

STATE PLAN ON AGING FFY 2022-2026

Mississippi Department of Human Services
Division of Aging and Adult Services

Tate Reeves
Governor of Mississippi



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Date

Mr. Constantinos Miskis, Regional Administrator
U.S. Administration on Aging, Region IV
Atlanta Federal Center
61 Forsyth Street, SW, Suite 5M69
Atlanta, GA 30303-8099

Dear Mr. Miskis:

As Mississippi's State Unit on Aging Director appointed by Robert G. Anderson, Executive Director of Mississippi Department of Human Services, I hereby submit the State Plan on Aging for Mississippi for the period of October 1, 2022, through September 30, 2026.

The enclosed plan provides the goals, objectives, and strategies that supports ACL's five plan focus areas: OAA core programs, COVID-19 topic area, equity, expanding access to HCBS, and caregiving. Mississippi's State Plan continues to advocate for choice and independence for older adults, persons with disabilities, and caregivers. Included is the verification of intent, assurances, and other requirements as outlined under the provisions of the Older Americans Act of 1965, as amended.

Mississippi's State Unit on Aging and its various partners and stakeholders are committed to ensuring continual innovations to best meet the needs and preferences of older adults and persons we serve throughout the state.

If you have any questions related to Mississippi's State Plan on Aging, you may contact me at KenYada.blake@mdhs.ms.gov or 601-359-4909. You may also contact the Director of Programs Mary Shearrill at mary.shearrill@mdhs.ms.gov or 601-359-5005.

Best regards,

KenYada Blake-Washington
Mississippi's State Unit on Aging Director

Verification of Intent

The State Plan on Aging is hereby submitted for the State of Mississippi for the period October 1, 2022, through September 30, 2026. 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 older adults by reviewing and commenting upon all State Plans, budgets, and policies which affect older adults, to provide technical assistance to any agency, organization, association, or individual representing the needs of older adults, 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.

Date

KenYada Blake-Washington, Director, State Unit on Aging
Division of Aging and Adult Services

Date

Robert G. Anderson, Executive Director
Mississippi Department of Human Services

Date

Tate Reeves, Governor
State of Mississippi

Contact Information

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Mississippi Access to Care/State Health Insurance Assistance Program
844-822-4622

AREA AGENCIES ON AGING /PHONE /COUNTIES SERVED

CENTRAL MS AAA P.O. BOX 4935
JACKSON, MS 39296
601-981-1516
888-995-9925
Copiah, Hinds, Madison, Rankin, Simpson, Warren, Yazoo

EAST CENTRAL AAA P.O. BOX 499
NEWTON, MS 39345
601-683-2401
800-264-2007
Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba,
Newton, Scott, Smith

GOLDEN TRIANGLE AAA
P.O. BOX 828
STARKVILLE, MS 39760
662-324-4650
662-332-2636
888-324-9000
Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster,
Winston

NORTH CENTRAL AAA 28 INDUSTRIAL PARK BLVD
WINONA, MS 38967
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662-283-2771
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Attala, Carroll, Grenada, Holmes, Leflore, Montgomery,
Yalobusha

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Covington, Forrest, George, Greene, Hancock, Harrison,
Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River,
Perry, Stone, Wayne

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Lincoln, Pike, Wathall, Wilkinson

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Monroe,
Pontotoc, Union

Executive Summary

The Mississippi Department of Human Services (MDHS) is dedicated to serving individuals while providing a wide range of public assistance programs, social services, and support for children, low-income individuals, and families. MDHS and the Division of Aging and Adult Services (DAAS) supports the mission of “Offering Mississippians young and old tangible help today to create lasting hope for tomorrow”.

The Division of Aging and Adult Services (DAAS) is the Mississippi State Unit on Aging (SUA) designated by the Office of the Governor to receive and administer federal funds allocated through the Older Americans Act (OAA) of 1965, as amended in 2016. The OAA is administered through the Administration for Community Living (ACL) under the direction of the Assistant Secretary for Aging.

MDHS DAAS has undergone several staff transitions over the course of the past year. Under the direction of new Executive Leadership, DAAS team leaders will provide a program oversight that prioritizes teamwork, transparency, and compliance. DAAS will continue to provide innovation along with best practices for carrying out the goals and duties of the SUA.

Goals, Objectives, and Measures

In compliance with the OAA requirements, DAAS has developed clear, measurable goals and objectives that meet ACL’s focus areas: COVID-19, Equity, Expanding Access to HCBS, and Caregiving. These goals embrace a person-centered approach to improve service delivery, strengthen the aging network, and increase safety for older Mississippians and people with disabilities including advancing equity for Black, Latino, Indigenous persons, Native Americans, Asian Americans, and Pacific Islanders, members of religious minorities, and marginalized populations.

Mississippi’s SUA goals for Federal Fiscal Years 2022 through 2026 are:

Goal 1: Provide long-term services and supports that enable older Mississippians, their families, caregivers, and persons with disabilities to age in place and enable them to live safely in communities long as possible.

Goal 2: Promote equity in service provision to older adults who participate in the Older Adult Nutrition Program through the use of person-centered counseling.

Goal 3: Increase long-term care residents’ knowledge of other long-term options through collaborative efforts among the aging networks.

Goal 4: Increase the capacity and visibility of the No Wrong Door System to ensure older Mississippians, persons with disabilities, caregivers, and families are aware of and have access to information about resources and services that is accurate and reliable.

Goal 5: Empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits.

Goal 6: Investigate reports of abuse, neglect, and exploitation of vulnerable persons and provide services in the least restrictive manner that will protect the individual’s right to self-determination.

The goals set forth in this State Plan will continue to improve the service delivery system, equity, and allow for a higher quality of service and potentially increase the number of available resources for Mississippi’s

continuously growing older adult population, disability population, marginalized populations, their families, and caregivers. DAAS has and continues to work collaboratively and diligently with partners from the federal government and the aging and disability network to combat new challenges posed by the ongoing Coronavirus (COVID-19) pandemic.

DAAS' core programs, authorized under the OAA, alongside other programs administered by the division, help provide Mississippi's aging and vulnerable adult community with services and supports to remain in their homes and communities. The programs empower individuals to live healthy, independent lifestyles while educating citizen stakeholders on their rights and available options when living either independently or in a long-term care facility. DAAS and its provider partners are dedicated to providing services and support to all older adults while paying special attention to those individuals and their caregivers who express the greatest social and economic needs. These needs are defined in Section 305(a)(2)(E) of the OAA as being "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

The Area Agencies on Aging (AAAs) are geographically located within ten (10) state-designated Planning and Development Districts and act as regional planning and service agencies for the state's OAA funding. These local agencies are responsible for establishing contracts with local providers, ensuring adherence to OAA service standards, and communicating with the SUA regarding the needs of the local aging populations. Funds are allocated through an Intrastate Funding Formula (IFF) developed by MDHS in consultation with the AAAs and approved by ACL.

MDHS Statewide Needs Assessment Summary Report 2022

This report presents a statewide assessment of Mississippi's aging and adult services system. This landscape analysis highlights the current and future needs of Mississippians who are 55 years of age and older. Data for this report was collected via various methods, including telephonic surveying of the target population, web-based surveys, and focus groups with a network of stakeholders. Mississippi's aging and adult services system consists of:

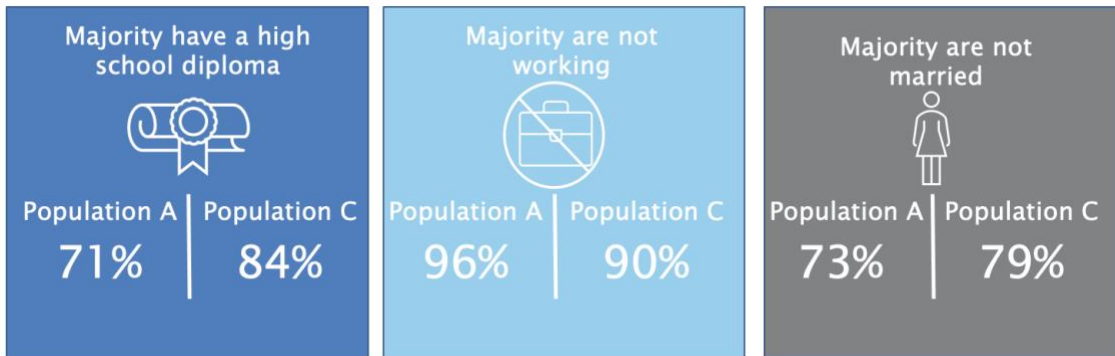
The Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS), responsible for the oversight of programming and allocation of funding statewide

A collection of 10 Area Agencies on Aging (AAAs), responsible for contracting, managing, and funding regional service providers

A broad array of contracted service providers are responsible for serving older Mississippians. Additional information is presented in this report for context. This information was extracted from the United States Census Bureau, Centers for Disease Control and Prevention, and various industry journals.

The information and data collected outlines the following statewide demographic profile for older Mississippians.

Demographics



According to the data collected from older Mississippians currently receiving and awaiting services, the majority have a high school diploma, are not working, and are not married. Figure 1 furnishes a detailed overview of these demographics. See attachment for full Mississippi Needs Assessment.

Mission, Vision, Values

Mission:

Offering Mississippians young and old tangible help today to create lasting hope for tomorrow

Vision:

The Division of Aging and Adult Services envisions every Mississippian having the opportunity to enjoy wellness, longevity, and good quality of life in strong healthy communities.

Values:

Integrity

DAAS is committed to being honest and having strong moral principles.

Compliance

DAAS is committed to all compliance efforts.

Excellence

DAAS is committed to serve our older adults through innovation and continuous improvement.

Diversity

DAAS values a diverse workforce which broadens our perspective.

Accountability

DAAS will continue to be good stewards of the resources placed with us in Mississippi.

Home and Community-Based Services

Home and community-based programs help individuals continue to function in their homes and communities while maintaining their dignity and self-worth. These programs allow older Mississippians to avoid premature institutionalization while promoting healthy and sustainably independent lifestyles. Through funding provisions under Title III of the Older Americans Act, the SUA manages several home and community-based programs. Services provided through these programs are implemented by the ten (10) AAAs across the state.

Information and Referral/Assistance - the entry point into the aging service delivery system. Through this service, seniors and their caregivers can obtain information to make informed decisions regarding long-term services and supports. This service also provides individuals with additional assistance in locating and identifying services available to them. Follow-up mechanisms are in place to record outcomes of assistance rendered.

Outreach Coordinators - seek out seniors to educate and connect to available services. This is an essential tool for linking individuals in need with available programs and services.

Case Management – services which identify the needs of older adults through a comprehensive assessment. This tool allows for the development of a care plan by the individual’s family with guidance from the case manager.

Homemaker Services - Older Mississippians who wish to remain in their homes but require some aid with daily activities can solicit assistance through these services. Homemakers assist with activities such as personal hygiene, light housekeeping, or other chores.

Respite - services that may be provided to the caregiver in situations where Older Mississippians are unable to care for themselves and are being looked after by a family member. This service provides caregivers with a break from their responsibilities. The length of time services are provided is based on the individual needs determined by the caregiver.

Family Caregiver Support Program – support services provided to caregivers. This program offers various support services to the caregivers through information and education, assistance with accessing supportive services, and counseling.

Transportation Services - locally organized efforts that help older adults get to medical appointments, complete errands, and participate in recreational activities. Individuals may contact their local AAA to receive assistance in obtaining these services.

Older Adult Nutrition Program

Nutrition services are offered with the support of Title III funding through the Older Americans Act ensures that nutritionally complete meals are available to seniors through congregate meal settings or the provision of home-delivered meals.

Congregate Meals Program – nutrition services provided at local congregate meal sites located within area senior centers. Senior centers provide a nutritionally sound meal, connections with other members of the community, and engaging activities. These sites promote health and active interaction within the local aging communities.

Home Delivered Meals Program - delivers meals to homebound Older Mississippians who are unable to prepare food for themselves and/or at risk for early institutionalization. Recipients of this program span all eighty-two (82) counties of Mississippi. Meals are furnished five (5) days a week.

Adult Protective Services

Adult Protective Services (APS) Unit within the Division of Aging and Adult Services was created through legislation passed in 2006. APS investigates reports of suspected abuse, neglect and exploitation of vulnerable adults. Governed by the Mississippi Vulnerable Persons Act, APS provides for the protection of at-risk vulnerable persons ages 18 and older residing in private home settings through direct delivery or referral to resources within the community.

The division operates a 24/7 call center to receive reports of suspected abuse, neglect, and exploitation. In-take reports are cataloged for review and investigation by APS social workers. APS social workers will determine whether to substantiate the report and take appropriate actions needed to promote the safety and well-being of the victim. The unit devotes time to educating the public on the rights of vulnerable adults and the responsibilities of mandatory reporters.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP) is authorized by the federal Older Americans Act (42 U.S.C. §§ 3058g) and Mississippi law (§§ 43-7-51 to 43-7-79). The State Long Term Care Ombudsman Program seeks resolution to problems experienced by residents of long-term care facilities and advocates for their rights to enhance their quality of life. Ombudsman services are provided by DAAS through contracts with AAAs which employs LTCOP local ombudsman and utilizes volunteers in districts across the state.

Legal Assistance and Advocacy

Legal Assistance and Advocacy services protect and assist the elderly to secure their rights and benefits and promote a higher quality of life. This service provides referrals for legal assistance for older persons who need legal advice, consultation, and/or representation. It also includes elder abuse prevention activities and conducts public information programs that focus on issues to help prevent abuse, fraud, and exploitation.

Discretionary Programs

Access for Seniors

Mississippi Access to Care (MAC) Centers are identifiable, accessible, and welcoming places located around the state where individuals can receive information and assistance (I&A). MAC Centers provide a central source of reliable, objective, and unbiased information about a broad range of programs and services: Information and Referral, Gen+ Referrals, Person-Centered Counseling, and Screening. Individuals may visit a MAC Center, call a MAC Center, or have a friendly MAC Specialist conduct an in-home visit or at another convenient location within the individual's community. MAC Centers also help individuals understand and evaluate the various options available to them regardless of income or eligibility for publicly funded long-term care.

These centers empower older adults and adults with disabilities to make informed choices, streamline access to long-term care services and supports and are part of a larger "No Wrong Door" (NWD) System. Individuals can reach the MAC Centers in person online, or by calling a toll-free hotline.

MAC Centers provide accessible services through the following avenues of support:

- ❖ A toll-free number to reach qualified staff who can provide information and referrals
- ❖ Specialists who can provide face-to-face, unbiased, person-centered counseling
- ❖ A comprehensive resource directory available online
- ❖ An online service and support questionnaire to help identify long-term care services and supports available across Mississippi counties

- ❖ A partnership between agencies to assist individuals and provide follow-up to streamline access to available services

Medicare Counseling

The State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to consumers and beneficiaries about Medicare as changes to the program develop. SHIP counselors assist Medicare beneficiaries during open and special enrollment periods. The program provides assistance with appeals, disenrollment, and understanding their rights, responsibilities, and coverages with their healthcare policies.

Medicare Improvements for Patients and Providers Act (MIPPA)

MIPPA grantees specifically help low-income seniors and persons with disabilities to apply for programs that help pay for their Medicare costs. The Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help) helps pay the Medicare Part D premium and reduces the costs of prescriptions at the pharmacy. The Medicare Savings Program (MSP) helps beneficiaries pay for Medicare Part B.

Senior Companion Program

Jackson County Senior Companion Program provides grants to qualified agencies and organizations for the dual purpose of engaging persons 55 and older, particularly those with limited incomes, in volunteer service to meet critical community needs. Program funds are used to support Senior Companions in providing supportive, individualized services to help older adults with special needs maintain their dignity and independence.

Lessons Learned and Ongoing Efforts for COVID-19/DAAS Initiatives and Innovations

The COVID-19 pandemic is an unprecedented event. DAAS and the aging network has worked tirelessly to ensure the safety and well-being of older adults and persons with disabilities. Partnerships have been extremely important in response efforts as we continue to navigate the pandemic and move forward. Finding ways to connect and offer timely information to citizens through different mediums (e.g., using phone contact versus in-person) was essential for connecting individuals to services. Other lessons learned were masks and social distancing were useful tools when older Mississippians wanted to return to the congregate meals sites because social isolation was at an all-time high.

Division of Aging and Adult Services has responded to the COVID-19 pandemic in a variety of ways to ensure that we are in tune with the needs of older adults throughout the state and developing plans to effectively meet those needs. Through the Older Adult Nutrition Program, food insecurity was addressed by adopting a 'Grab and Go' model to continue providing nutritious meals for older adults qualified to receive meals at congregate sites. This model allowed individuals to continue receiving meals while decreasing the risk of exposure to COVID -19. The ADRC/NWD entity for the state, Mississippi Access to Care (MAC) Centers provided person-centered counseling services by phone and implemented wellness calls to ensure that older adults continued to have access to long-term care services and supports. MAC Centers have also partnered with community health organizations to provide in-home COVID-19 vaccinations, transportation to vaccination sites, and in-home COVID testing. The centers have collaborated to develop a virtual health fair platform that provides links to important health screenings and information that helps older adults assess their current state of health.

The Expanding the Public Health Workforce Funding recently offered to increase the number of full-time public health workers available will assist in the long-term preparedness planning for future public health emergencies. The AAAs have developed plans and continue to provide transportation services to medical appointments, pick up prescriptions, purchase groceries, and attend congregate meal sites. The AAAs have

also partnered with local hospitals and healthcare facilities to support transitions from the hospital to home and avoid placement in long-term care facilities. These initiatives are helping to increase access to needed services for individuals with transportation and mobility issues, addressing social isolation, and combatting the mental and physical health ramifications of the pandemic for older adults.

Additionally, our long-term preparedness planning for future public health emergencies will address the immediate need for food by collaborating with our state food vendor Trio to keep grocery boxes on hand in case of any public health emergencies.

The Mississippi Department of Human Services, Division of Aging and Adult Services and the Mississippi State Department of Health, Office of Preventive Health and Health Equity collaborated to submit a journal article for Generations Journal, Spring 2022 titled The COVID-19 Pandemic in Midlife and Older Persons in Mississippi.

[The COVID Pandemic in Midlife and Older Persons in Mississippi.](#)

Transition to Community Referral

Mississippi Access to Care Centers (MAC Centers) has the responsibility to help the state transform its long-term care systems by lowering costs through improved system performance/efficiency, creating tools to help with assessment and care planning, improving quality measurement and oversight, and providing new ways to serve more people through the home and community-based services. MAC Centers also provide easy access online, in person, and by phone to a wealth of long-term services and supports, regardless of income. Additionally, MAC Centers help people conserve their personal resources, maintain self-sufficiency, and delay or prevent the need for residential long-term care.

Since MAC Centers adopted the Transition to Community Referral (TCR) process from the Mississippi Division of Medicaid, the MAC has been the designated local contact agency (LCA) to support residents transitioning from a nursing home facility to community living. Once the LCA has been notified of a resident's request, information about community living options and available supports and services are provided to help them transition from living in a facility to the community.

State Long-Term Care Ombudsman and Mississippi Access to Care Center Collaborative

The State Long-Term Care Ombudsman and MAC Centers will partner to increase awareness of the TCR process among residents and staff members at long-term care facilities. There are approximately 265 long-term care facilities in Mississippi and the residents and staff in approximately half of these facilities are unaware of the resources available to assist residents who want to live in the community.

The MAC Center Director will develop an informational placard that provides information about the TCR process. The State Long-Term Care Ombudsman will get the placards to the local ombudsmen to be disseminated to staff and residents in their assigned facilities.

Community Awareness Goal Group

The need to understand dementia and how to provide care is paramount to older Mississippians and their caregivers as approximately 54,000 Mississippians have been diagnosed with Alzheimer's disease alone. The MIND Center at the University of Mississippi Medical Center (UMMC) and community partners' priorities for this group are to increase public awareness, develop community partnerships and resources for citizens with dementia and their care partners, and promote collaborative projects.

DAAS' role is to support and partner with The MIND Center and identified community partners who provide care and support services for families battling Alzheimer's and other forms of dementia.

SHIP Medicare University

Medicare University is a learning program developed to educate Mississippians on Medicare and to assist them with making informed decisions on how to better optimize their access to care and benefits. The Medicare University Community Book provides useful resources to enhance beneficiaries' and their legal representatives' understanding about Medicare.

Medicare University helps Medicare beneficiaries and ordinary citizens better understand:

- How to enroll into Medicare
- How Part A, Part B, Part D work
- Medicare Advantage
- Eligibility requirements
- Who administers Medicare and the role related agencies play
- Enrollment periods and penalties

SHIP's Small Town Project

SHIP's Small Town Project takes place at venues in small towns and rural areas throughout the state that may have difficulty with services/resources access. The Small Town Project offers a boots-on-the-ground delivery method for providing services to the aging population. These events allow older adults and citizens an opportunity to meet face to face with SHIP staff, other DAAS programmatic staff, community leaders and local service providers. The goal is to open pathways and increase access to resources and supports for individuals living in small towns and rural areas.

Mississippi Farmers' Market Nutrition Program (MFMNP)

The Senior FMNP is a unique program designed to provide more access to good nutrition for low-income senior citizens above the age of 60 in certain areas of Mississippi and to promote the purchase of Mississippi-grown fruits and vegetables at local farmers' markets. The Senior FMNP begins in June/July with the distribution of checks to eligible recipients.

Trio Community Meals BeWell Kitchen

Trio Community Meals' BeWell Kitchen educates older adults on the importance of wellness by combining nutrition education with hands-on learning experiences using a Teaching Kitchen, as established by the Culinary Institute of America and the Harvard T.H. Chan School of Public Health. BeWell Kitchen events further benefit older adults by providing them with opportunities to socialize. Each workshop is designed to emphasize a given food's role in a health issue that impacts older adults. At BeWell Kitchen events, attendees are led by TRIO's Corporate Chef to prepare a recipe using fresh and healthy ingredients, while TRIO's Registered Dietitian connects the food to health by providing nutrition information for the recipe.

Lifespan Respite Voucher Program

The Lifespan Respite Voucher Program's aim is to provide respite services to caretakers of all ages. This program provides caregivers with a break from their responsibilities of providing unpaid care for a dependent person of any age with a significant disability, or chronic illness requiring around-the-clock care.

Program Key:

- AAA**-Area Agency on Aging
- ADRD**-Alzheimer’s Disease-Related Dementias
- APS**-Adult Protective Services
- DAAS ADMIN**-Division of Aging and Adult Services Administration
- HCBS**-Home and Community Based Services
- LTCO**- Long-Term Care Ombudsman
- MAC**-Mississippi Access to Care/ (No Wrong Door (NWD))
- MDT**- Multi-Disciplinary Team
- NAPSA**-National Adult Protective Services Association
- OAAPS**- Older Americans Act Performance System
- OANP**-Older Adult Nutrition Program
- PAS**-Planning and Services Area
- SHIP**-State Health Insurance Program
- SLTCO**- State Long-Term Care Ombudsman
- SUA**-State Unit on Aging
- TCR**- Transition to Community Referral
- MIPPA**-Medicare Improvement for Patients and Providers Ac

Goals, Objectives, Measures, and Strategies

Goal 1: Provide long-term services and supports that enable older Mississippians and persons with disabilities to age in place and enable them to live safely in communities long as possible

Objective	Measure	Program
1.1 Serve target populations in need of HCBS to ensure equitable access to services and supports.	By 2026, ensure that a minimum of 50% of older individuals receiving HCBS meet at least one target criteria in rural areas.	HCBS
1.2 Increase the number of individuals using transportation services.	Increase the number of Quality of Life and Health-related participants by 25% by 2026.	HCBS

1.3 Increase marketing to rural areas and marginalized populations.	Provide at least one targeted marketing campaign to each population per year of the plan.	DAAS ADMIN and AAA ADMIN
1.4 Increase cross-referrals by MAC Center staff to Evidence-Based Programs.	By 2026, increase MAC Center referrals to evidence-based programs by 25%.	HCBS and MAC Center
1.5 Increase coordination and partnerships to identify barriers to accessing health and medical equipment/assistive technology services, enhance information and resources available through the MAC Center, and develop training for MAC Center staff on available assistive technology and services.	By 2026, increase the number of referrals for assistive technology by 20%.	HCBS and MAC Center
1.6 Provide support for caregivers on the Title III Family Caregiver Support Program waitlist through the use of the Lifespan Respite Care Program.	Increase the number of referrals from the Title III waitlist to the Lifespan Respite Care Program by 15% by 2026.	HCBS and Lifespan Care Program
1.7 Improve outreach efforts to family caregivers to ensure early identification and access to services and supports.	Attend outreach events quarterly to provide information about services and supports available to family caregivers.	HCBS

Strategies:

1. Identify strategic partners who can collaborate with expanding HCBS services to underserved populations including marginalized populations.
2. Explore opportunities to implement volunteer driver programs to increase the capacity of transportation services.
3. Use demographic data to identify partners in communities of underserved populations to target culturally appropriate outreach.
4. Increase the number of evidence-based interventions for older adults that are approved by ACL.
5. Collaborate with the Mississippi Family Caregiver Coalition to develop a robust network of respite care providers and resources for family caregivers.
6. Increased awareness of and access to health and medical equipment/assistive technology devices and services through the MAC Center.
7. AAAs will continue to collaborate Title III caregiving efforts with the Lifespan Respite Care program.
8. Support the development planning efforts on state and local levels that focus on specific caregiver needs.

Goal 2: Promote equity in service provision to older adults who participate in the Older Adult Nutrition Program through the use of person-centered counseling.

Objective	Measure	Program
2.1 Increase awareness of Aging Programs in the Older Adults Nutrition Program.	By 2026, a minimum of 50% of nutrition program participants will receive information on	OANP

	Aging programs using a person center approach.	
2.2 Reduce hunger and nutrition risks for meal recipients.	Decrease hunger and food insecurity annually by 10% from 2022 to 2026.	OANP
2.3 Increase the number of volunteers serving at congregate meal sites and assisting with home-delivered meals.	Increase nutrition program volunteers by 20% by 2026.	ONAP
2.4 Educate state vendor drivers on how to recognize indicators of abuse, neglect, and exploitation for in-home nutrition program participants.	Increase the number of vendor drivers trained on how to recognize indicators of A/N/E by 25% from 2022 to 2026.	ONAP and APS
2.5 All nutrition coordinators will be Served- Safe certified.	By 2024, all nutrition coordinators will be 100% Serve Safe certified.	ONAP

Strategies:

1. Provide information on Aging programs which includes HCBS, MAC Center, SHIP, Ombudsman, and Adult Protective Services in a congregate setting.
2. Increase access to nutrition services using the grab and go model, (due to COVID -19) for home-delivered meals, and congregate meal site models.
3. Collaborate with DAAS programmatic leadership and AAA leadership to implement volunteer sharing across PSA.
4. Collaborate with APS to provide training on warning signs of safety issues.
5. Collaborate with state vendor to provide Serve Safe training.

Goal 3: Increase long-term care resident’s knowledge of other long-term options.

Objective	Measure	Program
3.1 Increase training to improve investigation and resolution of complaints made by residents in Long-Term Care facilities.	The State Long-Term Care Ombudsman will provide two trainings annually beginning 2022 through 2026.	SLTCO
3.2 LTCOP will collaborate with local agencies to discuss and take action on matters related to abuse, neglect, and exploitation.	By 2026, the State Long-Term Care Ombudsman’s will initiate or participate in at least two coalitions that focus on the safety and well-being of residents.	SLTCO
3.3 Increase awareness of the Long-Term Care Ombudsman Program throughout the state to familiarize residents and families with services offered.	By 2026, the State Long-Term Care Ombudsman program will implement an annual outreach campaign.	SLTCO
3.4 Ensure residents have access to the LTCO.	By 2026, the LTCO will ensure 100% of long-term care facilities have monthly visits.	SLTCO

Strategies:

1. The State Long-Term Care Ombudsman will complete monthly desk reviews of local LTCO complaint data, with a focus on OAAPS reporting requirements to improve performance through training.
2. Develop a multidisciplinary team to identify issues related to abuse, neglect, and exploitation in long-term care facilities.
3. Distribute, publish, and advertise the LTCOP utilizing brochures, media, radio, etc.
4. Develop a Quality Assurance assessment to track resident contact by Long Term Care Ombudsman.

Goal 4: Increase capacity of the No Wrong Door System to ensure older Mississippians, persons with disabilities, caregivers, and families are aware of and have access to information about resources and services that is accurate and reliable.

Objective	Measure	Program
4.1 Identify underserved individuals with a focus on minorities and regions in service areas with limited resources, especially rural areas.	Increase the number of first-time contacts to MAC Center by 5% annually.	MAC Center
4.2 Enhance outreach, availability and access to support services for caregivers and family members of individuals with ADRD.	Seek funding for caregiver support services annually to include federal and state funding sources from 2022 through 2026.	MAC Center
4.3 Develop content for public awareness campaigns to address early warning signs of ADRD and effective strategies for obtaining an appropriate diagnosis, recognizing the symptoms of the disease, and accessing available resources	BY 2026, MAC Centers will provide annual ADRD outreach and an education campaign with a focus on equity.	MAC Center
4.4 Ensure nursing facilities are educated on the Transition to Community Referral (TCR) process.	100% of the long-term care facilities will receive Transition to Community Referral (TCR) training by 2026.	MAC Center
4.5 Strengthen MAC Center capacity to model best practices, build efficiencies, and respond to the growing and diverse populations.	100% of MAC Centers' staff will be AIRS certified and receive annual training on person-centered counseling by 2026.	MAC Center
4.6 Build partnerships with organizations representing diverse and/or isolated populations (age, culture, race, ethnicity, marginalized populations, disability and rural) to conduct more effective outreach in these communities.	Increase healthcare, interagency, and community partnerships by 10% by 2026.	MAC Center

Strategies:

1. Increase marketing to minority and rural populations.
2. Pursue appropriation of state and federal funding for expansion of respite care.
3. Provide information and educational materials at appropriate literacy, language, and legibility (font size) levels for a diverse population.
4. Provide in-service training to all nursing facility administrators and social workers on the TCR process.
5. Ensure MAC Center specialists and managers are trained in person-centered counseling.
6. Increase partnerships with healthcare providers, hospitals, and community organizations that serve diverse populations.

Goal 5: Empower, educate, and assist Medicare-eligible individuals, their families, and caregivers to assist them with making informed health insurance decisions that optimize access to care and benefits.

Objective	Measure	Program
5.1 Medicare beneficiaries will receive accurate, objective, and comprehensive information and assistance regarding healthcare available options.	Increase the penetration rate by 10% in each PSA annually by 2026.	SHIP
5.2 Increase the number of active SHIP volunteers.	Increase the number of active SHIP volunteers by 5% statewide annually.	SHIP
5.3 Increase the number of SHIP outreach events in rural PSA.	SHIP will host four small-town events annually.	SHIP
5.4 Train SHIP counselors on how to educate Medicare beneficiaries on prevention benefits available through Medicare.	SHIP counselors will receive annual training on prevention benefits.	SHIP

Strategies:

1. The program will provide locally-based, individual assistance through partnerships with AAAs, volunteers, and community partners.
2. Recruit volunteers through outreach fairs, community partners, and small-town projects.
3. Promote visibility, awareness, and knowledge of SHIP services in communities by educating people about these services and eligibility.

Goal 6: Prevent abuse, neglect and exploitation of vulnerable persons and provide services in the least restrictive manner to protect the individual’s right to self-determination.

Objective	Measure	Program
6.1 Provide services to help individuals remain in their home for as long and as safely as possible.	Increase number of trained APS workers to provide adequate coverage and retain APS staff by providing annual refresher training from 2022 to 2026.	APS

6.2 Reduce /maintain recidivism level by making appropriate referrals to HCBS.	Increase the number of cross-program referrals with APS and MAC Center staff by 50% by 2026.	APS
6.3 Implement APS staff NAPSA Certification requirement.	100% of APS field and management staff will be NAPSA certified by 2026.	APS
6.4 Have a collaborative approach with other agencies to discuss the best solution in preventing A/N/E.	Maintain 100% staff participation in areas that have official multi-disciplinary teams monthly.	APS
6.5 Implement A/N/E training for professionals outside of the APS network.	By 2023, develop a 1-to-2-hour A/N/E/ course.	APS
6.6 Expand ANE training for professionals outside of the APS network	By 2026, the APS training unit will conduct two training per year.	APS

Strategies:

1. Ensure that the state has adequate staff coverage to respond to reports of abuse, neglect, and exploitation as mandated.
2. Provide continuous staff training for APS staff for cross-program referrals.
3. Ensure APS staff completes online NAPSA training modules within 12 months of hire date.
4. Implement three MDTs in north, central, and south Mississippi to collaborate and address A/N/E.
5. The APS training unit will develop an A/N/E training curriculum for professionals.
6. APS training unit will provide in-service training to hospitals, judges, law enforcement, city officials, and healthcare providers.

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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; . . .

(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;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure 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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition

services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 sub-clause (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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) 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 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, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require 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) be based on such area plans.

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

(A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(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 intrastate distribution of funds); and

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

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

(ii) identify, 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); and

(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.

(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).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

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

(6) The plan shall provide that 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.

(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.

(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.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(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.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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) The plan shall provide that with respect to legal assistance —

(A) the plan contains 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 (i) 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;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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 —

(A) 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—

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

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

(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 where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

(B) Such assessment may include—

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

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

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

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

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (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

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (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...

Signature and Title of Authorized Official

Date

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring 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;

RESPONSE:

Aging and Adult Services utilizes the Intrastate Funding Formula (IFF) to ensure preference in providing services to older individuals with the greatest economic need while also ensuring preference to older individuals with social needs in rural areas. In Mississippi's IFF, emphasis is placed on the low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

Each Area Plan will include information detailing how the Area Agency on Aging (AAA) 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. Each AAA is typically required to work with local and state emergency response teams. This coordination will be done in partnership with Mississippi Emergency Management Agency (MEMA). AAAs must describe how they identify vulnerable populations and plan to follow up with them in the event of a disaster. Each AAA will be required to develop a pandemic preparedness plan for their Continuity of Operations Plan. A pandemic event could result in widespread illness and associated absenteeism from the workplace. This plan will include

how the AAA would continue essential operations in their PSA. This plan will also include details regarding how each AAA will continue providing critical agency infrastructure such as ensuring older adults are receiving meals during an ongoing emergency.

Section 306(a)(17)

Describe the mechanism(s) for assuring that 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.

RESPONSE:

Each Area Agency on Aging is required to include a yearly disaster plan update to ensure any changes are included in future disaster and emergency preparedness planning. In each area plan, AAAs must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in-home services. The plan also includes staff members updated phone numbers for any on-call or after-hours schedules. The AAAs are required to add all available shelters in its PSA to include location, contact person, and phone number.

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. Provide specific minimum proportion determined for each category of service.)

RESPONSE:

The designated AAAs signs assurances that in accordance with the OAA, eighty-five (85) percent of part B funds are expended in access services, transportation, health services, outreach, information and assistance, case management services, in-home services, and legal assistance. DAAS maintenances Title III B and/ or a minimum percentage of LTCO, Legal, In-home, and Access. Eighty-five (85) percent of Title III-B funds are federal, five (5) percent state and a minimum of ten (10) percent is supplied by each of the AAAs.

Section 307(a)(3)

The plan shall—

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

(i) provide assurances the State agency will spend for each fiscal year not less than the

amount expended for such services for fiscal year 2000;

(ii) *identify, 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); and*

(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.*

RESPONSE:

Each fiscal year of this State Plan, DAAS will not expend less than the amount expended for all services relating to older individuals residing in a rural area than expended in the fiscal year 2000.

Each fiscal year DAAS issues a budget allocation proposal. A key attribute of DAAS IFF is the allocation of funds for individuals 60 and older. There is fifteen (15) percent weighted variable for individuals who are 60 and older residing in rural areas.

DAAS uses the census data and WellSky data to determine the location of older individuals in Mississippi. AAAs then target these individuals and using a person-centered option counseling approach to deliver available services and supports to all older individuals and individuals with disabilities to live longer, safely, and well.

Section 307(a)(10)

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

RESPONSE:

DAAS' IFF provides a weighted variable of twenty-eight (28) percent for individuals who are age 60 and older and reside in rural areas, in addition to a weighted variable of eight (8) percent for individuals who are 60 and older below poverty level. Mississippians ages 60 and older both in rural and non-rural areas are having their needs met by providing them access to community resources and/or assisting them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long and as safely as possible.

Section 307(a)(14)

(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.

RESPONSE:

DAAS' IFF has the assigned weight of twenty-eight (28) percent for 60 and older low-income minority individuals. In an effort to meet the needs of low-income minority older individuals, and individuals with limited English proficiency, DAAS and the AAAs shall provide them access to community resources and/or assist them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long as safely as possible.

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, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

RESPONSE:

Aging and Adult Services will pursue expanding partnerships which will enable DAAS to reach the Mississippi Band of Choctaw Indians and other Native American and/or Alaskan Native tribal members residing in Mississippi. DAAS will pursue numerous activities to assure older Mississippians who are American Indian will have access to all Title III funded services. DAAS will provide them access to services and support and assist in identifying and securing resources in the communities.

Section 307(a)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

RESPONSE:

Aging and Adult Services will evaluate the demographics of the population annually when developing budgets and programming. DAAS will also ensure that caregivers and populations with the greatest economic and social need, with specific attention to low-income minority individuals and older adults residing in rural areas are prioritized for service delivery. The upcoming 2020 Census will provide valuable information to DAAS for further program planning.

Section 307(a)(28)

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.

RESPONSE:

DAAS will coordinate with Mississippi Emergency Management Agency (MEMA) on the state and local levels for a continued safe emergency response plan that covers Mississippi. AAAs are responsible for consulting with local (county and regional) emergency management agencies. DAAS will also continue to work with MDHS' Emergency Management Coordinator who provides guidance on all severe weather events. MDHS Emergency Management Coordinator is the initial point of contact for the disaster plan and assure the protocol includes the programs, documents, equipment, supplies, and communications necessary to serve older adults and individuals with disabilities and their caregivers. DAAS shares all information from MDHS Emergency Management Coordinator with the AAAs to ensure that accurate information is being transmitted based on information is rapidly changing situations.

Section 307(a)(29)

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.

RESPONSE:

DAAS' Division Director and the programmatic team are responsible for reviewing and approving all Emergency Preparedness policies and procedures. Any designee is also responsible for implementing said policies and procedures. MDHS Emergency Management Coordinator provides direction to staff to begin implementation of contact and information dissemination to AAAs.

DAAS will coordinate its disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the older adults in local communities. Each AAA completes disaster plans every four (4) years that is updated annually. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in-home services.

Section 705(a) ELIGIBILITY —

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6)

(Note: paragraphs (1) of through (6) of this section are listed below)

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (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.

RESPONSE:

(A) With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, DAAS will conduct a program of services consistent with relevant State law and coordinated with existing State Adult Protective Services 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 services agencies or sources of assistance of appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective services 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

RESPONSE:

DAAS will not permit involuntary or coerced participation in the program of services described by alleged victims, abusers, or their households.

(C) All information gathered in the course of receiving reports of abuse, neglect, and exploitation, 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 services agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order*

RESPONSE:

All information gathered in the course of receiving reports of abuse, neglect, and exploitation, and making referrals shall remain confidential except:

- if all parties to such complaint consent in writing to the release of such information;**
- if the release of such information is to law enforcement agency, public protective;**
- service agency, licensing or certification agency, ombudsman programs, or protection or advocacy system; or**
- upon court order**

State Plan Guidance Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Requirements Applicable to IFF Revisions:

OAA, Sec. 305(a)(2)(C)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account-

- (i) the geographical distribution of older individuals in the State; and*
- (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention*

to low-income minority older individuals.”

OAA, Sec. 305(d)

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula’s assumptions and goals, and the application of the definitions of greatest economic or social need,*
- (2) a numerical statement of the actual funding formula to be used,*
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and*
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.*

Requirements Applicable to all IFFs Generally

All IFFs must contain the following:

- A descriptive statement of the formula.
- A list of the data used by planning and service area.
- A descriptive statement of each factor (i.e. 70+ living alone – number of people who are 70 and older that live alone) and weight/percentage used for each factor (i.e. 70+ living alone = 5%).
 - Allocations of funds by planning and service area based on the IFF segmented by Part of Title III (e.g., chart of PSA X, IIIB Supportive Services, \$900,000).
 - States must provide the source of the data used to run in the IFF. States must use the “best available data.” In most cases, the best available data is the most current US Census. A state also may use more recent US Census estimates from the American Community Survey; other more recent data of equivalent quality available in the State also may be considered.
- A numerical/mathematical statement of the formula is required for Parts B, C, D and E.
 - A separate descriptive and numerical/mathematical statement may be provided for Title III Part D – Evidence Based Disease Prevention and Health Promotion Services, to target the medically underserved and which there are a large number of older individuals who have the greatest economic need for such services, per Section 362 of the OAA. If a separate formula is used for Part D, a separate descriptive and numerical/mathematical statement is required.

- A statement explaining how NSIP funds are distributed.
 - States may use a base amount in their IFFs to ensure viable funding across the entire state.
 - Statement that discloses if, prior to distribution under the IFF to the AAAs, funds are deducted from Title III funds for: State Plan Administration, Area Plan Administration, and/or Long Term Care Ombudsman allocations.
 - The IFF should include information on how the formula affects funding to each planning and service area.

Requirements Applicable to Single Planning and Service Area States

A numerical/mathematical statement is not required for Single Planning and Service Area states. However, Single Planning and Service Areas must include a descriptive statement as to how the state determines the geographical distribution of the Title III funding and how the state targets the funding to reach individuals with greatest economic and social need, with particular attention to low-income minority older individuals.

RESPONSE:

Please see DAAS detailed IFF explanation on attachment C.

Attachment C – Intrastate Funding Formula

DAAS collaborated with the AAAs to perform a comprehensive review of the Intrastate Funding Formula (IFF). This review was done in accordance with Section 305 of the Older Americans Act of 1965, as amended. This formula takes the following factors into account: 1) the geographical distribution of older persons in Mississippi (i.e., age 60 and older), 2) older persons with the greatest economic and social needs, 3) low-income minority older individuals, and 4) older persons residing in rural areas.

DAAS will access the Administration for Community Living’s special tabulations of U.S. Census Bureau 2010 census files to compile data for factors “Age 60+ Rural”. To compile data for factors “Age 60+”, “Age 60+ Below Poverty”, and “Age 60+ Below Poverty Minority”, DAAS will access the Administration for Community Living’s special tabulations of American Community Survey (ACS) five-year files.

DAAS will always use the best available date when developing, reviewing, and updating the IFF. As update information becomes available, the agency will replace older IFF data. **DAAS will update the population data annually but no more than every two years. When the agency develops new State Plans, DAAS will review the IFF and update it, as necessary.**

Intrastate Funding Formula Factors

FACTOR	FACTOR’S WEIGHT (%)
Age 60+	30%
Age 60+ Rural	15%
Age 60+ Below Poverty	25%
Age 60+ Below Poverty Minority	30%
Total	100%

Numerical Statement of the Intrastate Funding Formula

Area Agency on Aging (AAA)	Formula Share (%)
Central Mississippi Area Agency on Aging (CMAAA)	.1730115
East Central Area Agency on Aging (ECAAA)	.010329945
Golden Triangle Area Agency on Aging (GTAAA)	.06599724
North Central Area Agency on Aging (NCAAA)	.07156624
North Delta Area Agency on Aging (NDAAA)	.074878194
Northeast Mississippi Area Agency on Aging (NEMAAA)	.052518897
South Delta Area Agency on Aging (SDAAA)	.055747606
Southern Mississippi Area Agency on Aging (SMAAA)	.226260836
Southwest Mississippi Area Agency on Aging (SWMAAA)	.093358842
Three Rivers Area Agency on Aging (TRAAA)	.082568068
Total	100

Targeted Population Definitions

60+ Population

The number of persons in the age group of 60 and above.

60+ Below Poverty Population

The number of persons aged 60 and older who are below the poverty level as established by the Office of Management and Budget (OMB) in Directive 14 as the standard to be used by Federal agencies for statistical purposes. The factor represents economic need as defined by the Older Americans Act.

60+ Below Poverty Minority Population

The number of persons aged 60 and older who are minorities (non-white) and are below the poverty level, as established by the of OMB in Directive 14 as the standard to used by Federal agencies for statistical purposes. This factor represents “special attention to Low-Income Minority older individuals” as required by the Older American Act.

Estimated 60+ Rural Population

The number of persons aged 60 and older who reside in a rural area as defined by the United States Census Bureau. This factor represents the social need factor of “geographic isolation” as defined by the Older Americans Act.

Demonstration of the Allocation of funds through the Intrastate Funding Formula (IFF)

	Area Plan Administration	Supportive Services	Congregate Meals	Home Delivered Meals	Preventive Health	Caregiver Services	Total
Central	193,975	525,654	712,104	379,660	40,322	271,005	2,122,720
East Central	101,099	273,967	371,141	197,876	21,016	141,246	1,124,380
Golden Triangle	67,971	184,194	249,527	133,037	14,130	94,963	755,947
North Central	64,022	173,495	235,032	125,309	13,309	89,447	712,035
North Delta	77,117	208,981	283,105	150,939	16,031	77,117	857,672
Northeast	54,089	146,577	198,567	105,867	11,244	75,569	601,563
South Delta	57,415	155,589	210,774	112,376	11,935	80,217	638,551
Southern	233,028	631,482	855,464	456,096	48,442	325,566	2,591,648
Southwest	96,151	260,559	352,978	188,192	19,988	188,192	1,069,354
Three Rivers	85,044	230,450	312,183	166,477	17,683	118,815	945,792
Total State of MS	1,017,251	2,773,684	3,751,067	1,954,946	215,226	1,426,186	11,138,360

Distribution of NSIP funds

The Nutritional Supplemental Incentive Program (NSIP) funds are distributed using the number of meals (Congregate + Home Delivered) reported in the previous year for each AAA divided by the total number of reported Meals (Congregate + Home Delivered).

Demonstration of the NSIP allocation of funds through the Intrastate Funding Formula

AAA	Congregate	Home Delivered	Total NSIP Meals	Funding Formula	Award
Central	70,759	261,407	332,166	.165080466	244,698
East Central	83,782	193,093	276,875	.137601844	203,966
Golden Triangle	7,130	117,095	124,225	.061737568	91,513
North Central	62,437	83,645	146,082	.0726001	107,615
North Delta	7,807	177,685	185,492	.092186153	136,647
Northeast	4,837	115,688	120,525	.059898735	88,788
South Delta	22,929	125,270	148,199	.07365221	109,174
Southern	116,890	280,630	397,520	.197560217	292,842
Southwest	7,046	116,184	123,230	.061243071	90,780
Three Rivers	43,595	114,237	157,832	.078439636	116,271
Total	427,212	1,584,934	2,012,146	100	1,482,294

Demonstration of the NSIP Allocation of Funds by AAA, FFY2021

Demonstration of the NSIP Total NSIP Meals by AAA, FFY2019

Division of Aging and Adult Services Organizational Chart



Mississippi

Department of Human Services
Division of Aging and Adult Services

Statewide Needs Assessment Summary Report

February 2022

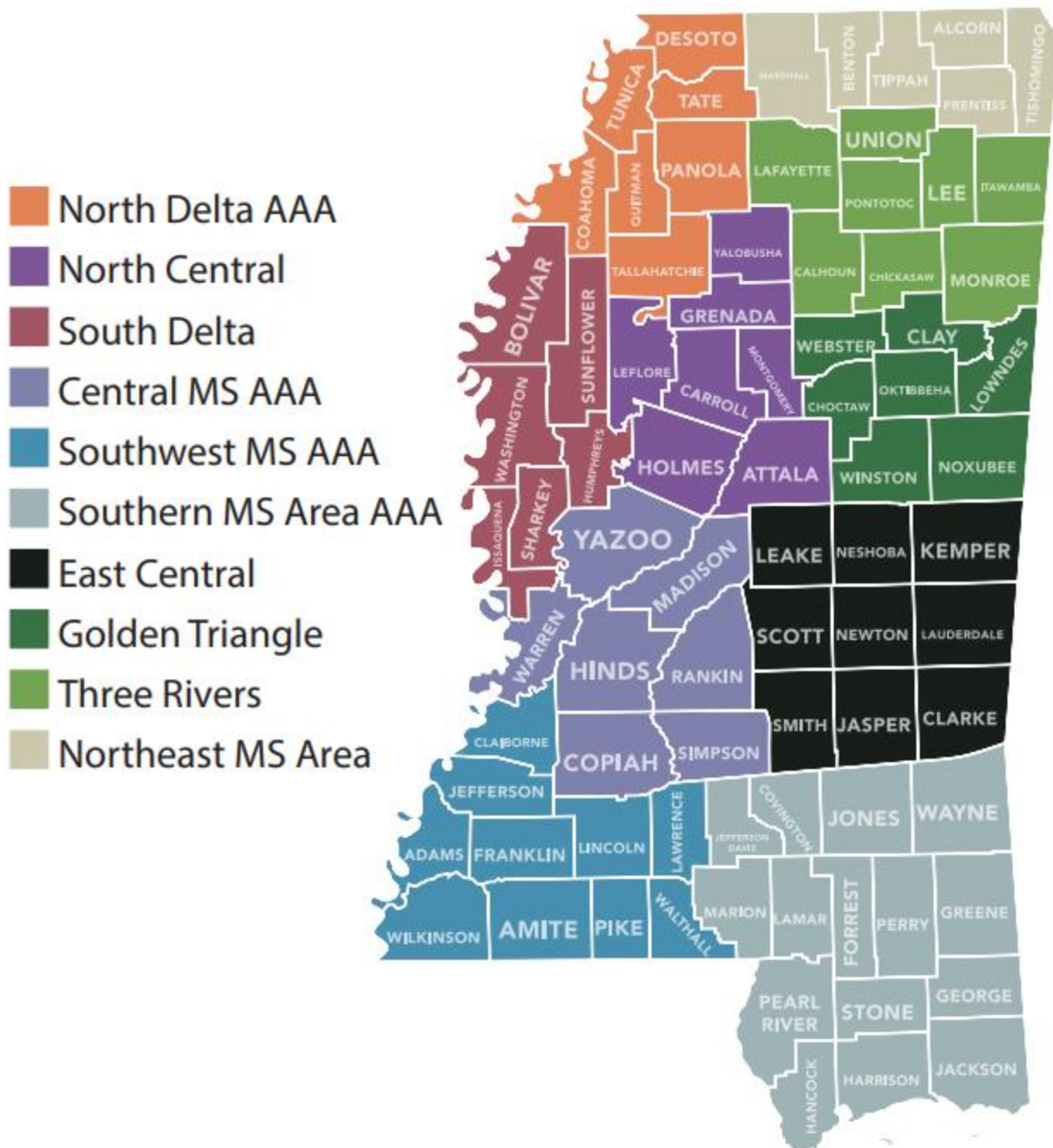


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Division of Aging and Adult Services Planning and Development Districts



Emergency Planning and Management

Policy Statement:

Area Agencies on Aging (AAA) are responsible for identifying themselves to the local (county and regional) emergency management agencies; public utilities; law enforcement authorities; other community services providers; shelters; state, county and municipal governments; and any other entities or organizations which have an interest or role in meeting the needs of the older adults in planning for, during and after natural, civil defense or other man-made disasters.

Requirements:

AAAs are expected to:

- The AAA Director will serve as the Agency Disaster Coordinator and would instruct Program Staff to call any necessary providers to learn their status of their shelter. AAA will designate a staff person to have primary responsibility for emergency management planning and coordination.
- Participate in state, regional, and county planning meeting to meet the needs of disaster victims.
- Assist in identifying “at risk” older adults in the planning and service area.
- Assure an annual meeting/review with service provider’s policies, procedures and capabilities are adequate to meet the needs of older adults in their area prior to, during and after emergencies.
- Continue efforts to educate relief agencies as to data and services available from the AAA and the potential for special needs of older adults.
- Include volunteers in disaster preparedness training opportunities.
- Coordinate with each local MEMA agency local to determine the extent of local disaster planning, roles and, resources of various agencies.
- Upon request, provide information to the Division of Aging and Adult Services (DAAS) regarding the impact of emergencies on the older adult’s population in the planning and service are.
- Provide authorized services to older adults victims of disasters.
- Collect data necessary to submit reimbursement requests for services provided during the emergencies, which may be covered by other sources of funding available outside the aging program contract for disaster assistance.
- Work with local MEMA offices to share AAA information that is beneficial for the older adult population.

Scope of Emergency Plans and Activities:

AAA plans will address four categories of activity: preparation, immediate response/disaster stage, Post-disaster stage, and recovery/evaluation.

Preparation:

AAA emergency plans will address at a minimum:

- The types of natural disasters prevalent in the planning and service area (those that reasonably can be anticipated);
- The role of the AAA will be adapted to each community’s need according to existing disaster plans and resource availability.

- The AAA capabilities and limitations in addressing such incidents;
- Maintenance and updating of resource database;
- AAA emergency policies and procedures, including;
 - Designate a staff person who will be responsible for disaster related activities.
 - Continue efforts to educate relief agencies as to data and services available from the AAA and the potential, special needs of the older adults.
 - Alert procedures for working and non-working hours;
 - Procedures for providing for alternate communications channels and equipment;
 - Locations of operations centers and alternates when primary offices are affected;
 - Roles of various relief organizations operating in and primarily responsible for relief authority in the area;
 - Community education to alert first responders/other entities to special needs of the elderly and the Area Agency resources;
 - Identification and mapping, if feasible, of locations where older adults are including those residing in institutions, and households in which older adults reside alone, including those in apartments, and mobile home;
 - Demographic profiles of elderly in the area for targeting of specialized recovery assistance.

Immediate response/Disaster stage:

The initial reaction to ensure safety, hygiene/sanitation, and security, either in advance of an impending emergency or immediately following, will include:

- Initiation of planned communications strategies and determination of impact of disaster on staff;
- Assignment of duties;
- Contact with key providers
- Immediately assume role assigned to AAA by the Civil Defense Emergency Operations Centers in the PSA according to the individual community plan;
- Initiation of disaster-specific record-keeping, including but not limited to records of:
 - Staff time, including overtime;
 - Supplies;
 - Documentation of contacts with older adults;
 - Type and amount of services provided;
 - Personal expenses;
 - Specific telephone logs.
- Preliminary assessment of the scope of impact:
 - Geographic scope and numbers of affected older adults
 - Kinds of services needed
 - Identification of services gaps
 - Provision of information to DAAS
- Employment, training, and deployment of field and outreach workers.
- Follow-up contacts with all older adults that were initially assisted to ensure continued safety.

- Determine any additional needs which have been developed, appropriateness of additional available resources, and need to advocate for additional resources.

Recovery & Evaluation:

Recovery involves sustained are over a longer period of time for the purpose of assisting people in re-establishing as normal a life as possible.

- Shifting from emergency response to providing answers to more complex questions from all individuals;
- Providing access to increased resources that have been available;
- Participation in long-range planning and coordination with other agencies including MEMA;
- Maintaining contact and providing services, including meeting non-immediate needs identified during the response phase.

Evaluation:

Evaluation involves analysis of the effectiveness of an emergency plan once deployed and provision of input and feedback to staff, volunteers and other community organization, following response and recovery phases. Evaluation results will drive improvement of the emergency planning in the future.

Emergency Management Services:

AAAs and their subcontract services providers are authorized to provide the following services to manage the emergency needs of older adults:

- Expansion of information and assistance on a 24 hour basis;
- Special outreach activities to encourage older adults disaster victims to apply for benefits at federal emergency disaster assistance centers (DAC) as soon as they are established;
- Essential travel in the event vehicles are not readily available. FEMA funds may be available to fund these services, the AAAs will consult with the on-site federal coordinating officer prior to expanding Older Americans ACT or state funds on this service;
- Assistance will by case by case and case managers acting as disaster assistance advocates to older persons in the DAC in the benefits application process, including follow up to assure older victims receive approved grants and services and are protected from unscrupulous contractors for housing and other repairs;
- Licensed appraiser services to assist older adults victims in arriving at realistic estimates of losses incurred;
- Legal services, only when the scope of the primary older adult legal assistance program must be expanded to address insurance and disaster grant assistance settlements;
- Other Older Americans Act services, including meals, when assessment indicates that disaster-related needs are unresolved by federal, state, or voluntary disaster assistance programs.

Reimbursement Procedures for Emergency Services:

Reimbursement for the services specified above are authorized by the Older Americans Act, 310, as amended, AAAs shall forward requests for reimbursement to DAAS within 30 business days of

the date the disaster recovery operations are completed:

AAAs will prepare the reimbursement requests as follows:

- Sort the expenses for which reimbursement is requested into categories by services, as listed in the preceding section.
- Provide a narrative (must be detailed) for each category, which documents the number of units provided and the number of older adults served. This will be the cover page for each set of reimbursement documentation materials (must have all supporting document for any reimbursement).
- Enclose the billing documentation, such as paid bills and invoices, with the narrative for each category of service provided (if all information is not included there will be no reimbursement for services).
- Attach a description of the cause and scope of the disaster.
- Attach the certificate of non-duplication of services provided by the FEMA office.

DAAS will review all reimbursement requests, seek any additional information or clarification needed, and forward to the Administration on Community Living for payment.