete First Aid, CPR and Heimlich technique training as a part of in-service training.

b. In-service training shall be provided.

c. In-service training may consist of:

1) The normal aging process - biological, sociological and psychological changes;
2) Understanding the behavior of older persons;
3) Emergency procedures - fire safety, injuries, handling of minor and

major illnesses;

4) Introduction to community resources, the Division of Aging and Adult Services (DAAS), the State Unit on Aging, and the agency policy and procedures;
5) Recognizing signs of elder abuse;
6) Interviewing, communication and active listening skills;
7) Record keeping, reporting and monitoring;
9) Techniques on working with the impaired and difficult elderly person; and,
10) All training activities shall be documented.

9. Emergency Plan

Emergency Plan must be established and in writing with instructions that must include the name and telephone number of a physician on call, written arrangements with a nearby hospital for in-patient and emergency room service, provision for ambulance transportation, and evacuation procedures which are diagramed and posted. Emergency numbers for emergency situations must be posted.

10. Prohibited Senior Center Service Activities

Center staff may not provide nursing care or administer medication (but may remind participants to take medication).

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.16 STATE HEALTH INSURANCE COUNSELING AND ASSISTANCE PROGRAM

The State Health Insurance Counseling and Assistance Program (SHIP) is designed to help Medicare beneficiaries by providing information and assistance on Medicare health insurance, the Medicare Prescription Drug Program, updates to the Medicaid program, updates to Medicare Supplement Insurance, Long-term Care financing options, Medicare Advantage Plans, SenioRxMS and Access to Benefits Coalition.

A. The purpose of SHIP is to:

1. Provide:

a. beneficiaries with information and counseling regarding their Medicare benefits, Prescription Drug coverage and potential benefits of Medicare Advantage Plans;

1) Access:

(a) the Internet utilizing various web sites as reference tools when counseling and assisting Medicare beneficiaries;
(b) web-based training tools developed for SHIP such as: training, reporting, and MDHS Calendar;

b. information and counseling regarding long-term care financing options; and
1) one-on-one counseling to beneficiaries concerning gaps, overlaps and duplication in health insurance coverage.

2. Assist:

a. beneficiaries in understanding their Medicare benefits;
b. beneficiaries in organizing and understanding their medical bills;
1) beneficiaries in understanding Medicare Supplemental Insurance policies and how these plans coordinate benefits with Medicare;
c. beneficiaries in finding patient assistance programs with free or low cost drug programs or other eligibility with other programs through State web based application BenifitsCheckup; and
d. beneficiaries with their enrollment in Medicare Prescription Drug Plans, Medicare Advantage Plans and the Low Income Subsidy program (Extra Help).

3. Increase:

a. beneficiaries' awareness of insurance companies licensed to sell Medicare Supplemental Insurance (Medigap) consisting of the standard plans;
b. beneficiaries' knowledge and awareness of Medicare Advantage Plans and the effect enrolling in such plans would have upon their health coverage; and
c. beneficiaries' knowledge of Medicaid program eligibility requirements;

4. Make appropriate referrals by linking and connecting beneficiaries with needed services;

5. Participate in the Centers for Medicare and Medicaid Services (CMS) training and conference workshops including teleconferences hosted by CMS in partnership with the Administration on Aging;

6. Collaborate with MS Access to Benefits Coalition (ABC) to provide coordinated assistance to Medicare beneficiaries;

7. Collect information of Medicare inquires from client contacts and submit information on the Client Contact forms in the National Performance Report (NPR) via https://shipnpr.shiptalk.org.

8. Collect information from SHIP Outreach events and submit information on the Public and Media Activity forms in the National Performance Report (NPR) via https://shipnpr.shiptalk.org.

9. Collect data of SHIP counselor and volunteers' time for resource report and submit to State SHIP Director.

    a. Must keep track of number of counselors and volunteers within Region.
    b. Must keep track of hours spent by SHIP counselors and volunteers within Region.

B. Eligibility

Anyone inquiring or on behalf of persons disabled or a Medicare beneficiary is eligible for the SHIP Service.

C. Unit of Service

One unit of service equals one contact with a Medicare beneficiary or contact with a representative on behalf of a Medicare beneficiary. A creditable unit of service is a one-on-one contact reported in NPR via https://shipnpr.shiptalk.org or a contact at an outreach, training, or enrollment event.

D. Minimum Program Requirements

Each service provider offering the SHIP Service funded by CMS or other funds through an Area Plan must adhere to the following program requirements established by CMS and the Division of Aging and Adult Services.

1. Service Activities

    a. The SHIP program shall:

        1) receive all incoming inquires from the general public regarding Medicare;
        2) assess and evaluate inquiries received from a Medicare beneficiary or on behalf of a beneficiary; provide accurate information about community services and resources; maintain and be knowledgeable of current reference and resource files for beneficiaries;
        3) assist beneficiaries to obtain needed services;
        4) make appropriate referrals;
        5) complete appropriate sections of the Client Contact Form;
        6) follow up on all referrals with the beneficiary, person on behalf of the beneficiary or the resource agency to determine if the needed services were received;
        7) maintain confidentiality. The beneficiary has the right to assured confidentiality regarding his/her record especially when providing assistance with enrollment in a Medicare Prescription Drug program, or the Low Income Subsidy program, a Client Agreement Form should be completed and signed by the SHIP Coordinator or SHIP Counselor and beneficiary;
        8) if needed, obtain a signed Release of Information from the beneficiary that may be needed when making valid referrals with current personal information to resource agencies if appropriate;

9) access www.medicare.gov or www.cms.gov websites: as a resource for latest information on Medicare;
10) Establish, maintain and/or coordinate operation of Rural Access counseling sites.
11) Coordinate with or establish and maintain, recruit and train volunteers/part-time persons to use prepared tools at rural counseling sites;
12) coordinate with organization established as rural counseling sites with internet capability, examples: libraries, faith-based organization, other non-profit organizations and WIN Job Centers;
13) coordinate hours of operation for Rural Access Counseling, i.e. 2 – 3 days per week, 4 hours per day, monthly for rural access;
14) use State web-based calendar to post outreach activities identifying the AAA is utilizing the site;
15) send report of scheduled events by the 25th of each prior month to the State SHIP Office.

b. The SHIP Coordinator shall:

1) complete the National Medicare Training Program Modules and pass the SHIP Certification Exam annually;
2) have email and internet capability to receive the latest information essential for counseling services;
3) involve the media and other mechanisms to inform the general public of the availability of SHIP services;
4) recruit and train volunteers to be utilized in the delivery of SHIP services;

   (a) ensure volunteers know their job description and
   (b) ensure volunteers sign the Volunteer Confidentiality Agreement

5) maintain a comprehensive resource file, directory, listing or classification system which identifies available resources, locations, fees charged, services provided, client eligibility requirements and populations serviced, etc.;
6) participate in Federal and State conferences, CMS/AoA workshops, meetings, MDHS/DAAS mandatory quarterly training sessions, serve on committees, and other activities to develop a comprehensive coordinated networking system and relationship with resource and service agencies in the community, increasing the availability and accessibility of services and resources for senior citizens in the AAA's service delivery area;
7) attend the annual National Medicare Training Program in Atlanta, Georgia ensuring each SHIP Coordinator has latest training CMS training and modules;
8) report to the AAA information obtained on the needs of beneficiaries, the adequacy of community resources in meeting the needs of beneficiaries, and the effectiveness of public and private effort in meeting the priority needs of individuals in the community and the frequency of requests for the services;
9) submit client contacts and public and media activity into the NPR via https://shipnpr.shiptalk.org by the deadline designated by the State SHIP Office. Data will be retrieved by the State SHIP Office every month; and
10) maintain files that consist of the following items at a minimum to support attendance at training sessions: a training agenda, sign-in sheets, and materials from the lecture.

2. Access to Service

    1) The beneficiary may enter the SHIP service system at any point from any source, (telephone, written referral, walk-in, media advertisement, family friend, relative, neighbor, church, senior center, adult day care center, hospital, civil or social organization, federal, state or local or government agencies, etc.)

3. Service Delivery Characteristics

    a. Each client record shall contain the following information where appropriate:

        1) Client Contact Form with appropriate entries, and
        2) Client Agreement or authorization release, if sensitive personal information is gathered.

    b. SHIP services must be available during normal working hours, Monday through Friday.
    c. The SHIP provider must have satisfactory arrangements to ensure that files are kept in a locked file cabinet and inaccessible to the general public.
    d. SHIP must have satisfactory procedures established to provide or obtain services for the non-English speaking, physically handicapped, developmentally or mentally disabled elderly person 60 years of age and older, where appropriate.

4. Staffing

    a. There **must** a qualified State SHIP Director responsible for the day-to-day operation of the program.
    b. There must be an adequate number of Area Agency SHIP Coordinators and certified SHIP Volunteer Counselors to meet the beneficiaries in each county for the purpose of the program.
    c. SHIP staff must be able to communicate with individuals who have speech, visual or hearing impairment.
    d. Staff responsible for SHIP **must** be knowledgeable of the available services and resources in the community.
    e. Volunteers may be utilized as Counselors but must meet the requirements outlined in the Division of Aging and Adult Services' Memorandum of Understanding Regarding Volunteer Counseling Responsibilities and Obligations, specifically:

        1) undertake initial self-paced training with the Medicare Modules and shadowing of certified SHIP Counselors and pass the SHIP Certification for counseling;
        2) continue mandatory quarterly training as required under this program; become a registered user in the SHIPtalk website via https://shipnpr.shiptalk.org;
        3) complete client contact sheets and submit them into the NPR via https://shipnpr.shiptalk.org or submit client contact sheets each month to the local SHIP Coordinator;

4) restrict use of confidential and personal data to performance of duties described in the program guidelines;
5) refrain from promoting private or personal interest in conjunction with the performance of duties covered in SHIP guidelines; and
6) volunteers associated with or related to any person or organization affiliated with the selling of insurance is prohibited – no exceptions.

f. In-service training is required for SHIP staff and is the responsibility of the Area Agency on Aging or its designee.

g. Staff (paid or volunteer) must receive specialized training that consists of:

1) understanding and implementing the Agency's operational policies and procedures;
2) completing Client Contact Form, Client Agreement and submission of Client Contact and Public and Media Activity Forms into the NPR via https://shipnpr.shiptalk.org;
3) using customer service counseling skills to improve: telephone techniques and procedures; the interviewing process; and active listening skills; and
4) understanding the aging process.

h. Plan and coordinate with volunteer or paid staff at Rural Access counseling sites.

Source: Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)

Rule 2.17 **TRANSPORTATION**

A. Definition and Purpose

Transportation – the traveling of eligible older individuals to and from community resources for the purpose of obtaining needed services or goods.

Transportation is an essential part of the community infrastructure that individuals need to gain access to the goods, services, and social contacts that support their day-to-day existence and quality of life.

The purpose of transportation is to (1) maintain the independence of older adults as long as possible by promoting access to available services in the community; (2) assist older individuals in maintaining mobility; (3) delay premature institutionalization through the provision of travel to obtain needed services or goods.

B. Eligibility

Anyone 60 years of age and older who is not a resident in a longterm care facility are eligible for transportation services

C. Unit of Service

A unit of service is a one way trip to a designated location.

D. Minimum Program Requirements

All clients are to be entered into the State Approved Client Tracking System. If a client is screened using a paper form, that client should be entered into the system no later than 10 working days from the screening.

All service providers offering transportation services through a contractual agreement with an area agency on aging must adhere to the following requirements:

1. Service Activities

Transportation shall be provided for the following purposes:

a. Medical and/or dental treatment
b. Social service and other related agencies/functions
c. Personal care needs
d. Hospice care
e. Foster care/adult day care services
f. Other applicable services based on needs

2. Location of Service

Transportation service is initiated at a client's location and transported to a designated location.

3. Access to Service

The client may enter the service system at any point through appropriate referral.

4. Delivery Characteristics

a. Each client record will contain the following information where appropriate:

1) Health, medical information indicating any impairments;
2) Screening/intake form (required form);
3) Documentation of services provided; and
4) Authorization releases, where appropriate.

b. Transportation shall be available a minimum of five days a week, preferably between the hours of 8:00 a.m. and 5:00 p.m.
c. All drivers shall have a safe driver record, and commercial driver's license, as required by the Mississippi Safety Patrol.
d. All vehicles must be maintained in a safe and clean condition.
e. Written policies and procedures regarding accidents, traffic violations and vehicle safety and maintenance shall be maintained.
f. When utilizing the service, each older person shall be given an opportunity to voluntarily contribute to the cost of the service.

5. Staffing

   a. All transportation service providers must designate a person who is responsible for the day-to-day operation of the transportation service.
   b. There must be an adequate number of staff to accomplish the purpose of the service.
   c. All prospective transportation staff members shall obtain a signed statement from a licensed physician acting within the scope of the physician's practice that states that the driver has no medical or physical condition, including an incurable vision impairment, that may impair safe driving, passenger assistance, emergency treatment, or the health and welfare of a consumer or the general public before providing the first service.
   d. The driver must take and pass a drug and alcohol tests.
   e. Volunteers used in the transportation service shall be trained and meet minimum requirements established by the provider.
   f. All drivers must be trained in basic first aid, emergency procedures and defensive driving before being allowed to carry passengers.

6. Prohibited Service Activities

   a. Operating a vehicle under the influence of any substance that impairs his/her ability to operate the vehicle.
   b. Personal use of vehicles.

Source: MS Code Ann. §43-7-1, §43-7-7 (Rev. 2009); Older Americans Act of 1965, As Amended 2006 (Public Law 109-365), Section 373(e) (1)