



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

September 27, 2022

The Honorable Tate Reeves
Governor of Mississippi
550 High Street
Jackson, MS 39201

Dear Governor Reeves:

I am pleased to inform you that the Mississippi State Plan on Aging under the Older Americans Act for October 1, 2022 through September 30, 2026 has been approved.

The State Plan outlines significant activities that will serve as a guide for Mississippi's aging service network during the next four years. Of particular note is your commitment to 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 for as long as possible.

The Administration for Community Living recognizes the on-going and difficult challenges faced by the Mississippi Department of Human Services, Division of Aging and Adult Services (DAAS) during the current pandemic. I appreciate your commitment and dedication to ensure the continuity of quality services and am delighted to see that DAAS continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the DAAS in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Costas Miskis, Regional Administrator, at 404-562-7591. I value your dedication and commitment toward improving the lives of older persons in Mississippi.

Sincerely,

Alison Barkoff
Acting Administrator/Assistant Secretary for Aging

Cc: Edwin Walker, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Deputy Administrator for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Costas Miskis, Regional Administrator

STATE PLAN ON AGING



FFY 2023-2026

Tate Reeves, Governor of Mississippi

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Letter of Intent

July 1, 2022

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.

6/23/2022
Date

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

6/23/2022
Date

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

7/8/2022
Date

Tate Reeves
Tate Reeves, Governor
State of Mississippi

Contact Information

Mississippi Department of Human Services
Division of Aging and Adult Service
200 South Lamar Street
Jackson, MS 39201

24-Hour Adult Protective Services Hotline 844-437-6282
Mississippi Access to Care/State Health Insurance Assistance Program 844-822-4622

AREA AGENCIES ON AGING

CONTACT/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

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

28 INDUSTRIAL PARK BLVD
WINONA, MS 38967
662-283-2675
662-283-2771
888-427-0714
Attala, Carroll, Grenada,
Holmes, Leflore,
Montgomery, Yalobusha

NORTH DELTA

P.O. BOX 1488
BATESVILLE, MS 38601
662-561-4100
800-844-2433
Coahoma, Desoto, Panola,
Quitman, Tallahatchie, Tate,
Tunica

NORTHEAST MS

P.O. BOX 600
BOONEVILLE, MS 38829
662-728-7038/800-745-6961
Alcorn, Benton, Marshall,
Prentiss, Tippah, Tishomingo

SOUTH DELTA

P.O. BOX 1776
GREENVILLE, MS 38702
662-378-3831
800-898-3055
Bolivar, Humphreys,
Issaquena, Sharkey,
Sunflower, Washington

SOUTHERN MS

9229 HIGHWAY 49
GULFPORT, MS 39503
228-868-2326
800-444-8014
Covington, Forrest, George,
Greene, Hancock, Harrison,
Jackson, Jefferson Davis,
Jones, Lamar, Marion, Pearl
River, Perry, Stone, Wayne

SOUTHWEST MS

100 SOUTH WALL STREET
NATCHEZ, MS 39120
601-446-6044
800-338-2049
Adams, Amite, Claiborne,
Franklin, Jefferson, Lawrence,
Lincoln, Pike, Wathall,
Wilkinson

THREE RIVERS

P. O. BOX 690
PONTOTOC, MS 38663
662-489-2415
662-489-6911
877-489-6911
Calhoun, Chickasaw,
Itawamba, Lafayette, Lee,
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) 1965, as amended in 2020. The OAA is administered through the Administration for Community Living (ACL) under the direction of the Assistant Secretary for Aging.

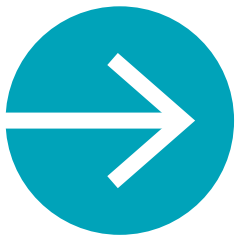
MDHS DAAS has undergone several staff transitions over the course of the past year. Under the direction of new Executive Leadership, DAAS team leaders will provide a program oversight that prioritizes teamwork, transparency, and compliance. DAAS will continue to provide innovation along with best practices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

GOALS, OBJECTIVES, & 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 FFYs 2023 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.

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.

EXCELLENCE

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

COMPLIANCE

DAAS is committed to all compliance efforts.

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.

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.

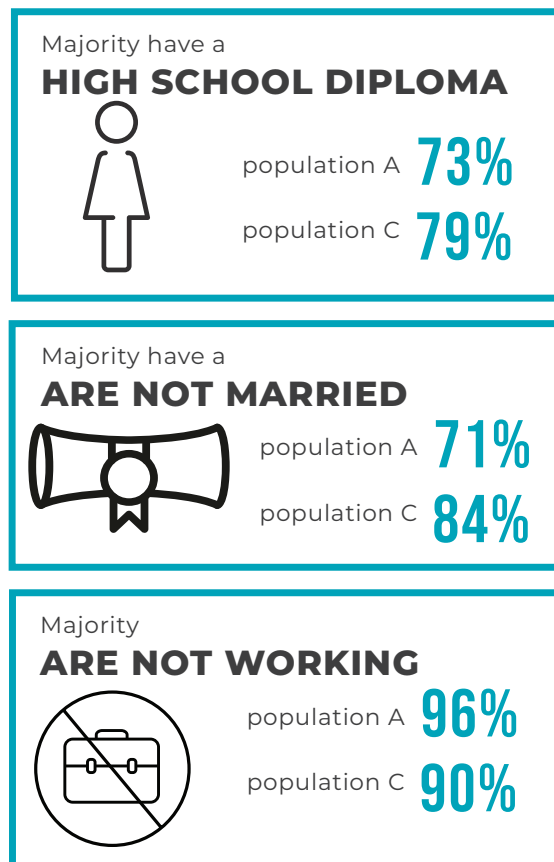


FIGURE 1

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.

CORE PROGRAMS

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.

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.

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.

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.

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.

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 INITIATIVE 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

* Image from <https://generations.asaging.org/covid-19-midlife-and-older-persons-miss>

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*.

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

ADDRD

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 Act

A woman with dark curly hair, wearing a blue V-neck shirt and a light-colored cardigan, is smiling and standing behind a table at a MAC Center booth. The booth is set up in a large, empty stadium with rows of blue seats in the background. On the table, there are several black t-shirts and a sign that reads "MAC Center Mississippi Access to Care". A large banner in the background features the MAC Center logo, the text "Connecting Mississippians with long-term care services and supports", and several small photos of people. The text "GOALS, OBJECTIVES, MEASURES, & STRATEGIES" is overlaid in large, white, bold letters across the center of the image. At the bottom of the image, there is a dark teal banner with the text "MAC Center Mississippi Access to Care" and "MIDHS MISSISSIPPI DEPARTMENT OF HUMAN SERVICES".

GOALS, OBJECTIVES, MEASURES, & STRATEGIES

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.

	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 which will also include outreach effort to Tribal organizations for better coordination.	Provide at least one targeted marketing campaign to each population per year of the plan.	DAAS ADMIN & 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 & 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 & 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 & 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 to Tribal organization.
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 Aging programs using a person center approach.	OANP
2.2	Reduce hunger and nutrition risks for meal recipients.	Decrease hunger and food in-security annually by 10% from FFY 2023-2026.	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.	OANP
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 2023 to 2026.	OANP & APS
2.5	All nutrition coordinators will be Served-Safe certified.	By 2025, all nutrition coordinators will be 100% Serve Safe certified.	OANP

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 2023 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 2023 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 2023 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 2024, 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...

Robert G. Anderson

6/23/2022

Robert G. Anderson, Executive Director

Date

Mississippi Department of Human Services

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:

The SUA will include details about the Mississippi assistive technology entity with the Mississippi Department of Rehabilitation Services and share information about any resources that can assist older adults as it relates to assistive technology. AAAs will be required to share how to access assistive technology options for serving older individuals. The SUA will verify assistive technology information and send out outreach information to increase access to assistive technology services when available.

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 State Unit on Aging will incorporate the following percentages in AAA sub-contracts via Information Bulletin method on the upcoming FFY 2023 sub-contracts to ensure AAAs budget and spend using the following percentages of Title III B funding (plus required match) on priority services. The State Unit on Aging will specify the following minimum proportions for all three categories: Access - 2%, In-Home - 2%, and Legal - 1%.

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 fifteen (15) percent for individuals who are age 60 and older and reside in rural areas, in addition to a weighted variable of twenty five (25) 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 thirty (30) 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. 60+ low-income minority population estimated at 45,002.

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.

Description of IFF {OAA, Section 305(a)(2)(C) and Section 307(a)(3)(A)}

Title III Funds are allocated based on the following methodology. The Title III award is first reduced by the amounts used to administer the State and Area Plans. No more than five percent (5%) of Title III funds will be designated for State Plan Administration. Additionally, no more than ten percent (10%) of funds remaining for the AAAs will be used for Area Plan Administration. Title III B funds of \$114,000 will be allocated for State Office Ombudsman Administration. The remaining balance is allocated to the AAAs based on a formula that incorporates the four population-based factors and their corresponding weights. Table 1 identifies the weighted factors, their statewide total, and the computation performed to develop their weights. See table 1 below.

PS, PDD	30%	25%	30%	15%	100%	2023 Proposed	Current	Difference	Adjustments based	
	60 + Population (.30 Weight)	60 BPL (.25 Weight)	60 + Min BPL (.30 Weight)	60+ Rural (.15 Weight)		Allocation Rate	Allocation Rate	2012-2022	on updated data	
1 North Delta	0.02625232	0.016744829	0.02122572	0.01065532		0.074878194	0.07219252	0.27%	-0.33%	0.60%
2 South Delta	0.01187100	0.013813733	0.02539887	0.00466401		0.055747606	0.06225702	-0.65%	-1.20%	0.55%
3 North Central	0.01347624	0.015557359	0.02509888	0.00803100		0.062163481	0.07156624	-0.94%	-0.43%	-0.51%
4 Golden Triangle	0.01746007	0.015707672	0.02284565	0.00998384		0.06599724	0.06823369	-0.22%	-0.21%	-0.01%
5 Three Rivers	0.02903344	0.020968615	0.01455269	0.01801333		0.082568068	0.09025281	-0.77%	0.55%	-1.32%
6 Northeast	0.01686481	0.014219577	0.00837296	0.01306154		0.052518897	0.05841159	-0.59%	0.34%	-0.93%
7 Central	0.05851820	0.043936388	0.06742367	0.01846569		0.186343951	0.1730115	1.53%	-0.77%	2.30%
8 East Central	0.02588394	0.024305556	0.02955869	0.01841470		0.098162885	0.10329945	-0.51%	0.53%	-1.04%
9 Southern	0.08019143	0.060876623	0.05057775	0.03461504		0.226260836	0.20665628	1.96%	1.82%	0.14%
10 Southwest	0.02044856	0.023869649	0.03494511	0.01409552		0.093358842	0.09411891	-0.08%	-0.31%	0.23%
Totals	0.30000000	0.25000000	0.30000000	0.15000000		1.00000000	1.00000001	0.00%		

PS, PDD	Percentage		Percentage		Percentage		Percentage	
	Factors							
1 North Delta	53,805	0.08750773	5,570	0.067	3,184	0.07	21,105	0.071
2 South Delta	24,330	0.03956998	4,595	0.0553	3,810	0.08	9,238	0.0311
3 North Central	27,620	0.04492079	5,175	0.0622	3,765	0.08	15,907	0.0535
4 Golden Triangle	35,785	0.05820024	5,225	0.0628	3,427	0.08	19,775	0.0666
5 Three Rivers	59,505	0.09677813	6,975	0.0839	2,183	0.05	35,679	0.1201
6 Northeast	34,565	0.05621605	4,730	0.0569	1,256	0.03	25,871	0.0871
7 Central	119,935	0.19506066	14,615	0.1757	10,114	0.22	36,575	0.1231
8 East Central	53,050	0.0862798	8,085	0.0972	4,434	0.10	36,474	0.1228
9 Southern	164,355	0.26730475	20,250	0.2435	7,587	0.17	68,562	0.2308
10 Southwest	41,910	0.06816186	7,940	0.0955	5,242	0.12	27,919	0.094
Totals	614,860	1.00	83,160	1.00	45,002	1.00	297,105	1.00

Source: ACL 2017 Tabulation Tables

Poverty - Table P85MS
Age & Rural - P4MS

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. 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%

Funding Portion X=[.30(60+) + .15(Rural) + .25(Below Poverty) + .30(Below Poverty Minority)]

Where: X = Allocation amount (Title III award minus State and Area Plan Admin)

Area Agency on Aging (AAA)	Formula Share (%)
Central Mississippi Area Agency on Aging (CMAAA)	.188343951
East Central Area Agency on Aging (ECAAA)	.098162885
Golden Triangle Area Agency on Aging (GTAAA)	.06599724
North Central Area Agency on Aging (NCAAA)	.062163481
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).

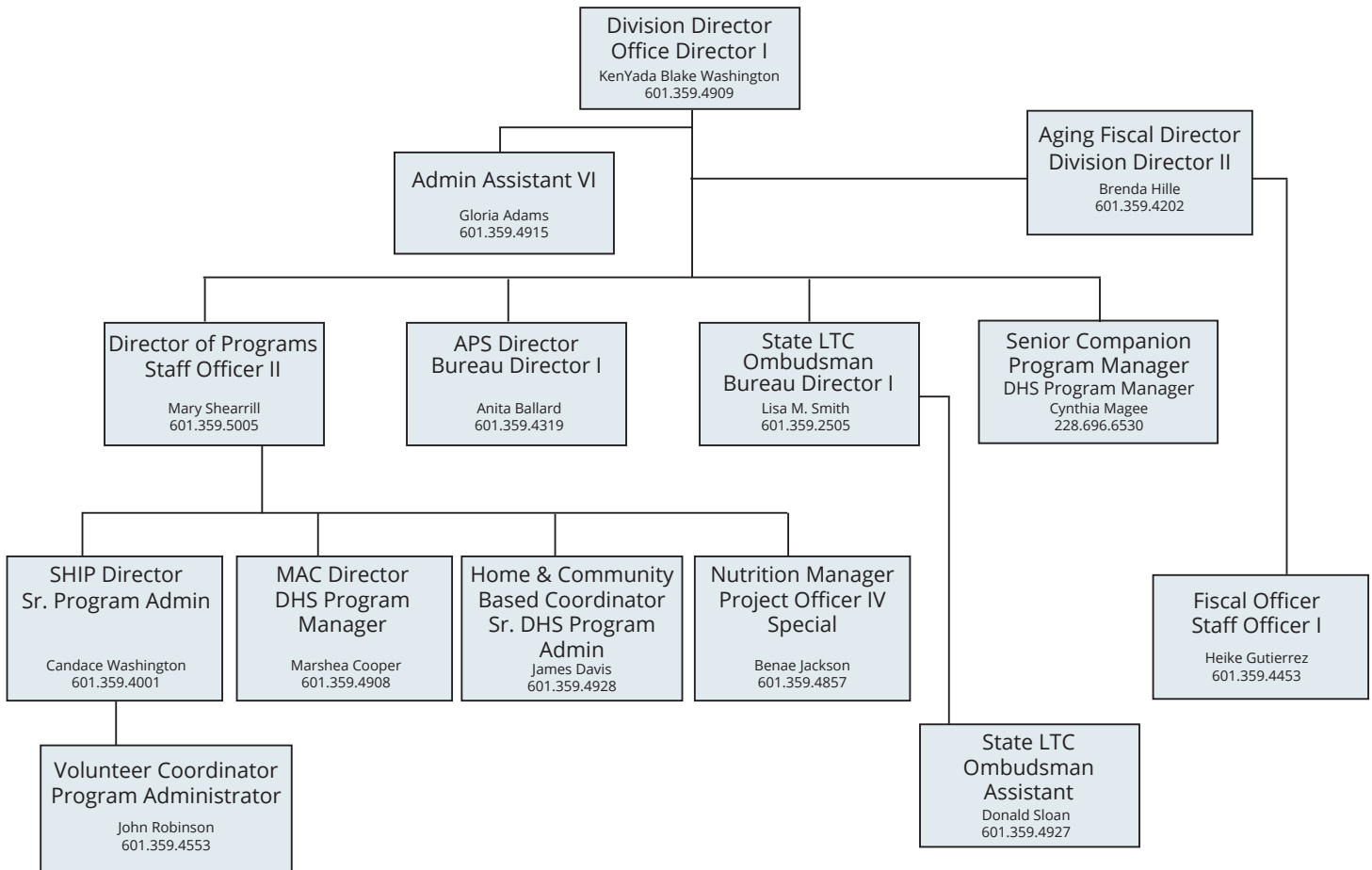
Demonstration of the NSIP allocation of funds through the Intrastate Funding Formula

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 ORG CHART



Aging and Adult Services
Updated 5/2022



EMERGENCY RESPONSE PLAN

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 area.
- 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 be 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.

Public Comments



Southern Mississippi Planning & Development District

BUILDING A STRONGER MISSISSIPPI

June 6, 2022

Mississippi Department of Human Services
Division of Aging and Adult Services
KenYada Blake-Washington, Director
200 South Lamar Street
Jackson, MS 39201

Re: Aging State Plan 2022-2026 Draft

Ms. Blake-Washington,

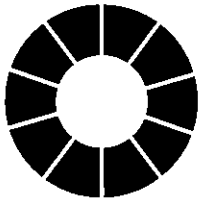
The Southern Mississippi Planning and Development District supports the Division of Aging and Adult Services in our combined efforts to fulfill the mission of assisting aging and vulnerable adults, their families, and caregivers in achieving healthy, safe, and independent lifestyles through advocacy, protection, education, and stewardship of public resources. SMPDD relies on funding received through the DAAS to properly fulfill that mission and to represent our older adults as detailed in the Older Americans Act (OAA). The OAA was created to assure the all older adults 60 years of age and older are served and deemed eligible based on a needs assessment. Therefore, we are submitting this letter in opposition to the proposed 2022-2026 allocation of funds through the Intrastate Funding Formula (IFF).

DAAS held a meeting April 29, 2022 to notify all of the PDDs of the proposed new funding formula. The new formula was based on the most current census data, and the factor with the most weight (59%) was those age 60 and above. Yet the State Plan on Aging FFY 2022-2026 cuts that factor's weight to 30%, and the factor of age 60 plus below poverty level went from 4% to 30%. We are open to a plan that will lesson and prevent devastating cuts to programs throughout our state. However, we need the state to adopt a fair plan that will include adopting a formula in which funds support areas where the older adult population is growing.

If you look at our district's waiting list for all services our 60 plus population is steadily growing, and the funding we are allocated must grow as well to meet the needs of our district.

Respectfully,

Leonard Bentz, Executive Director



MISSISSIPPI ASSOCIATION OF PLANNING AND DEVELOPMENT DISTRICTS

1020 CENTRE POINTE BOULEVARD • PEARL, MISSISSIPPI 39208 • (601) 981-1511 • FAX: (601) 981-1515

May 5, 2022

Mr. Robert Anderson, Executive Director
Mississippi Department of Human Services
200 South Lamar Street
Jackson, MS 39201

Dear Mr. Anderson:

In response to the requirements of the Older Americans Act, the Mississippi Association of Planning and Development Districts, containing the Area Agencies on Aging, on a vote of 8 yeas and 2 voting nays, recommend consideration of the following formula beginning with FY 2023. The formula is designed to address the needs of those individuals who may be served through Older Americans Act Funds.

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

The attached recommendation continues to address the following goals as outlined in the Mississippi State Plan:

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

The Older Americans Act defines social need as the following:

The term greatest social need means the need caused by noneconomic factors, which include –

- Physical and mental disabilities;
- Language barriers; and
- Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that
 - Restricts the ability of an individual to perform normal daily tasks; or
 - Threatens the capacity of the individual to live independently

The State Plan currently indicates that many individuals aged 60 and over, who do not fit into a specific category are in greatest social need. Therefore, the number of persons ages 60 and over is included as a factor.

Greatest economic need means the need resulting from income level at or below the poverty line. This requirement is met by including the number of people ages 60 and over, with incomes at or below the poverty level as a factor.

Because the OAA also requires that particular attention should be paid to low income minority individuals, this factor is also included.

May 27, 2022

Mississippi Department of Human Services
Division of Aging and Adult Services
200 South Lamar Street
Jackson, MS 39201

Re: Aging State Plan 2022-2026 Draft

Ms. Blake-Washington,

On behalf of Three Rivers Planning & Development District I want to express how much we appreciate all that the Division of Aging and Adult Services has done and continues to do for our Aging population here in Mississippi. We are thankful for the supportive and strong working relationships that have developed between our two agencies and look forward to what we can accomplish in the future. We would like to clarify Three Rivers Planning & Development District will work in partnership with DAAS to provide the best services possible with the formula MDHS decides on. However, Three Rivers Planning & Development District has an obligation to represent our elected officials and our senior citizens in this matter; therefore, we are submitting this letter in opposition to the proposed 2022-2026 allocation of funds through the Intrastate Funding Formula (IFF). The Older Americans Act was created to serve individuals 60 years of age and older and those deemed eligible based on a needs assessment.

From our understanding the funds are allocated to the state of Mississippi based on the 60 plus population. However, your proposed allocation puts a major emphasis on seniors below poverty (55%). The vast majority of seniors below poverty that meet critical needs in Mississippi are eligible for the Medicaid Waiver programs, a program that offers four to five times the benefits as the Older Americans Act. For example, respite care can be provided 5 times a week if needed, as well as personal care attendants. Under our current aging program, respite care can be provided at a maximum of 8 hours a week. There are additional benefits in pharmaceuticals, skilled nursing, and transportation that are not available to the non-poverty. The proposed formula gives 55% weight toward a population that accounts for 15% of our seniors according to the 2020 US Census. We feel that the proposed formula pulls allocated funds from over 80% of the seniors with an emphasis of approximately 15% of funding which have access to other programs.

We understand the Division of Aging and Adult Services position with the Area Agencies on Aging taking devastating cuts and we agree that efforts should be made to prevent the devastation of a program. However, the state should not continue to adopt formulas that redirect money to areas losing population from areas where senior population is growing and prevent what is an inevitable population shift. In an effort to appropriately represent the seniors in Mississippi and prevent fiscal devastation of any one AAA, Three Rivers advised the attached example which gradually makes changes. We have no illusions that there are other methods to accomplish the states goals, this is just one idea to enable the innovative state staff to more fairly serve all the seniors while preventing devastating cuts to AAA's.

Three Rivers Planning & Development District serves as the fiscal and administrative agency for:

Three Rivers Solid Waste Management Authority
Three Rivers Area Agency on Aging (AAA)
Three Rivers CDE, Inc.
IMR, LLC

Three Rivers Community Investment, Inc.
The Mississippi Partnership for Workforce Development
GM&O Rails-to-Trails Recreational District of North Mississippi

Three Rivers Local Development Company, Inc.
Mississippi Access to Care (MAC)
Enhance Mississippi, LLC
The PUL Alliance



Mississippi

Department of Human Services
Division of Aging and Adult Services

Statewide Needs Assessment Summary Report

February 2022



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1 Executive Summary

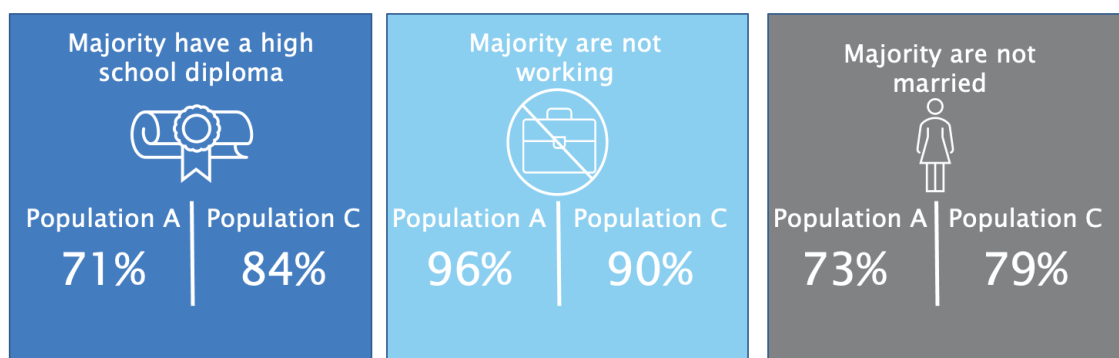
This report presents a statewide assessment of Mississippi's aging and adult services system. This landscape analysis highlights current and future needs of Mississippians who are 55 years of age and older. Data for this report was collected via various methods, including telephonic surveying of the 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 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.

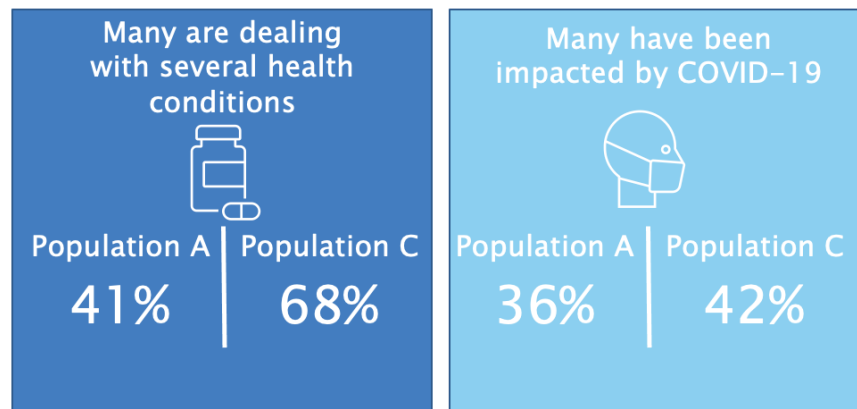
The information and data collected outlines the following statewide demographic profile for older Mississippians.

Figure 1. 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.

Figure 2. Health and the COVID-19 Pandemic



The data shows older Mississippians contend with persistent health needs. Many respondents are dealing with several health conditions, which have been impacted by the COVID-19 Pandemic due to contracting the virus, or a family member contracting the virus. Figure 3 provides numbers around health and the COVID-19 Pandemic.

Figure 3. Service Needs



The 2011 Mississippi needs assessment predicted the demand for home-delivered meals, homemaker services, and congregate meals would increase. According to the data collected for this assessment, home-delivered meals, homemaker services, and home health care are the major need in today's aging services landscape.

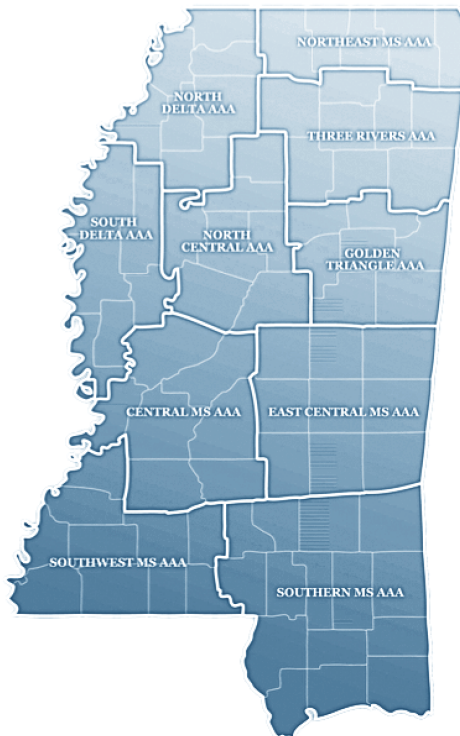
2 Introduction

The Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS), is mandated to fulfill the provisions of the Older Americans Act of 1965 as amended. One of the many requirements includes conducting a needs assessment of populations served and to be served. This 2022 statewide needs assessment illustrates:

1. The service array available to older Mississippians 55 years of age and older who are eligible to receive services through the MDHS DAAS provider network
2. The current and emerging needs of older Mississippians 55 years of age and older who are eligible to receive services through MDHS DAAS
3. The information used to inform program planning, policy development, the development of state and federal plans, and the allocation of resources.

The previous needs assessment was conducted in 2011. Surveys were circulated to older Mississippians receiving services, awaiting services, and service providers. The 2021 survey expanded on the 2011 version with addition of questions focusing on the impact of the COVID-19 Pandemic and lifestyle questions aimed at understanding accommodations related to the sexual orientation of older Mississippians. In addition, stakeholder input was expanded by including Area Agencies on Aging (AAA) leadership from all ten regions as shown in Figure 4.

Figure 4. AAA Regions



The 2021 survey gathered key data through a focus group, web-based and telephonic surveys. This process began in October of 2021 with stakeholder engagement and concluded in January 2022. The focus groups and surveys focused on understanding older Mississippians’:

- Socio-demographic characteristics and status
- Aging service delivery and utilization
- Projected needs
- Quality of life
- Health and wellness
- System observations

Participation in telephonic surveys was voluntary, and those respondents who chose to engage had the option to refuse to answer questions. In this report, “no response” refers to occurrences when respondents opted not to answer. The approach to fulfilling the statewide needs assessment included a multi-step method. Figures 5 and 6 provide further details on the assessment methodology.

Figure 5. Statewide Assessment Methodology



Figure 6. Detailed Statewide Assessment Methodology

- | | |
|---|--|
| <p>1 2011 surveys were evaluated, modified and developed for Population A, B and C.</p> | <p>4 AAA Leaders conducted envisioning session and provided AAA specific information.</p> |
| <p>2 MDHS DAAS approved surveys for Population A, B, and C were conducted telephonically and electronically.</p> | <p>5 Quantitative and qualitative data from telephonic and electronic surveys and information from envisioning session is analyzed.</p> |
| <p>3 Envisioning session was developed to gather AAA specific information on administration of programs, client and community engagement, and needs.</p> | <p>6 Statewide needs assessment report summary drafted and presented to MDHS DAAS.</p> |

The data contained in this statewide assessment reflects a small sample of older Mississippians throughout the state. The table below outlines the distribution of survey respondents by AAA region.

Table 1. Respondents by Region

AAA Region	Population A: Number of Respondents	Population B: Number of Respondents	Population C: Number of Respondents	AAA Leaders: Number of Representatives
Central	23	9	N/A	1



Table 1. Respondents by Region

AAA Region	Population A: Number of Respondents	Population B: Number of Respondents	Population C: Number of Respondents	AAA Leaders: Number of Representatives
East Central	26	3	N/A	1
Golden Triangle	66	2	N/A	N/A
North Central	20	3	N/A	1
North Delta	36	5	N/A	1
Northeast	19	2	N/A	1
South Delta	16	3	8	N/A
Southern	23	13	6	1
Southwest	33	2	5	1
Three Rivers	14	4	N/A	1
Unknown	N/A	4	N/A	2
Total Respondents	276	50	19	10



3 Older Mississippians Population–At–Large

From the 2021 Census, the total population for Mississippi was 2,949,965. Mississippians 65 years of age and older consist of 27.30% of the population, totaling 805,374.

The largest group within this range are Mississippians aged 65 to 74 years old, making up 8.38% of the older adult population. Table 2 provides further details by age group of older adults in Mississippi.

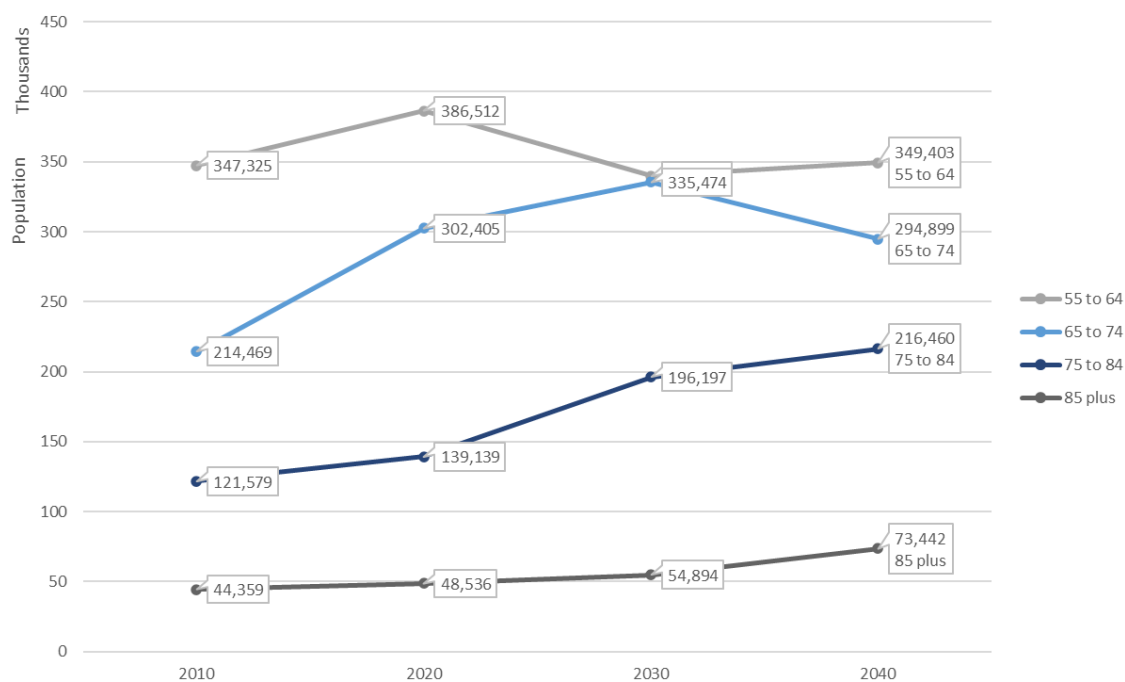
Table 2. Age Group

Age group	Total	Percentage	Percentage of total population 2,949,965
55 to 59	195,279	24.25%	6.56%
60 to 64	183,461	22.78%	6.32%
65 to 74	247,109	30.68%	8.38%
75 to 84	128,542	15.96%	4.36%
85 and older	50,983	6.33%	1.73%
Total	805,374	100.00%	27.30%

Figure 7 below represents the change of the aging population since 2010 and the projected change in the population for older Mississippians through 2040. The figure indicates that the age groups of 55 to 64 and 65 to 74 will decline by the year 2040. In contrast, the age groups of 75 to 84 and 85 and older will increase by the year 2040.



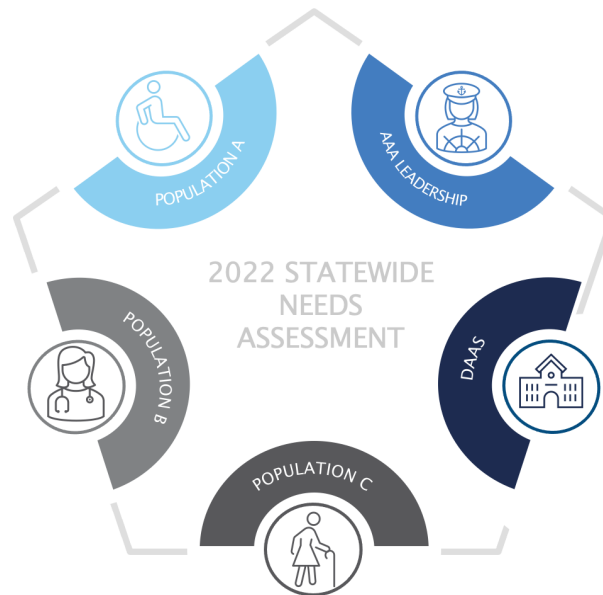
Figure 7. Older Mississippians Population Projection by Age Group



4 Engaged Populations

A comprehensive statewide assessment was conducted by engaging five populations as shown in Figure 8.

Figure 8. Engaged Populations



Engaged populations included:

1. Mississippians 55 years of age or older who are currently receiving aging services (referred to as Population A), were engaged in telephone surveying to obtain information to better understand their: quality of life, health and wellness, family and social support, and other needs related to how aging services are contributing to their lives.
2. AAA contracted providers (referred to as Population B), were engaged to gain a wide perspective about service array and delivery strengths, innovations as well as any barriers to providing services, unmet client needs and engagement.
3. Mississippians 55 years of age or older who are awaiting aging services (referred to Population C), were engaged in telephone surveying to obtain information to better understand their: quality of life, health and wellness, family and social support, and other needs related to how aging services might contribute to their lives.
4. AAA directors were engaged to understand system level collaboration, coordination, data information sharing as well as stakeholder, community, and target population engagement.



5. Division of Aging and Adult Services (DAAS) state leadership who is responsible for administering programing, policy statewide provided overarching information on the program.



5 Older Mississippians Currently Receiving Services

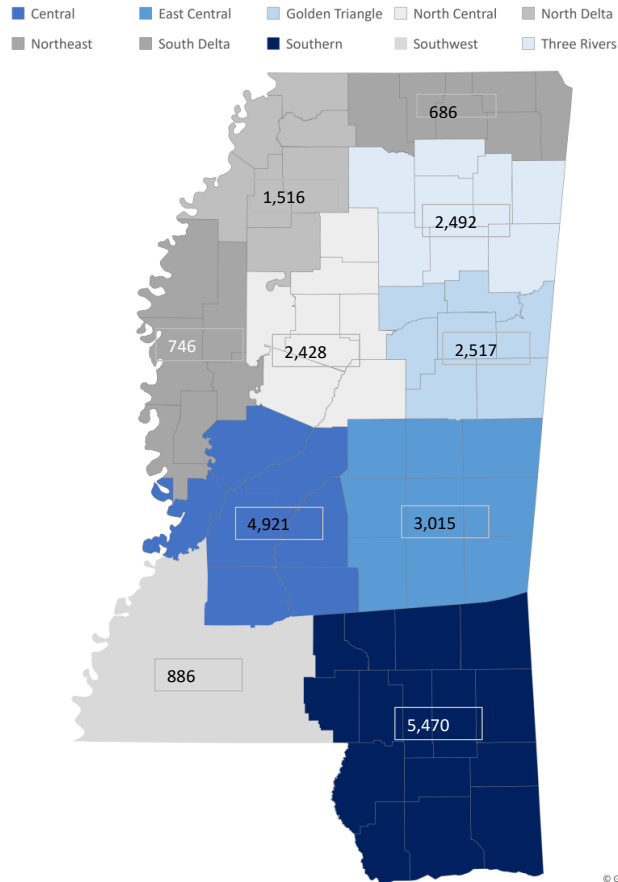
There are 24,677 older Mississippians currently receiving aging services through MDHS DAAS. The services provided to these individuals vary by AAA and include but are not limited to:

- Home delivered meals
- Congregate meals
- Tax preparation
- Financial planning
- Home health care
- Counseling services
- Homemaker services
- Home Modifications
- Information and referral
- Respite care
- Legal services
- Job placement
- Adult day care
- Case management
- Transportation
- Telephone reassurance

Figure 9 identifies the number of older Mississippians receiving services by AAA and shows that Southern AAA is currently providing the most services, followed by Central AAA and East Central AAA.



Figure 9. Older Mississippians receiving services by Area Agency on Aging (AAA)



Population A includes those currently receiving services through AAAs. These surveys were conducted telephonically, which allowed the opportunity to capture an in-depth understanding of the lives of older Mississippians. A smaller sample size of 3,000 Mississippians was surveyed through 7,645 telephone calls attempts which yielded 276 completed surveys. The following subsections provide details about this population, including but not limited to their quality of life, health, and wellness.

5.1 Demographics

Table 3. Population A Demographics

Demographic Indicator	Percentage of Total	Demographic Indicator	Percentage of Total
Gender		Race	
Female	69%	Black	52%
Male	30%	White	42%



Table 3. Population A Demographics

Demographic Indicator	Percentage of Total	Demographic Indicator	Percentage of Total
No response	1%	Other	6%
Age		Education Level	
55–60 years of age	6%	Less than high school	24%
61–70 years of age	34%	High school diploma	36%
71–80 years of age	28%	Associate’s or technical degree	5%
81–90 years of age	26%	Some college (no degree)	17%
Over 90 years of age	4%	Bachelor’s degree or above	13%
No response	2%	No response	5%
Marital Status		Employment Status	
Widowed	32%	Retired	88%
Married/Cohabiting	24%	Unemployed	8%
Divorced/Separated	24%	Working part-time	1%
Single (Never Married)	16%	Working full-time	1%
No response	4%	No response	2%

5.2 Income

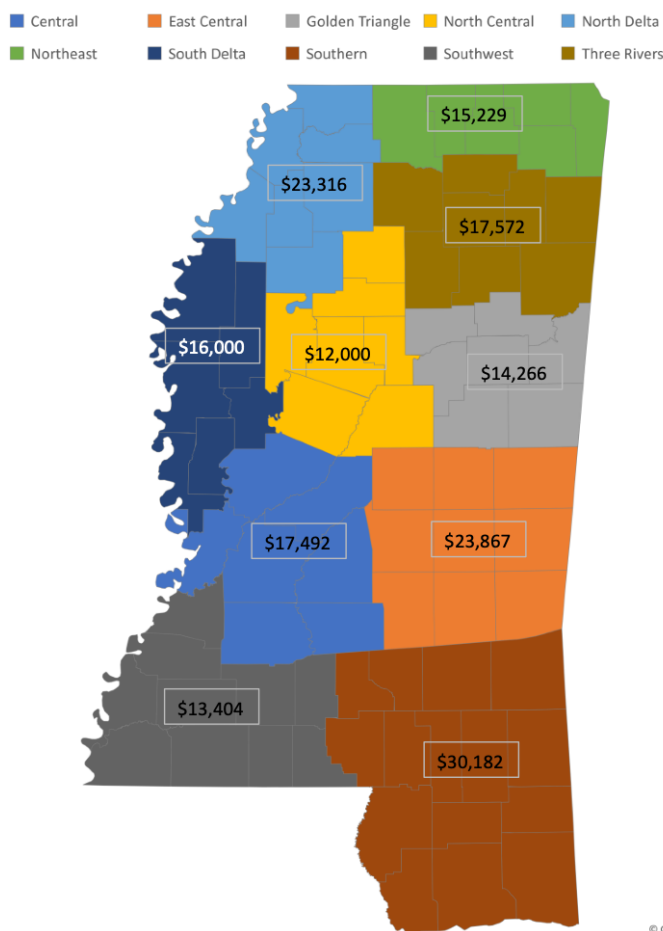
With 88% of Population A retired, income is a crucial factor to older Mississippians’ quality of life. According to the U.S. (United States) Census Bureau data from 2019, 20.3% of Mississippians live below the poverty line, with 12.8% of those Mississippians being 65 years of age or older.

The survey results reflected that members of Population A had an average income of \$18,613. However, incomes varied by AAA region (see figure 10). The current 2021 poverty thresholds indicate that \$12,996 is poverty for a single person 65 years or older and



\$18,606 for two people 65 years of age (Census.gov, January 2022). To put the significance of these income thresholds into context, if most of Population A were a one-person household, the North Central AAA would be the only region below the poverty line. However, if most of Population A was a two-person household, all AAAs except for North Delta, East Central, and Southern would fall under the poverty line.

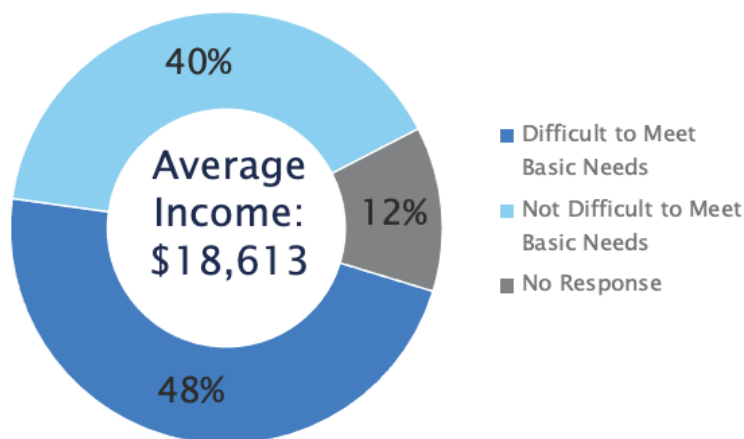
Figure 10. Average Income by AAA



Consistent with the poverty statistics from the U.S. Census Bureau, 44% of respondents indicated that financial problems are somewhat or a major problem (Figure 11).

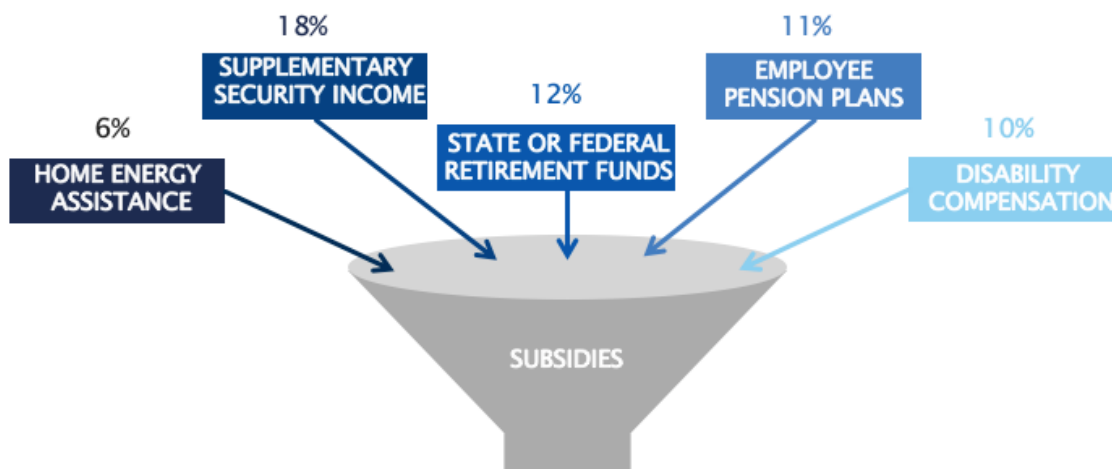


Figure 11. Income and Meeting Basic Needs



Ninety percent of Population A respondents indicated that their income is from Social Security benefits, but many supplement their income with available subsidies. Figure 12 exhibits the percentage of Population A that are utilizing various subsidies.

Figure 12. Utilized Subsidies



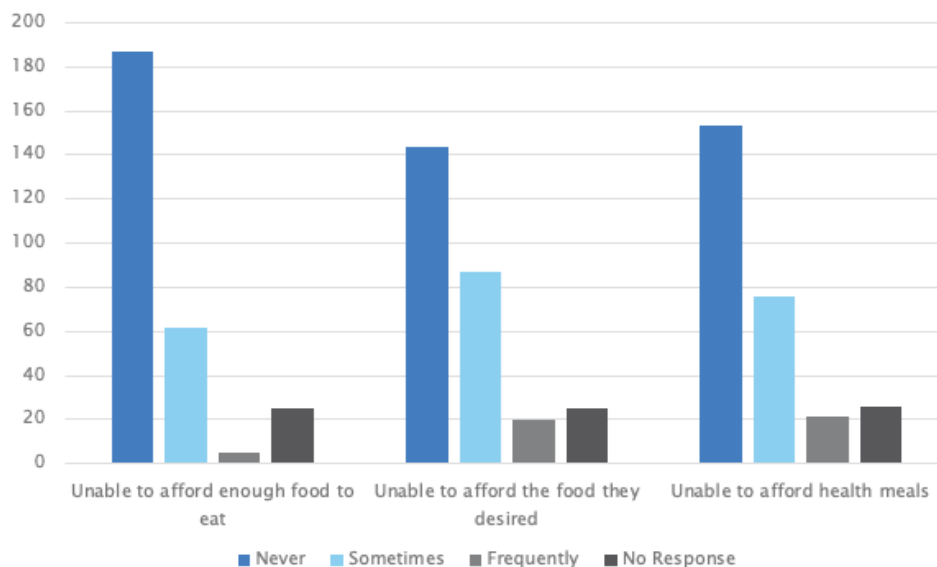
5.3 Quality of Life

The majority (47%) of Population A respondents reported that they have an average quality of life. A critical factor contributing to older Mississippians' quality of life is food. Of those who responded, 78% indicated they have enough food, and 76% reported eating at least two complete meals a day.



When asked about food affordability, most respondents indicated that they could afford enough food to eat, but some have not been able to afford their desired foods or healthier foods. Figure 13 provides a detailed breakdown on food affordability.

Figure 13. Food Affordability



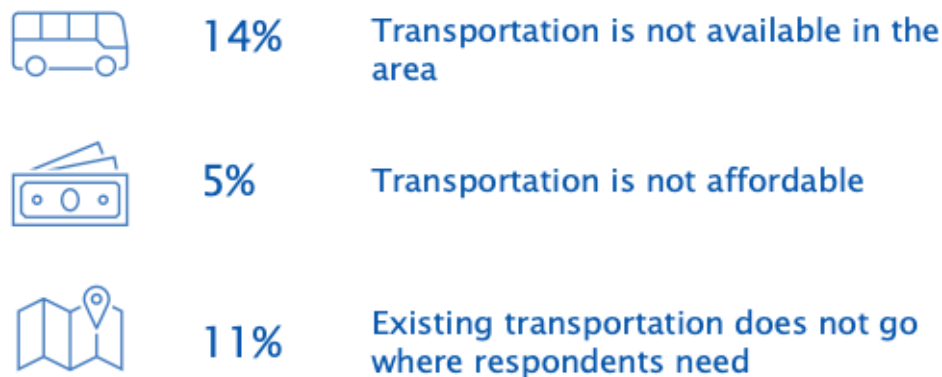
Another critical factor to older Mississippians' quality of life is transportation. 56% of Population A stated that transportation is not a problem while 35% stated it was somewhat or a major problem. Having access to transportation can provide older Mississippians with multiple benefits, including access to:

- Food
- Health care
- Social engagements

The respondents who feel transportation is a problem cited the following barriers in Figure 14.

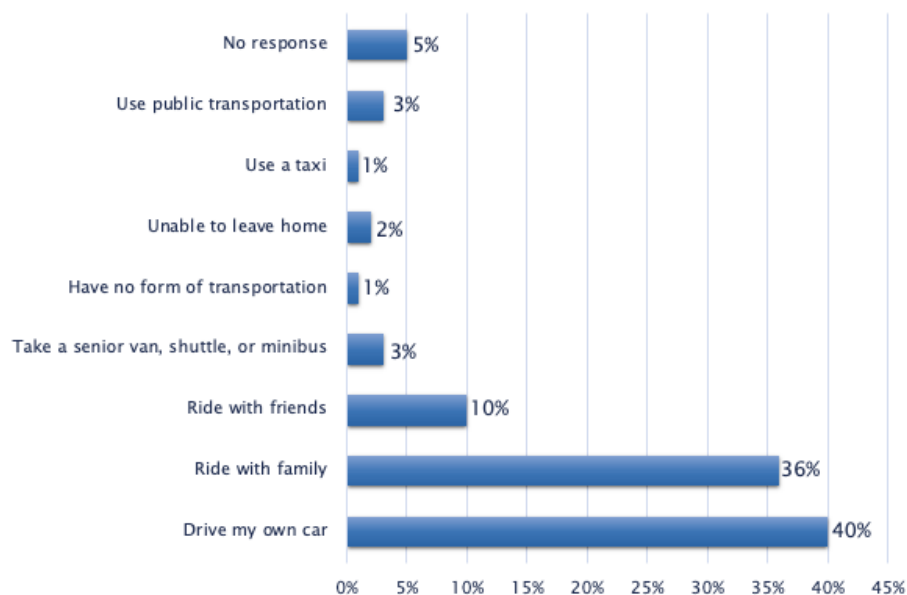


Figure 14. Transportation Barriers



More than half of respondents (52%) indicated they never travel outside of their community, and when traveling locally, many of them drive on their own or ride with family. Figure 15 illustrates local transportation methods.

Figure 15. Local Transportation Methods



Service availability can also impact older Mississippians' quality of life. Although Population A is currently receiving services, some respondents are on a waiting list for additional services. Survey data shows home-based services such as home health care and homemaker services have the longest waiting lists as 2% of older Mississippians have waited longer than one year for the service. Table 4 demonstrates specifications of the



services Populations A is currently waiting for, and the duration they have been waiting for the services.

Table 4. Services and Waiting Lists

Services	Percentage Waiting Less than One Year	Percentage Waiting More than One Year
Home Delivered Meal	2%	<1%
Supplemental Nutrition Assistance Program (SNAP) – Food Stamps	1%	1%
Home Health Care	2%	2%
Homemaker Services	1%	2%
Home Modifications	N/A	<1%
Transportation Services	1%	<1%
Health Screenings	N/A	1%
Medication Management Education	N/A	<1%
Nutrition Counseling	N/A	<1%

5.3.1 Family and Social Support

Most Population A respondents indicated that they had some form of family and social support with, 83% stating they feel as if they have a reliable contact in case of an emergency. The survey results show that these reliable contacts are their children, with 49% of respondents indicating that one of their children lives within 25 miles of them.

The survey results show that Population A receives this support from those listed in Figure 16.



Figure 16. Family and Social Support



5.3.2 Caregiving

Overwhelmingly, at 82%, Population A indicated they have no problem caring for others. Thirteen percent stated they are caring for family members or friends regularly. Table 5 below demonstrates how much time these respondents spend caring for others.

Table 5. Hours Spent Caring for Others

Caregiving Hours	Percentage
1–5 hours	3%
11–20 hours	<1%
6–10 hours	<1%
More than 20 hours	9%
Do not give care to others on a regular basis/No Response	87%

5.4 Health and Wellness

5.4.1 Mental Health

According to the survey data, some older Mississippians are experiencing mental health issues. Twenty-seven percent of respondents indicated that depression is somewhat or a major problem, and 6% indicated that they had experienced a mental illness within the last two years.



According to the Centers for Disease Control and Prevention, loneliness is associated with depression and other health risks in older adults (www.cdc.gov, April 2021). This information correlates with the data found in the survey showing that 27% of respondents indicated that they are experiencing feelings of loneliness.

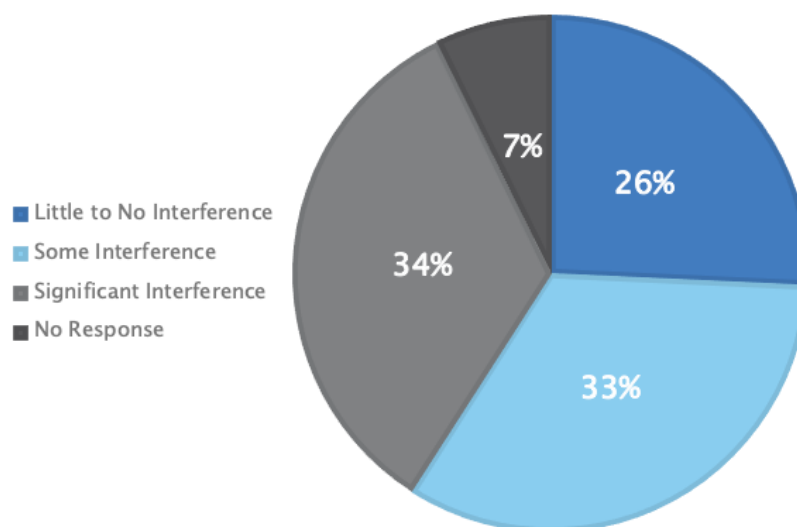
5.4.2 Physical Health

Physical Health is a proven critical factor in older Mississippians' lives, with 77% of respondents indicating that their health was somewhat or a major problem and 96% having visited their primary healthcare provider within the last year. Table 6 provides data on the top ten common health conditions experienced by Population A.

Table 6. Common Health Conditions

Health Condition	Percentage of Respondents	Health Condition	Percentage of Respondents
High blood pressure	67%	Back pain	34%
Arthritis	50%	Trouble sleeping	33%
Vision problems	41%	Stomach or digestion problems	30%
Joint problems	40%	Diabetes	28%
Heart problems	39%	Kidney or urinary problems	22%

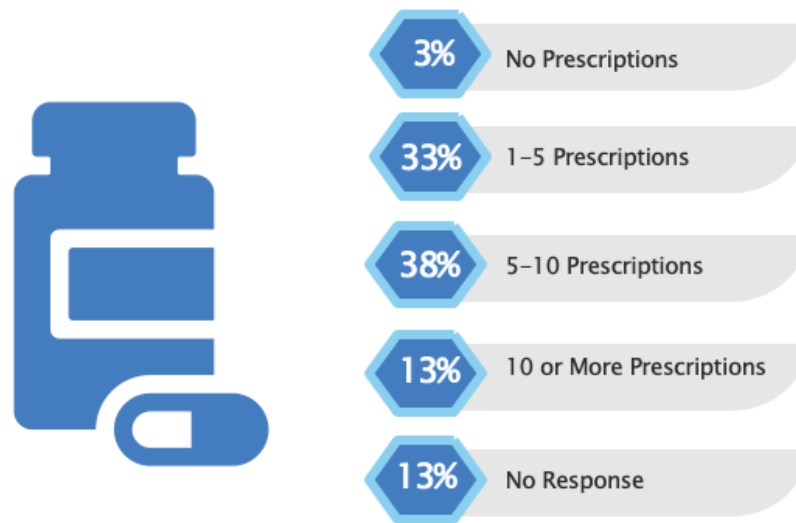
Figure 17. Health Interference with Daily Activities





As a result of these various health conditions, older Mississippians are taking many prescriptions. Figure 18 presents the data collected on prescription usage of Population A.

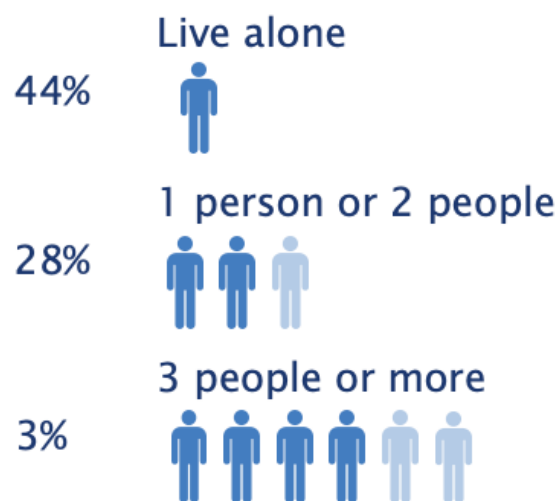
Figure 18. Prescription Usage



5.5 Living Arrangements

Eighty-two percent of respondents stated that suitable housing is not a problem as 57% own their homes. The data displayed that 63% live in a single-family home. Figure 19 below displays the number of co-habitants residing with those in Population A.

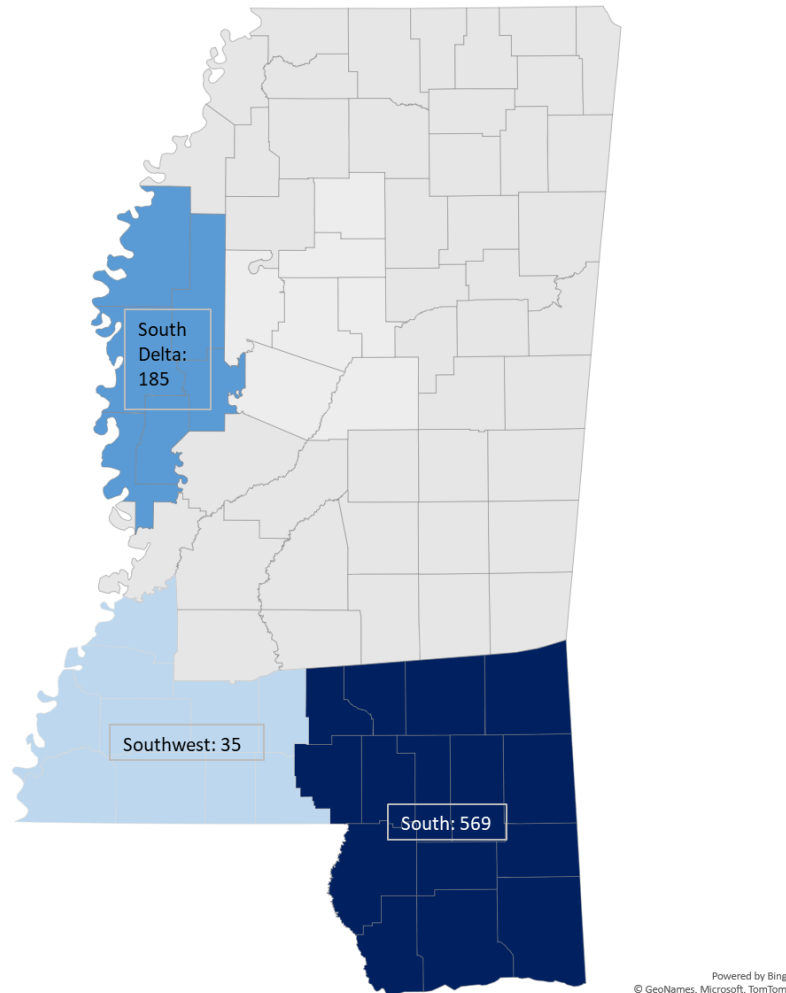
Figure 19. Number of Co-Habitants



6 Older Mississippians Awaiting Services

There are 789 Older Mississippians currently on waiting lists to receive aging services. The three regions presenting with waiting lists include those serviced by Southwest AAA, South Delta AAA, and Southern AAA. Figure 20 identifies the number of older Mississippians awaiting services by AAA region. The Southern AAA has the largest waiting list.

Figure 20. Older Mississippians Awaiting Services by AAA



Population C surveys were conducted telephonically, like Population A. A smaller, more precise sample size of 113 older Mississippians was surveyed through 236 telephone attempts and 19 surveys completed. The following subsections provide more detail about this population, their quality of life, health and wellness, and other items.



6.1 Demographics

Table 7. Population C Demographics

Demographic Indicator	Percentage of Total	Demographic Indicator	Percentage of Total
Gender		Race	
Female	58%	Black	42%
Male	42%	White	53%
No Response	N/A	Other	5%
Age		Education Level	
55–60 years of age	N/A	Less than high school	16%
61–70 years of age	32%	High school diploma	58%
71–80 years of age	37%	Associate's or technical degree	5%
81–90 years of age	26%	Some college (no degree)	16%
Over 90 years of age	N/A	Bachelor's degree or above	5%
No response	5%		
Marital Status		Employment Status	
Widowed	37%	Retired	63%
Married/Cohabiting	11%	Disabled	26%
Divorced/Separated	26%	Working full-time	11%
Single (Never Married)	5%	Working part-time	N/A
No response	21%	Unemployed	N/A



6.2 Quality of Life

The majority (74%) of Population C respondents reported an average quality of life, and 16% indicated a low or no quality of life. A critical factor that contributes to older Mississippians' quality of life is food. Forty-two percent of respondents are on the home delivered meals waiting list, with 26% waiting for more than a year. When asked about food affordability, older Mississippians shared the following (Figure 21):

Figure 21. Food Affordability

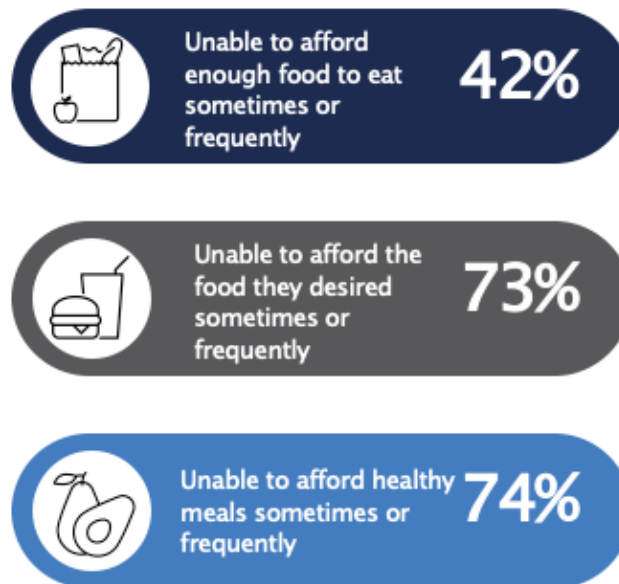
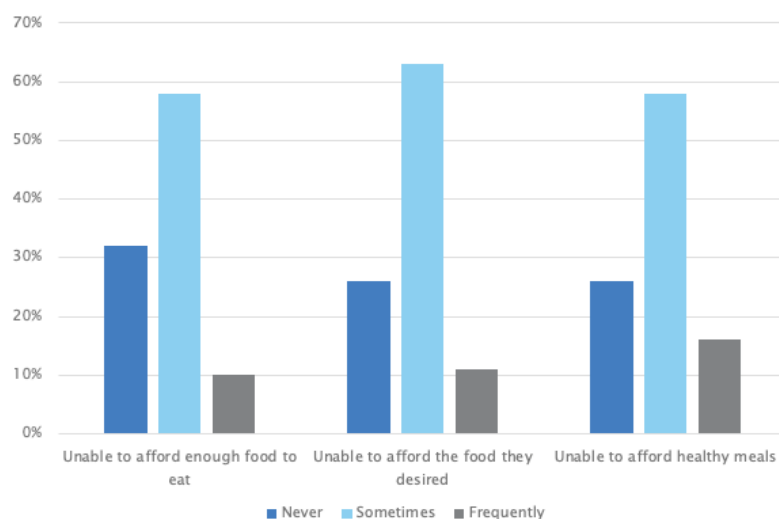


Figure 22 provides a detailed breakdown on the food affordability data collected.

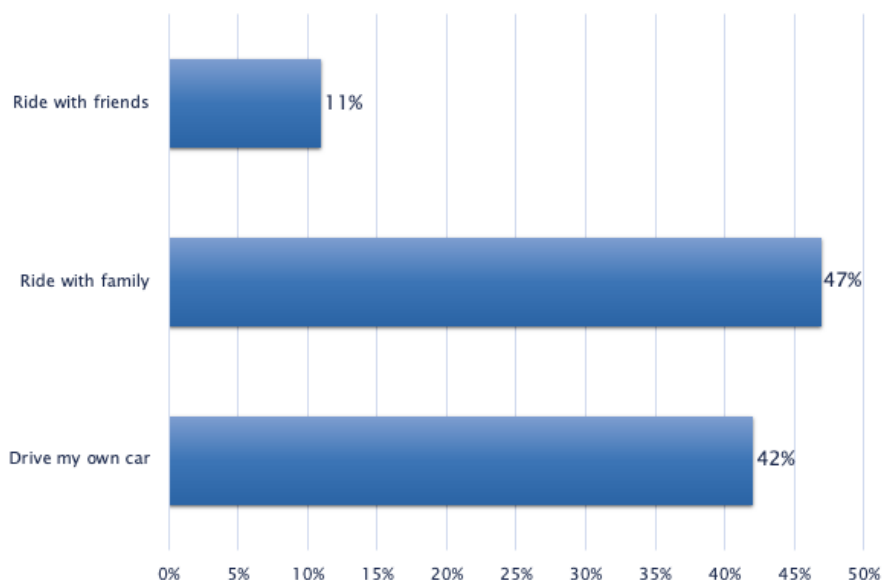
Figure 22. Food Affordability–All Data





Another critical factor to older Mississippians' quality of life is transportation, 6% are on the transportation waiting list, and when traveling locally, 58% are reliant on others for transportation. Figure 23 shows the specifics of Population C's local transportation methods.

Figure 23. Local Transportation Methods



6.2.1 Caregiving

Sixteen percent stated they are caring for family members or friends on a regular basis. Table 8 below shows that Population C is providing care for adult children and spouses.

Table 8. Caregiving for Family

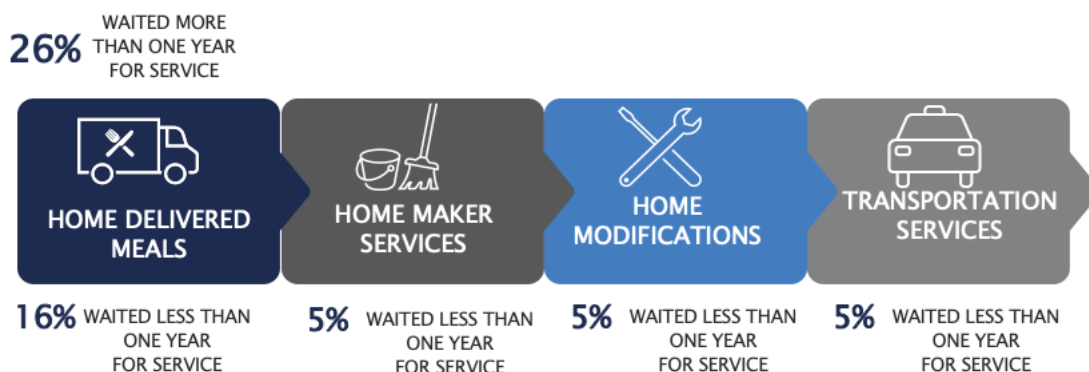
Response	Percentage
Not caregiving on a regular basis	94%
Spouse	5%
Adult child	11%

6.3 Awaiting Services

Based on Population C's survey data, the reported persistent need is home-delivered meals while homemaker, home modifications, and transportation services are newly emerging needs. Figure 24 demonstrates the specifications of the services that Populations C is currently waiting for.

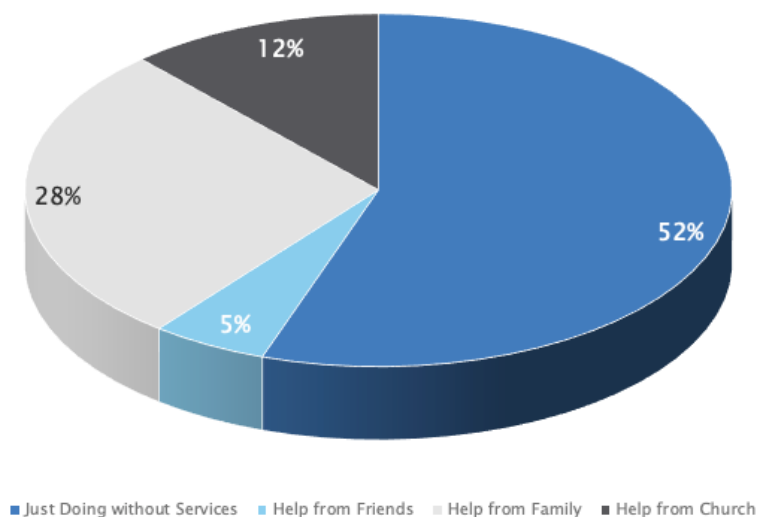


Figure 24. Awaiting Services



When survey participants were asked how they were coping with the lack of services, more than half (52%) indicated that they were just doing without, while other older Mississippians were relying on others. Figure 25 provides the data on how older Mississippians are coping without services.

Figure 25. Methods of Coping without Services



6.4 Health and Wellness

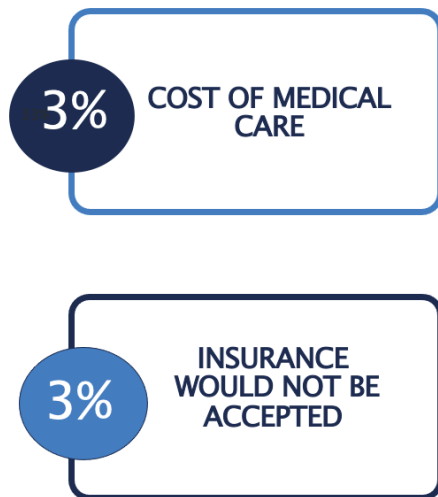
6.4.1 Physical Health

Physical Health is a critical factor in older Mississippians lives with 68% of respondents claiming that their health status is burdened by several health conditions. Sixteen percent



of Population C also indicated they needed medical help but decided not to seek for the following reasons (Figure 26):

Figure 26. Reasons not to seek Medical Help

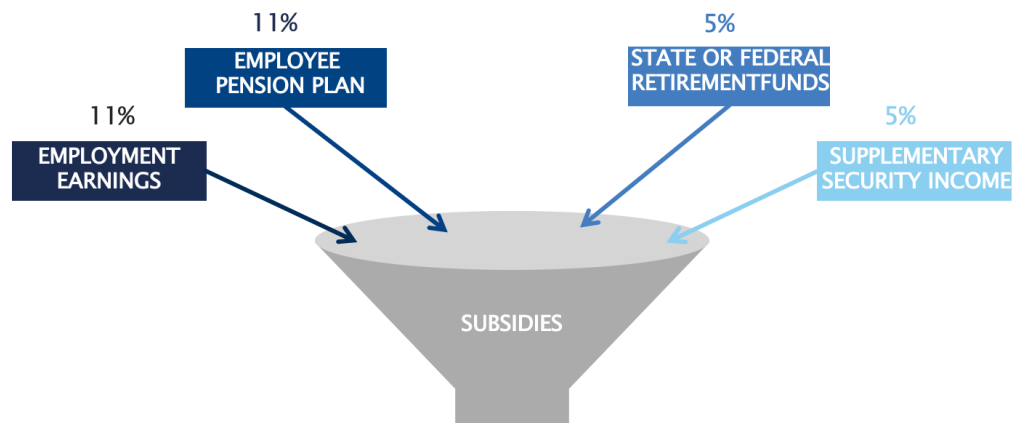


Based on this survey information, Population C is communicating issues with access to healthcare due to cost and insurance coverage.

6.5 Income

With 90% of Population C retired or disabled, income can impact older Mississippians' quality of life. Like Population A, 84% of Population C respondents indicated that their income is from social security and rely on other financial subsidies. Figure 27 displays the percentage of subsidies that Population C is utilizing.

Figure 27. Utilized Subsidies

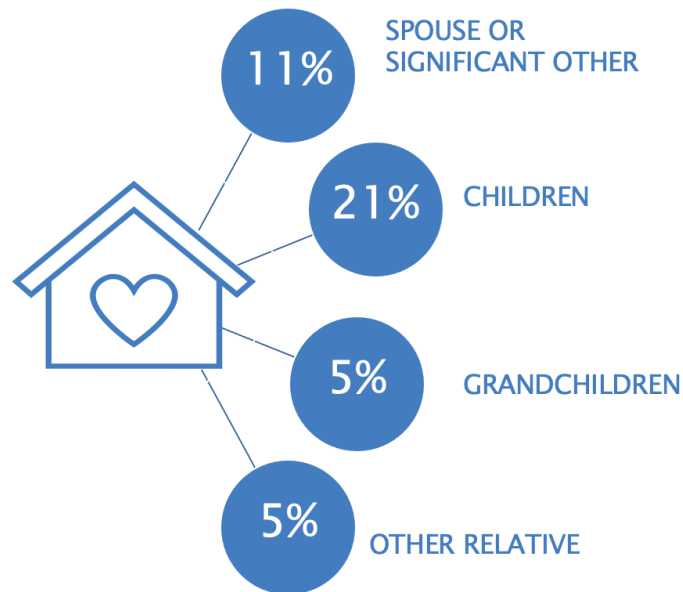




6.6 Living Arrangements

The data indicates that 68% of Population C respondents live in a single-family home. Figure 28 below identifies information about the co-habitants that reside with Population C.

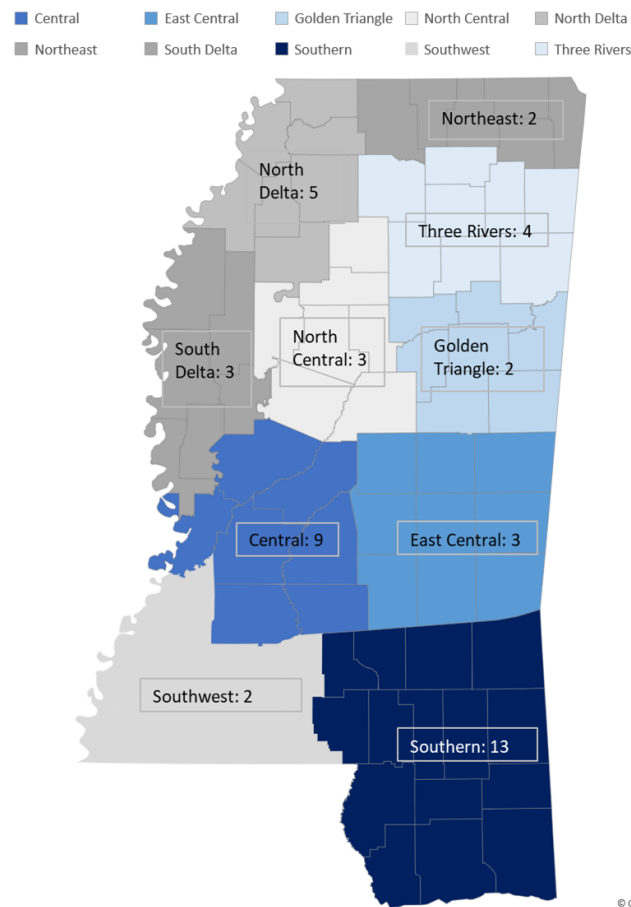
Figure 28. Co-Habitants



7 Aging and Adult Services Provider Network

The current Mississippi aging provider network consists of 83 entities that offer a variety of services. These service providers are critical in the aging and adult services continuum of care for older Mississippians. Web-based surveys were disseminated to all 83 providers. A total of 50 responses were received, representing all 10 AAA regions. Most of the provider feedback was collected from the Southern AAA region. Figure 29 demonstrates the breakdown of each AAA provider feedback was received.

Figure 29. Provider Representation by AAA region



7.1 Provider Network Volume

Table 9 shows the number of current providers and the number of older Mississippians served by service.



Table 9. Provider Network

Service	Number of Older Mississippians Served	Number of Providers Administering the Service
Home Delivered Meals	16,215	35
Congregate Meals	4,415	32
Grocery Boxes	877	1
Adult Day Care (ADC) Meals	108	5
Adult Day Care Snacks	86	4
Respite Meals	248	1
Home Delivered Meals/Senior Center	21	1
Home Delivered Meals/ADC	12	1
Homemaker Services	2,751	31
Respite Care	579	11
Senior Center	1,520	9
Adult Day Care/Health	192	12
Case Management	458	5
Family Caregiver Support Program (FCSP) Homemaker	26	1
Outreach	505	1
Child and Adult Care Food Program (CACFP)	20	1
Home Modification	23	1
Social Services Block Grant (SSBG) Incontinence Supplies	26	1
Transportation	2,945	33
Emergency Response	302	2



Table 9. Provider Network

Service	Number of Older Mississippians Served	Number of Providers Administering the Service
Emergency Information & Referral – Senior Center	31	1
Telephone Reassurance	12	1
Emergency Information & Referral – Adult Day Care (ADC)	11	1
Emergency Services	657	1
Information & Referral	969	1
FCSP Access Assistance	1	1
Supplemental Services	303	1
Incontinence Supplies	95	2
Consumer Directed Care	62	1

According to survey data, many providers are serving 76 or more older Mississippians per day, five days a week. Table 10 provides an overview of provider workloads.

Table 10. Providers' Workload

Number of older Mississippians that are served each day	Percentage	Number of days a week provider interacts with clients	Percentage
1–25	32%	1	2%
26 – 50	20%	3	4%
51 – 75	10%	4	4%
76 or more	34%	5	70%
No Response	4%	6	6%
		7	10%

Table 10. Providers' Workload

Number of older Mississippians that are served each day	Percentage	Number of days a week provider interacts with clients	Percentage
		No Response	4%

In addition, providers indicated the need for additional providers in the following service areas (Figure 30):

Figure 30. Service Areas Providers are Needed

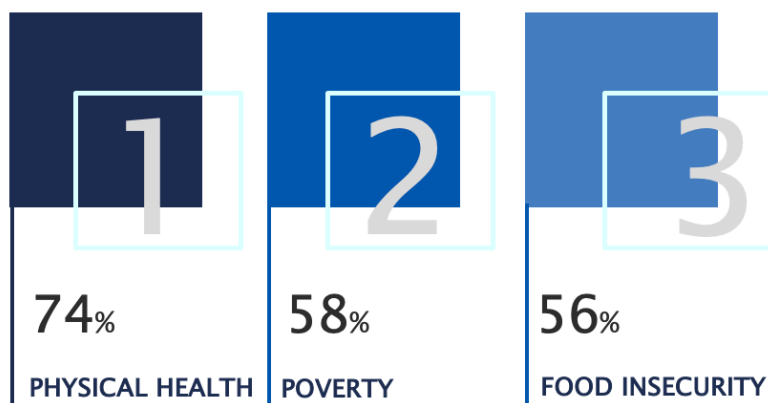


7.2 Provider Network Stability and Longevity

When providers were asked what the most pressing issues facing the aging and vulnerable adult population were, they identified physical health, poverty, and food insecurity as the top three issues. Figure 31 identifies the issues in ranked form.

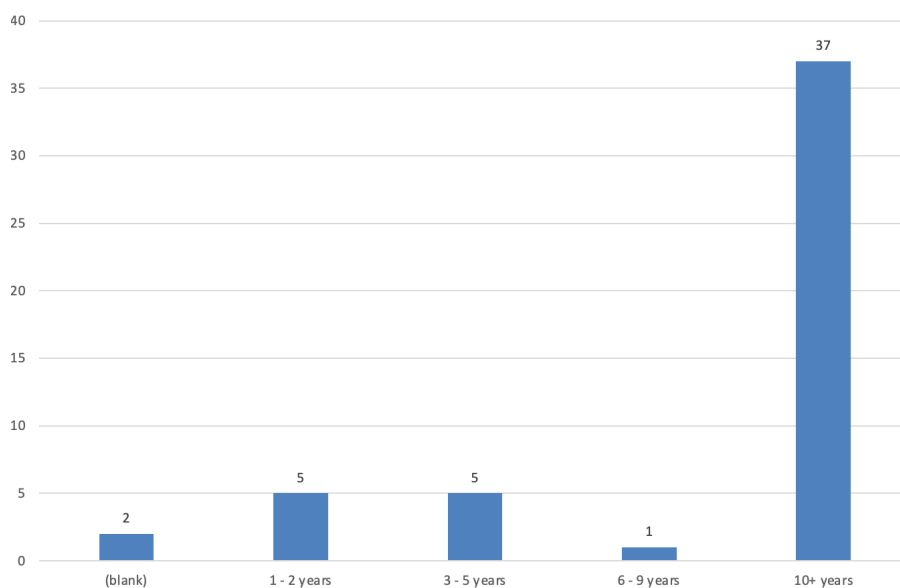


Figure 31. Top Three Issue for Older Mississippians



Physical health, poverty, and food insecurity are ongoing needs of older Mississippians. Therefore, it is crucial that providers in all 10 AAAs are working towards MDHS DAAS' mission to provide services and improve the quality of life for older Mississippians. Figure 32 demonstrates that 74% of the survey respondents have been providing contracted services for MDHS DAAS to older Mississippians for over 10 years. Conversely, a smaller cadre of providers (10%) indicated providing services for 1–2 years.

Figure 32. Provider Longevity



7.3 Types of Services Provided

Of the 27 options for services provided to older Mississippians on behalf of the Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS),



transportation, congregate meals, and home-delivered meals were the top three services provided respondents indicated administering. Telephone reassurance, home modifications, and emergency information and referrals were the least provided services reported (Figure 33).

Figure 33. Most and Least Types of Providers

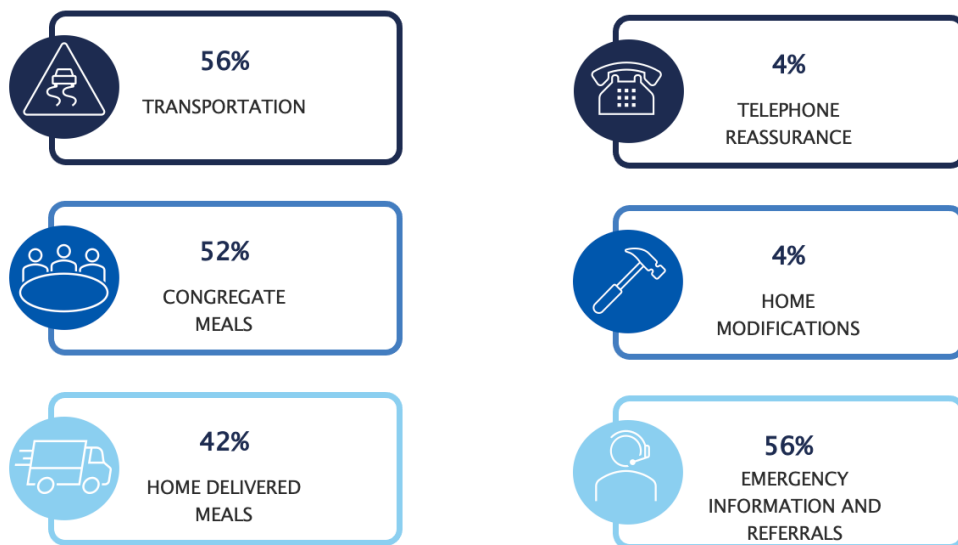


Table 11 demonstrates all respondents' provided services.

Table 11. Provider Types of Service

Service	Percent	Service	Percent
Transportation	56%	Adult Day Care Meals	12%
Congregate Meals	52%	Home Delivered Meals/Senior Center	10%
Home Delivered Meals	42%	Emergency Response	10%
Senior Center	38%	Emergency Information & Referrals	8%
Homemaker Services	32%	Home Delivered Meals/ADC	8%



Service	Percent	Service	Percent
Outreach	30%	Adult Day Care Snacks	8%
Information & Referral	28%	FCSP Homemaker	6%
Respite Care	26%	SSBG Incontinence Supplies	6%
Case Management	22%	Family Caregiver Support Program (FCSP) Access Assistance	6%
Adult Day Care/Health	20%	Child and Adult Care Food Program (CACFP)	6%
Grocery Boxes	18%	Telephone Reassurance	4%
Incontinence Supplies	16%	Home Modification	4%
Emergency Services	14%	Emergency Information & Referrals– ADC	2%

7.4 Provider Engagement with Client

“The initial contract procedure has improved over time. In addition, the Title XX financial allocation process can be uncertain, but no major disruption of services has occurred.” – Aging Services Provider

Engagement with DAAS related to timely review and approval of contracts and timely reimbursement was positive, with only 14% of providers articulating administrative procedures or requirements causing service delays. Figure 34 provides data regarding the timeliness of contracts and reimbursement.



Figure 34. Administrative Timeliness



When respondents were asked about their methods of outreach, providers indicated that 18% utilize adult daycare centers, 10% use legal assistance and advocacy services, and 12% utilize senior companion programs. 44% utilize other methods as seen in Figure 35.

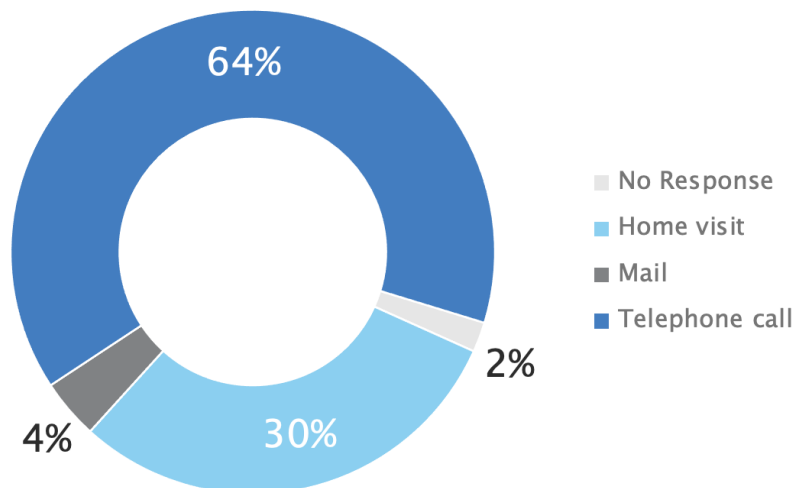
Figure 35. Outreach Methodologies



Once the client is aware of services and has been deemed eligible, a provider initiates services via telephone call, United States Postal Services (USPS), or home visits. Figure 36 provides information regarding which initiation method is used more often.



Figure 36. Service Initiation Methods

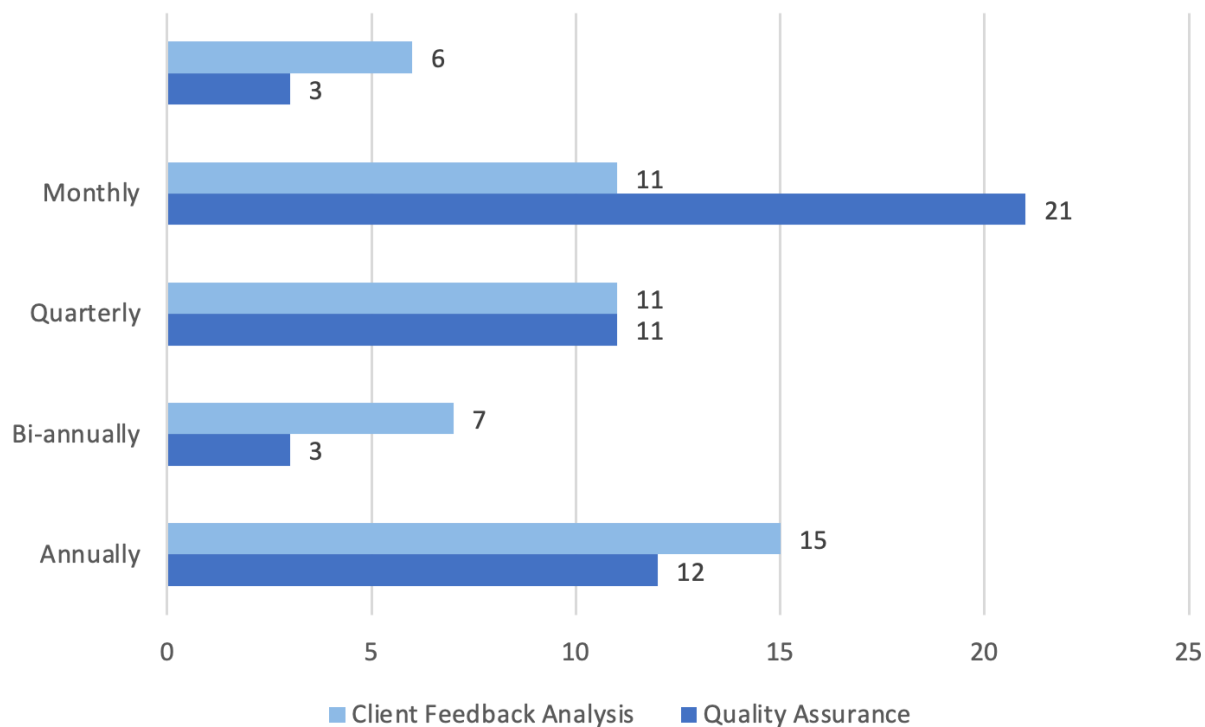


7.5 Quality Assurance and Client Feedback

A robust service array and quality services aligned with industry and contractual standards need to be in place to meet the needs of older Mississippians. When providers were asked how often they collect client feedback and conduct quality assurance checks, most providers who responded to the survey indicated there is a process for collecting and compiling data into meaningful information used for program improvement monthly. Figure 37 demonstrates the data collected on feedback collection frequency.



Figure 37. Feedback Collection Frequency



The most popular method (56%) for collecting feedback from older Mississippians is in person. At 30%, the second most used method for capturing client feedback was via a telephone call.

The survey participants also listed the following items as additional needs their organization could use to support operational effectiveness and efficiency (Figure 38).



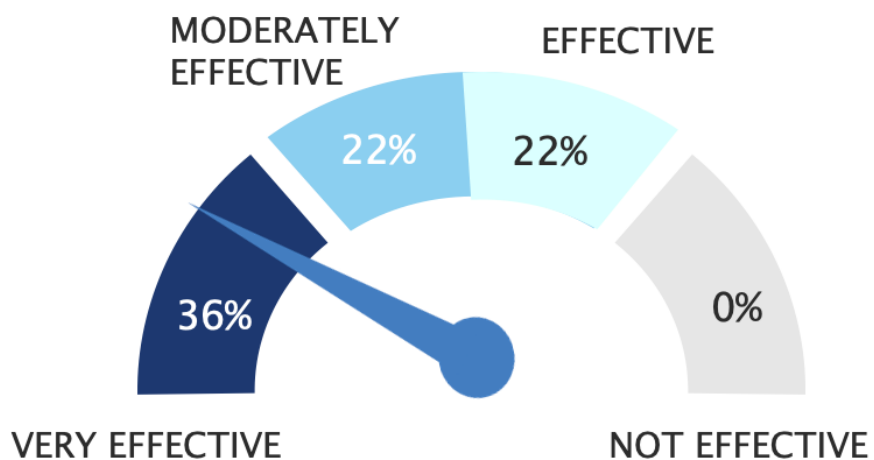
Figure 38. Needs for Effectiveness and Efficiency



7.6 Provider Identified Barriers to Service

Overall, providers believe the services they render are impactful on older Mississippians. When asked about their feeling of effectiveness, 80% of providers responded they felt the services provided by their organization were effective to different degrees. Figure 39 provides the data collected on provider sentiments on effectiveness.

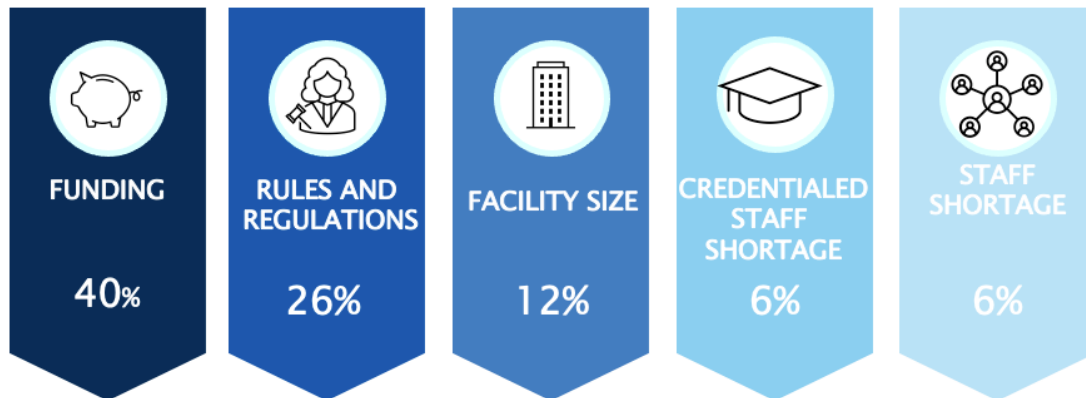
Figure 39. Provider Effectiveness





Although providers feel like they are providing effective services, all acknowledged barriers to their services include limited funding, restrictive rules and regulations, size of facilities and staffing shortages (Figure 40).

Figure 40. Provider Barriers



7.6.1 Population Awareness

When respondents were asked about aging services awareness, 76% of providers indicated that eligible Mississippians are not aware of the full array of available services through the Division of Aging and Adult Services. Of the providers who believe awareness is a barrier to access services, table 12 indicates how many older Mississippians are unaware of services for which they could be eligible.

Table 12. Service Awareness

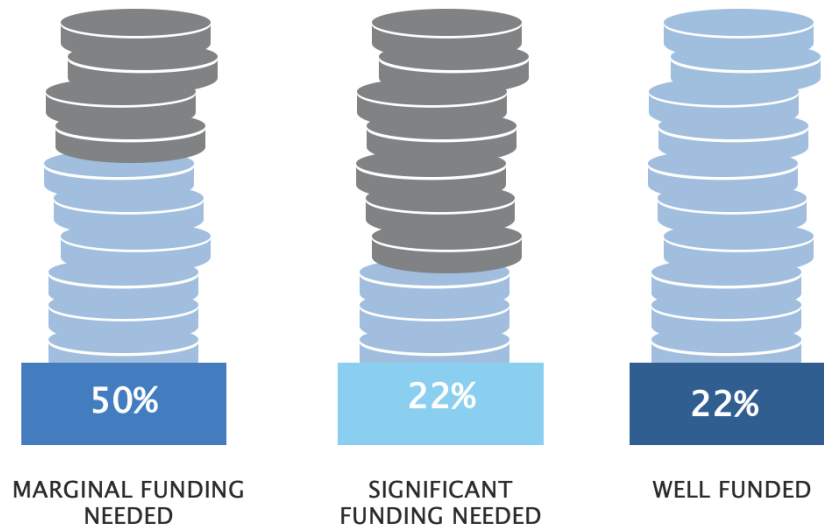
Response	Percentage
25 – 50%	50%
51 – 75%	8%
Less than 25%	18%
No response	24%

7.6.2 Funding

When analyzing the barriers to funding further, 72% of providers expressed a need for funding, while 22% indicated they were well funded. Figure 41 provides a detailed visualization of the data collected.



Figure 41. Provider Funding

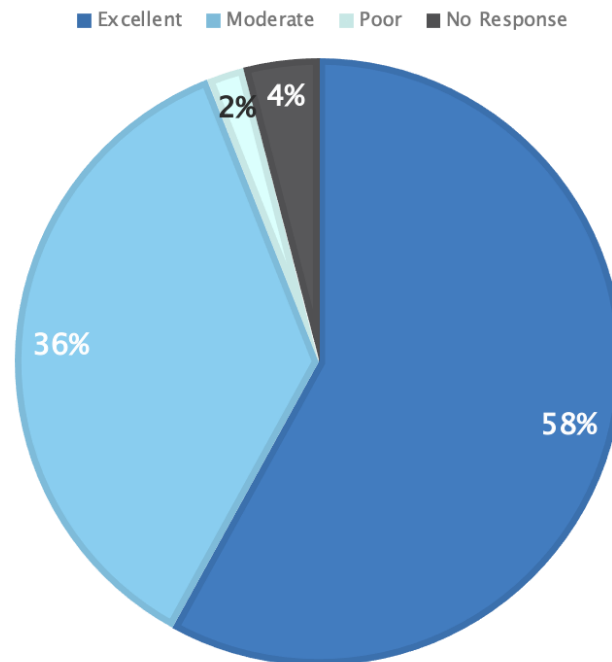


7.7 Overcoming Service Barriers

Despite numerous barriers, providers have identified strategies for coordinating efforts to ensure there is an adequate network for serving Mississippi's aging and vulnerable adult population. Providers highlight strong partnerships and coordination between other service providers and community partners. Fifty-eight percent of providers shared they collaborate well with other service providers and entities, while only 4% stated they have poor working relationships and partnerships with other entities that serve similar populations. See Figure 42 for the data on partnerships and coordination.



Figure 42. Quality of Partnerships and Coordination





8 Area Agencies on Aging (AAA)

Mississippi is organized into 10 Areas Agencies on Aging (AAA). Table 13 shows which Mississippi counties are within each AAA.

Table 13. MS AAA and Counties

AAA	Counties	
Central	<ul style="list-style-type: none"> • Copiah • Hinds • Madison • Rankin 	<ul style="list-style-type: none"> • Simpson • Warren • Yazoo
East Central	<ul style="list-style-type: none"> • Clarke • Jasper • Kemper • Lauderdale, 	<ul style="list-style-type: none"> • Leake • Neshoba, Newton • Scott • Smith
Golden Triangle	<ul style="list-style-type: none"> • Choctaw • Clay • Lowndes • Noxubee 	<ul style="list-style-type: none"> • Oktibbeha • Webster • Winston
North Central	<ul style="list-style-type: none"> • Attala • Carroll • Holmes • Grenada 	<ul style="list-style-type: none"> • Leflore • Montgomery • Yalobusha
North Delta	<ul style="list-style-type: none"> • Coahoma • DeSoto • Panola • Quitman 	<ul style="list-style-type: none"> • Tallahatchie • Tate • Tunica
South Delta	<ul style="list-style-type: none"> • Bolivar • Humphreys • Issaquena 	<ul style="list-style-type: none"> • Sharkey • Sunflower • Washington
Southern	<ul style="list-style-type: none"> • Covington • Forrest • George • Greene • Harrison 	<ul style="list-style-type: none"> • Jackson • Stone • Wayne • Lamar • Jefferson Davis • Jones



Table 13. MS AAA and Counties

AAA	Counties	
	<ul style="list-style-type: none">• Hancock• Pearl River• Perry	<ul style="list-style-type: none">• Marion
Southwest	<ul style="list-style-type: none">• Adams• Amite• Claiborne• Franklin• Wilkinson	<ul style="list-style-type: none">• Jefferson• Lawrence• Lincoln• Pike• Walthall
Three Rivers	<ul style="list-style-type: none">• Calhoun• Chickasaw• Itawamba• Lafayette	<ul style="list-style-type: none">• Lee• Monroe• Pontotoc• Union
Northeast	<ul style="list-style-type: none">• Alcorn• Benton• Marshall	<ul style="list-style-type: none">• Prentiss• Tippah• Tishomingo

Each AAA director and their leadership team were invited to a two-hour envisioning session. They were engaged in many questions about the entire Mississippi aging and adult services system. Their input was captured on the following topics:

- Administration of programs and services
- Community and client engagement
- Client needs
- Provider engagement

8.1 Effective Collaboration

Effective collaboration makes a difference in the success of the MDHS DAAS, AAAs, providers, and older Mississippians. When AAA leadership was asked about the collaboration between MDHS DAAS and the AAAs, there were three overarching themes (Figure 43).



Figure 43. Communication Themes



- Improved communication: AAA leaders feel like overall communication has improved compared to years past.
- Need more communication regarding policies and practices: AAA leaders highlighted the area that communication could be improved on the most is around established policies, practices, and procedures.
- Accessibility to subject matter experts and expertise (SME) / technical assistance: AAA leaders expressed the need to have access to a SME to assist each AAA in serving older Mississippians.

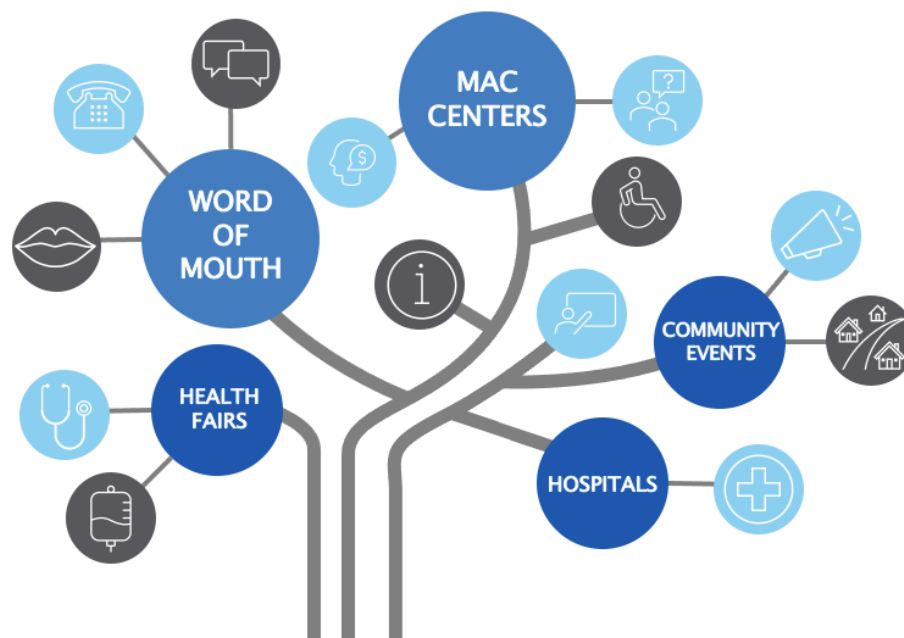
In addition, AAAs have established valuable partnerships with each other, learning to lean on each other to navigate challenging situations. AAAs work with various organizations to provide a comprehensive approach to care and service for older Mississippians. Listed below are several agencies and organizations AAAs work with to service older Mississippians. This list is not exhaustive.

- Local County Sheriff's Department's Fraud Investigations
- Mississippi Department of Rehabilitation Services
- Mississippi Department of Rural Health
- Mississippi Department of Employment Services
- Department of Mental Health
- Community Action Agencies

8.2 Community Education and Awareness

AAA leaders rely on outreach initiatives to expand their AAA's reach to older Mississippians who are not yet receiving services. Each AAA's outreach strategy varies depending on the region. Figure 44 provides examples of outreach strategies.

Figure 44. AAA Outreach Strategies



- Mississippi Access to Care (MAC) Centers: These centers provide information and assistance to apply for benefits available to eligible older Mississippians. MAC Centers provides this information in a center setting, via telephone, in-home, or at an agreed upon location.
- Word of Mouth: AAA leaders expressed the majority of older Mississippian are referred to aging services through word of mouth.
- Health Fairs and Community Events: AAAs are attending events to provide more information on the services available to older Mississippians.
- Hospitals: Hospital staff are encouraging older Mississippians to obtain information or apply for aging services that may benefit them.

8.3 Opportunities

During the envisioning session with the AAA leaders the following improvement opportunities were identified in Figure 45.



Figure 45. Identified Opportunities



8.3.1 Contractual Opportunities

AAA leaders reported that contract timeliness have improved overall, but contract modifications have been a barrier to service. The contract modifications process is inflexible and creates excessive work for AAAs impacting service delivery to older Mississippians.

8.3.2 Enhanced Technical Assistance and Subject Matter Experts (SME)

During the envisioning session, a need for enhanced technical assistance and subject matter expertise to assist with service delivery and increased efficiency. The two programs identified were:

- State Health Insurance Assistance Program (SHIP): Volunteer based program designed to help answer insurance related questions
- WellSky: Statewide data management system

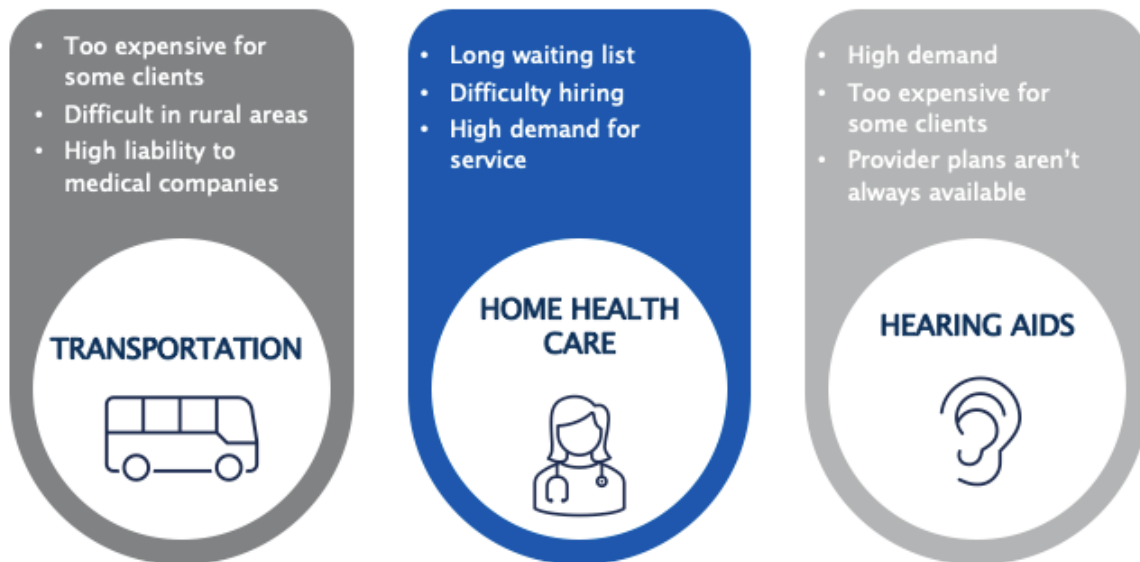
Specifically, AAA leaders communicated a challenge with waiting list management in the WellSky system. Many of the AAA leaders expressed this concern and stated they are still managing their waiting list on paper.

In contrast, one AAA region disclosed that the waiting lists can be managed in the WellSky system since the feature has been piloted. It was further explained that due to the DAAS staff turnover, the pilot was not completed.

8.3.3 Unmet Needs

AAA leaders identified three areas of unmet client needs. These needs are transportation, home health care, and hearing aids (Figure 46).

Figure 46. Unmet Needs



- Transportation is underutilized in some areas and not provided in other areas where there is higher demand. Transportation can be difficult in the rural areas of Mississippi or can be too expensive for some clients. In addition, there is a high demand for medical transportation, but many medical companies are not providing transportation due to the high liability.
- Home Health Care is in high demand and has a long client waiting list. According to the AAA leaders, hiring a home health care profession is challenging, and is not being done at an efficient rate to keep up with client needs.
- Hearing aids are a common need amongst all the AAAs. AAAs are frequently asked about hearing aids. Hearing aids can be expensive for clients, and they are not covered by many insurance plans.

8.3.4 Funding

In the envisioning session, AAA leaders recognized an influx of recent funding including:

- Consolidated Appropriations Act (CAA)
- Family First Coronavirus Response Act (FFCRA)
- Coronavirus Aid Relief and Economic Security Act (CARES)



- America Rescue Plan Act Funding (ARPA)

AAA leaders expressed the additional funds have helped; however, the leaders' concerns persist about how programs will be sustained once these funding streams have expired.

8.3.5 Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA)

Many AAA leaders agreed that LGBTQIA is not a common focus when providing services and emphasized that everyone is welcome, and never denied services due to identity. Although one AAA has participated in outreach at a local Pride Parade, programming for the LGBTQIA population has not been developed in any of the 10 regions.

8.4 Data Information and Exchange

AAA directors shared there is a contractual requirement to obtain client service delivery information in regular intervals. However, the submission method varies from the scanning and emailing of documents to the delivery of hard copy files. Currently, there is no web-based portal for submitting and coordinating client information. However, some AAAs have experimented with streamlining work using mobile devices to promote greater efficiency and autonomy. This approach supports the transition from a hard copy reliant process to digital streamlining.

AAA leaders confirmed their use of the statewide information system WellSky for bi-direction information sharing between the State agency and providers and update their data annually. Although this is a statewide data system, AAAs use the system in various manners and articulated perceived limitations about the data management system's functionalities and capabilities.

As reported by AAA directors, most reporting requirements have monthly timeframes or are otherwise stipulated by state-contracted guidelines. AAAs' reports include quality assurance measures that focus on quality record reviews that are aligned by contract metrics. AAAs implement various quality control measures. They include but are not limited to:

- Record reviews and internal monitoring
- Constituent complaints and feedback loops
- Public hearings



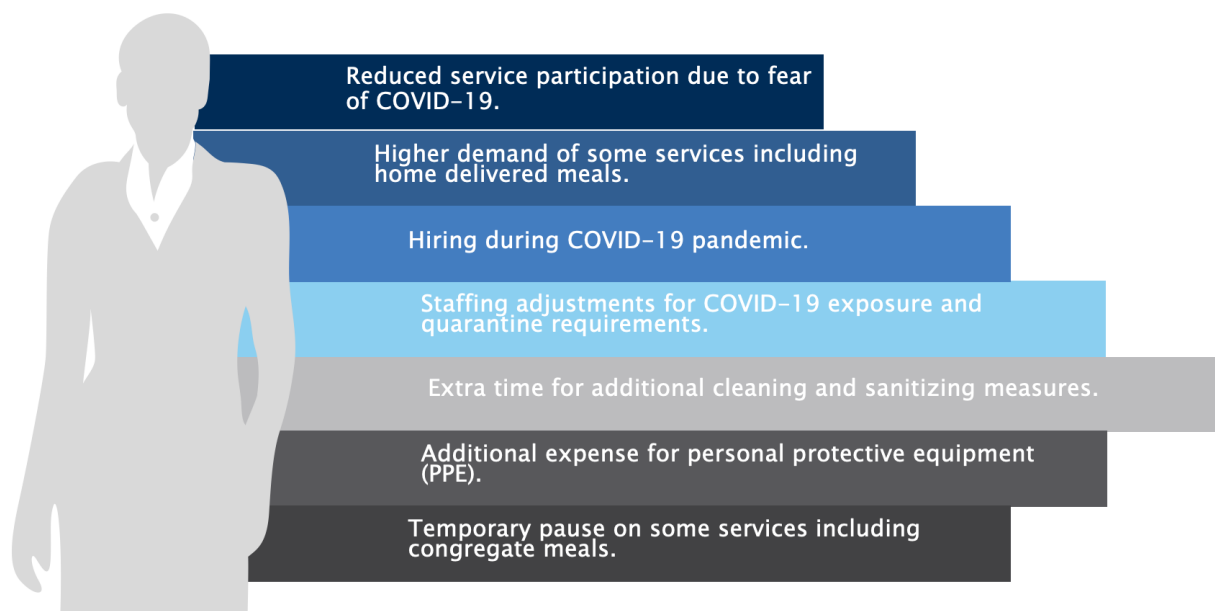
9 Serving older Mississippian and the Impact of the COVID-19 Pandemic

“COVID-19 has impacted our AAA, but it has not stopped us from continuing to provide services to our clients.”– AAA leader

9.1 Provider Network Observations

Eighty-four percent of providers believe the COVID-19 Pandemic has impacted services through various aspects. Figure 47 synthesizes the different challenges providers have faced since early 2020.

Figure 47. COVID-19 Challenges

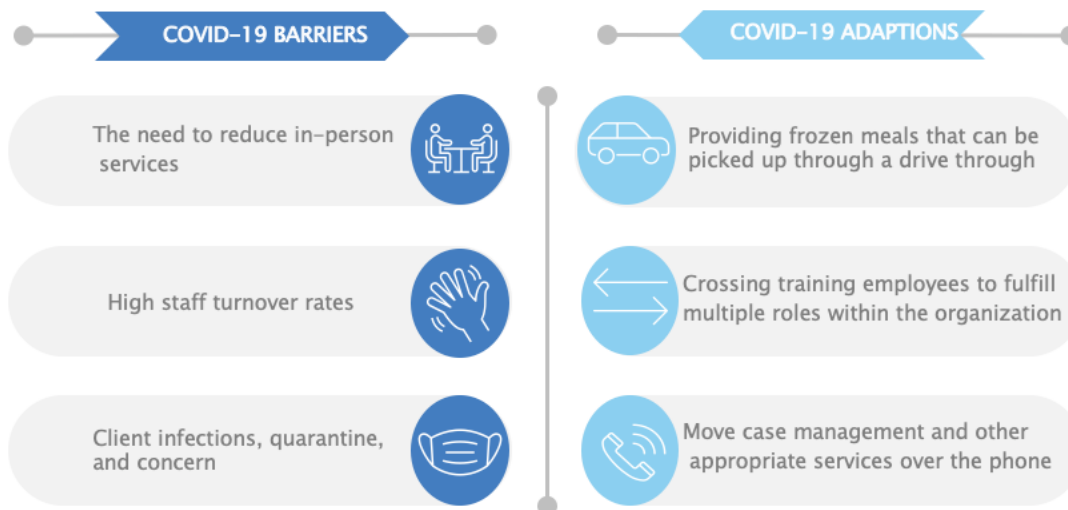


9.2 AAA Observations

The COVID-19 Pandemic has impacted AAA operational functioning. However, local leadership and planning have adapted and implemented measures to continue service delivery (with modifications). Figure 48 details some of the barriers and adaptations that were discussed.



Figure 48. COVID-19 Barriers and Adaptions



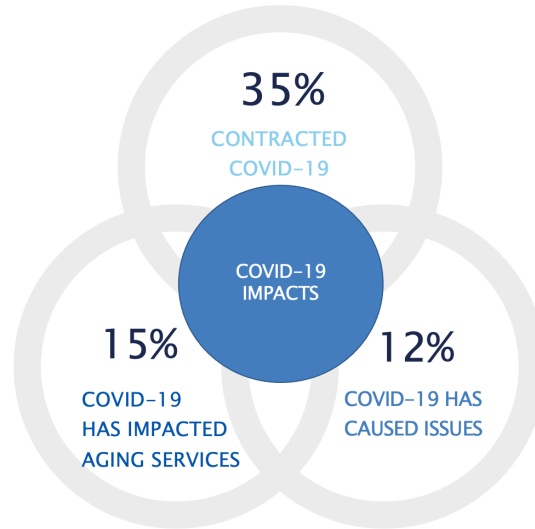
9.3 Older Mississippians currently receiving services

In many ways, older Mississippians receiving services have been impacted by the COVID-19 Pandemic. Thirty-five percent of respondents have contracted the Coronavirus, and 12% of respondents have experienced residual issues. The issues that older Mississippians have experienced the most center around restrictions and adaptations to social engagement. As data shows above, isolation and depression are correlated with other health issues detrimental to older Mississippians' quality of life.

Despite the challenge that the COVID-19 Pandemic has presented to older Mississippians, 75% of respondents have not experienced a disruption to the aging services they currently receive. Senior center closures were the impact cited by the 15% who indicated their aging services were impacted.



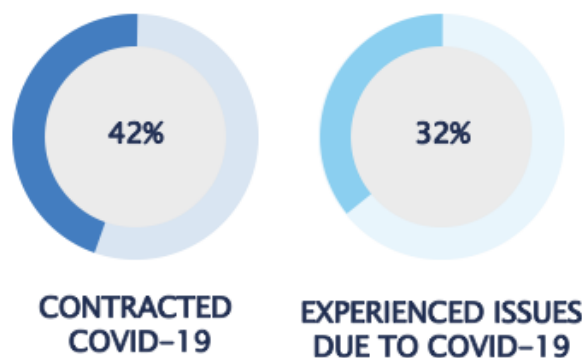
Figure 49. COVID-19 Impacts



9.4 Older Mississippians awaiting services

Population C has been impacted by the COVID-19 Pandemic with 42% of respondents indicating they have contracted Coronavirus. 32% of respondents have indicated that they have experienced health issues due to the Coronavirus.

Figure 50. COVID-19 Pandemic Impacts

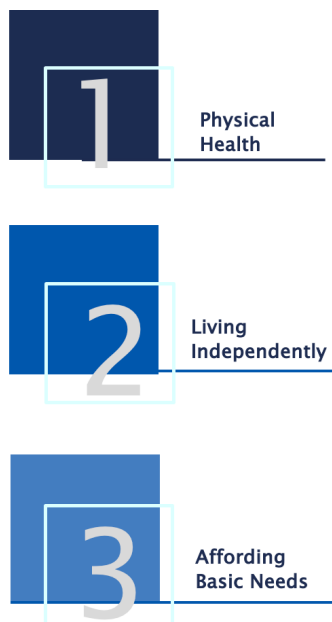




10 Emerging Trends in Serving Older Mississippians

Surveys administered asked respondents what their concerns were within the next five years. Their top future concerns are outlined in Figure 51 below.

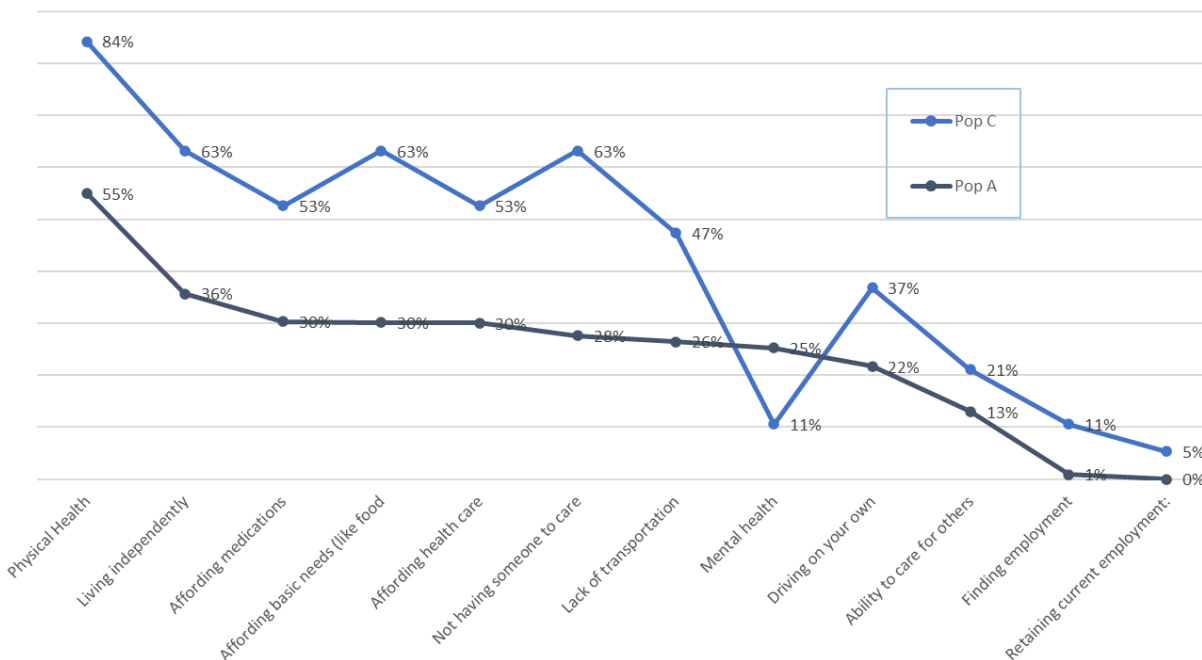
Figure 51. Top Future Concerns



Employment and caring for others were concerns cited by respondents. Figure 52 displays the full breakdown of each level of future concerns for Population A and C.



Figure 52. Future Concerns: % of Respondents Concerned or Very Concerned



Aging and vulnerable adults must be treated as a whole person with dynamic needs. Equity and inclusion are other factors to be considered when serving the aging population. Inclusivity for those who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) should be addressed. According to the American Psychological Association, 2.4 million older adults identify as part of the LGBTQIA community in the United States (www.apa.org). 10% of Population A and 6% of Population C indicated they were assigned a different gender at birth. In contrast, 1% of Population A and none of Population C stated they identified as a part of the LGBTQIA community. This question may be misrepresented due to the lack of openness related to the subject matter. Many older LGBTQIA adults face many barriers that discourage openness of identity, including:

- Generational differences
- Age discrimination
- Sexual identity or sexual orientation discrimination
- Ethnicity discrimination
- Disability discrimination
- Exclusion from needed services

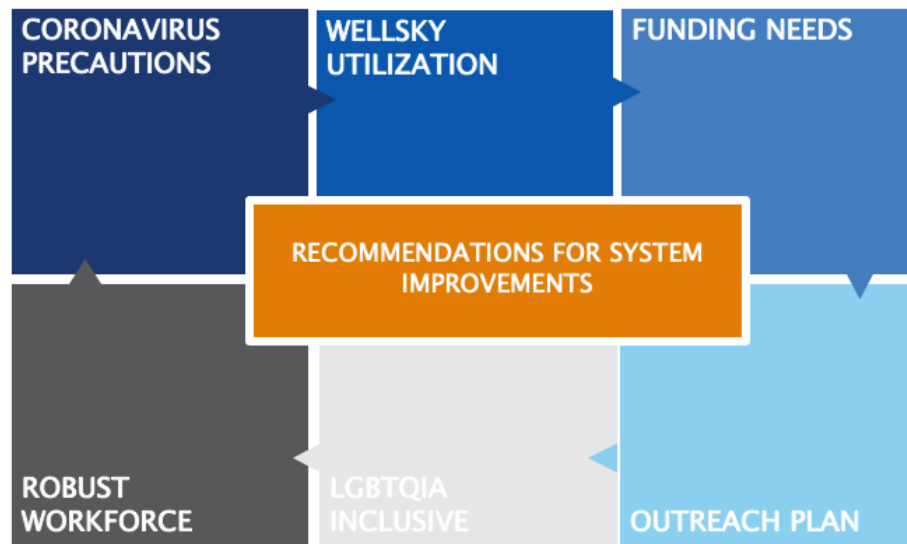
Whether older Mississippians disclose their sexual identity and orientation, it is critically important that system leaders and practitioners remain cognizant of their presence and need to ensure integration into systems of care. Services intended for the older adult



population must be assessed proactively and changes implemented as may be necessary to be welcoming for people who are both older and identify as LGBTQIA (www.apa.org).

11 Recommendations

Figure 53. Recommendations for System Improvements



Based on the data collected, there are recommendations provided that can enhance the provision of services administered by the Mississippi Department of Human Services, Division of Aging and Adult Services to older Mississippians:

- Encourage the use of vaccines and personal protective equipment to prevent the spread of Coronavirus to older Mississippians and service providers while also making older Mississippians more comfortable about utilizing services.
- Prioritize training and full utilization of the WellSky system to increase AAA efficiency and service delivery.
 - Use WellSky to manage waiting lists
 - Enhance secure data sharing
 - Modernization of client and organizational records
- Explore funding needs to enhance Mississippi's aging and adult service delivery system.
- Develop and execute a comprehensive community outreach plan (statewide and regionally).
- Develop and implement strategies to ensure all services are LGBTQIA inclusive.
- Collaborate with AAA leaders and service providers to recruit and retain a robust workforce to meet network demands for services.



Appendix A : Population A Survey Results

Question 1 : In what year were you born?

Response	Frequency	Percent
Less than 60	16	5.8
61–70	95	34.4
71–80	76	27.6
81–90	71	25.7
Over 90	12	4.3
No Response	6	2.2
Total	276	100.00

Question 2: What is your gender?

Response	Frequency	Percent
No Response	4	1.4
Female	189	68.5
Male	83	30.1
Total	276	100.0

Question 3: Were you assigned a different gender at birth?

Response	Frequency	Percent
No Response	4	1.4
No	242	87.7
Yes	30	10.9
Total	276	100.0



Question 4: What is your race?

Response	Frequency	Percent
No Response	9	3.3
American Indian or Alaska Native	1	.4
Another race	1	.4
Asian or Asian American	1	.4
Black or African American	142	51.4
Hispanic or Latino	4	1.4
Two or more races	1	.4
White or Caucasian	117	42.4
Total	276	100.0

Question 5: What is your highest level of education?

Response	Frequency	Percent
No Response	13	4.7
Associate's or Technical Degree	15	5.4
Bachelor's Degree	28	10.1
Doctoral Degree	1	.4
High school diploma	98	35.5
Less than high school	66	23.9
Master's Degree	7	2.5
Professional Degree (medical, vet, dental, law)	1	.4
Some college (no degree)	47	17.0



Response	Frequency	Percent
Total	276	100.0

Question 6: What is your marital status?

Response	Frequency	Percent
No Response	12	4.3
Cohabiting	2	.7
Divorced	53	19.2
Married	64	23.2
Separated	12	4.3
Single (Never Married)	44	15.9
Widowed	89	32.2
Total	276	100.0

Question 7: Which of the following best describes your current employment status?

Response	Frequency	Percent
No Response	5	1.8
Retired	243	88.0
Unemployed, but looking for work	3	1.1
Unemployed, not looking for work	19	6.9
Working full-time	3	1.1
Working part-time	3	1.1
Total	276	100.0



Question 8: Are you a veteran of the armed forces (either active, National Guard, or reserves)?

Response	Frequency	Percent
No Response	4	1.4
No	246	89.1
Yes	26	9.4
Total	276	100.0

Question 9: Are you a Registered Voter?

Response	Frequency	Percent
No Response	4	1.4
No	13	4.7
Not sure	3	1.1
Yes	256	92.8
Total	276	100.0

Question 10: Did you vote in the most recent presidential election?

Response	Frequency	Percent
No Response	15	5.4
No	38	13.8
Yes	223	80.8
Total	276	100.0

Question 11: Have you or a family member contracted COVID-19?

Response	Frequency	Percent
No Response	5	1.8



Response	Frequency	Percent
No	173	62.7
Yes	98	35.5
Total	276	100.0

Question 12: If yes, do you have any issues that occurred as a result of COVID-19?

Response	Frequency	Percent
No Response	163	59.1
No	81	29.3
Yes	32	11.6
Total	276	100

Question 13: What are the issues that now occur because of COVID – 19?

Response	Frequency	Percent
No Response	202	73.2
Financial	11	4
Health	23	8.3
Social Impact – restrict church or other activities	40	14.5
Total	276	100

Question 13.1 Other Issues (please specify)

Response	Frequency	Percent
No Response	260	94.2
Brother died	1	0.4
Daughter and 2 grandchildren had it but are okay now.	2	0.7



Response	Frequency	Percent
Does not leave the house	1	0.4
Grocery prices have gone up a lot along with everything else	1	0.4
Grocery shopping	1	0.4
Haven't gotten all of her energy back yet	1	0.4
Husband passed away due to Covid 19	1	0.4
Isolated myself, blood clots from the vaccine	1	0.4
No energy	1	0.4
None	1	0.4
Wanted to start a business but was unable to due to Covid 19 restrictions	1	0.4
Was hospitalized for over a week and then went into a nursing home for a period of time	1	0.4
Wearing masks all the time. Can't see family here sometimes.	1	0.4
Weeks we could not have in person shopping and church"	1	0.4
Wife passed away due to Covid 19	1	0.4
Total	276	100

Question 14: Has COVID-19 impacted your Aging services?

Response	Frequency	Percent
No Response	28	10.1
No	206	74.6
Yes	42	15.2



Response	Frequency	Percent
Total	276	100

Question 14.1: If yes, how?

Response	Frequency	Percent
No Response	241	87.3
A couple of times he did not get them	1	0.4
A lot of virtual things	1	0.4
Appreciate Meals on Wheels	1	0.4
Can't see family	1	0.4
Case Managers can only visit and cannot take you places anymore.	1	0.4
Delays and cancelled appointments	1	0.4
Doesn't know how to get the benefits	1	0.4
Falling and memory	1	0.4
Hard to get help. Disable and have been unable to get help.	1	0.4
Have not come in the last three weeks	1	0.4
Human Resources	1	0.4
Isolation	1	0.4
It has an impact	1	0.4
It has made everything hard	1	0.4
Lack of delivery and prep of meal due to COVID risk	1	0.4



Response	Frequency	Percent
Meal on Wheels prepares frozen meal in Jackson and stopped accepting the meal due to COVID surges in the Jackson area.	1	0.4
No meal delivery for quite some time. Started receiving meals again around September 2021	2	0.7
Not many services for aging	1	0.4
On waiting list for homemaker services	1	0.4
People are afraid to go out for services	1	0.4
Safety concerns	1	0.4
Senior Center has closed. Offices to apply for Medicare and Medicaid were not open.	1	0.4
Senior citizens center closed	1	0.4
Service suspended for a couple of weeks	1	0.4
Sitter for her husband no longer comes to their home.	1	0.4
Some meals were not delivered, said they were, but they were not.	1	0.4
Stopped	1	0.4
Stopped for several weeks due to the delivery people.	1	0.4
Telemedicine rather than in person medical care.	1	0.4
Temporary problem with delivery during the beginning of COVID	1	0.4
Things are not as easy as they were.	1	0.4
Unable to attend the Senior Citizen Center	1	0.4



Response	Frequency	Percent
Unable to get out of house	1	0.4
Would not provide services	1	0.4
Total	276	100

Question 15: Do you identify as lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) (LGBTQIA)?

Response	Frequency	Percent
No Response	12	4.3
No	261	94.6
Yes	3	1.1
Total	276	100

Question 16: On a scale of 1 to 5, '1' indicates the lowest score possible and a score of '5' indicates the highest score possible, how would you rate your overall Quality of Life?

Response	Frequency	Percent
No Response	13	4.7
1 – No quality of life	3	1.1
2 – Low quality	41	14.9
3 – Average quality	129	46.7
4 – Above average	53	19.2
5 – High quality of life	37	13.4
Total	276	100



Question 17: Please rate how much of a problem the following issues are for you. Please check if this is not a problem, somewhat if a problem, or it is a major problem.

Response	Frequency	Percent
Your physical health		
No Response	10	3.6
Major problem	87	31.5
Not a problem	53	19.2
Somewhat of a problem	126	45.7
Total	276	100
Suitable housing		
No Response	9	3.3
Major problem	16	5.8
Not a problem	225	81.5
Somewhat of a problem	26	9.4
Total	276	100
Adequate health care		
No Response	10	3.6
Major problem	13	4.7
Not a problem	224	81.2
Somewhat of a problem	29	10.5
Total	276	100
Transportation		
No Response	12	4.3
Major problem	36	13



Response	Frequency	Percent
Not a problem	169	61.2
Somewhat of a problem	59	21.4
Total	276	100
Feeling lonely or isolated		
No Response	11	4
Major problem	19	6.9
Not a problem	191	69.2
Somewhat of a problem	55	19.9
Total	276	100
Having enough food to eat		
No Response	11	4
Major problem	5	1.8
Not a problem	214	77.5
Somewhat of a problem	46	16.7
Total	276	100
Affordable medications		
No Response	13	4.7
Major problem	16	5.8
Not a problem	192	69.6
Somewhat of a problem	55	19.9
Total	276	100
Financial problems		
No Response	12	4.3



Response	Frequency	Percent
Major problem	36	13
Not a problem	142	51.4
Somewhat of a problem	86	31.2
Total	276	100
Depression		
No Response	12	4.3
Major problem	25	9.1
Not a problem	194	70.3
Somewhat of a problem	45	16.3
Total	276	100
Physical or emotional abuse		
No Response	14	5.1
Major problem	7	2.5
Not a problem	250	90.6
Somewhat of a problem	5	1.8
Total	276	100
Being financially exploited		
No Response	11	4
Major problem	13	4.7
Not a problem	238	86.2
Somewhat of a problem	14	5.1
Total	276	100
Being a victim of crime		



Response	Frequency	Percent
No Response	11	4
Major problem	3	1.1
Not a problem	251	90.9
Somewhat of a problem	11	4
Total	276	100
Dealing with legal issues		
No Response	11	4
Major problem	5	1.8
Not a problem	253	91.7
Somewhat of a problem	7	2.5
Total	276	100
Everyday activities like bathing or preparing meals		
No Response	11	4
Major problem	34	12.3
Not a problem	171	62
Somewhat of a problem	60	21.7
Total	276	100
Boredom		
No Response	15	5.4
Major problem	12	4.3
Not a problem	207	75
Somewhat of a problem	42	15.2
Total	276	100



Response	Frequency	Percent
Caregiving (for others)		
No Response	14	5.1
Major problem	14	5.1
Not a problem	226	81.9
Somewhat of a problem	22	8
Total	276	100

Question 18: Is internet service available where you live? (by computer or smart phone)

Response	Frequency	Percent
No Response	14	5.1
No	38	13.8
Yes	224	81.2
Total	276	100

Question 19: If yes, do you have internet service?

Response	Frequency	Percent
No Response	21	7.6
No	123	44.6
Yes	132	47.8
Total	276	100

Question 20: How often do you spend time doing the following activities? Do you participate in these activities Daily, Weekly, Monthly, Yearly, or Never?

Response	Frequency	Percent
Participating in volunteer activities		



Response	Frequency	Percent
No Response	13	4.7
Daily	10	3.6
Monthly	14	5.1
Never	213	77.2
Several times a year	13	4.7
Weekly	8	2.9
Yearly	5	1.8
Total	276	100
Participating in a club or civic group		
No Response	14	5.1
Daily	6	2.2
Monthly	19	6.9
Never	211	76.4
Several times a year	11	4
Weekly	12	4.3
Yearly	3	1.1
Total	276	100
Participating in a religious or spiritual activities		
No Response	12	4.3
Daily	18	6.5
Monthly	22	8
Never	70	25.4
Several times a year	8	2.9



Response	Frequency	Percent
Weekly	143	51.8
Yearly	3	1.1
Total	276	100
Visiting with family (in person or on the phone)		
No Response	12	4.3
Daily	121	43.8
Monthly	10	3.6
Never	15	5.4
Several times a year	6	2.2
Weekly	110	39.9
Yearly	2	0.7
Total	276	100
Visiting with friends (in person or on the phone)		
No Response	12	4.3
Daily	75	27.2
Monthly	15	5.4
Never	31	11.2
Several times a year	4	1.4
Weekly	135	48.9
Yearly	4	1.4
Total	276	100
Providing help to others		
No Response	12	4.3



Response	Frequency	Percent
Daily	40	14.5
Monthly	14	5.1
Never	176	63.8
Several times a year	16	5.8
Weekly	11	4
Yearly	7	2.5
Total	276	100
Caring for a pet		
No Response	12	4.3
Daily	72	26.1
Never	187	67.8
Several times a year	1	0.4
Weekly	2	0.7
Yearly	2	0.7
Total	276	100
No Response	12	4.3
Participating in a hobby		
No Response	13	4.7
Daily	40	14.5
Monthly	12	4.3
Never	169	61.2
Several times a year	11	4
Weekly	23	8.3



Response	Frequency	Percent
Yearly	8	2.9
Total	276	100
Exercising		
No Response	13	4.7
Daily	79	28.6
Monthly	6	2.2
Never	128	46.4
Several times a year	2	0.7
Weekly	46	16.7
Yearly	2	0.7
Total	276	100
Traveling outside of your community		
No Response	19	6.9
Daily	7	2.5
Monthly	29	10.5
Never	145	52.5
Several times a year	27	9.8
Weekly	33	12
Yearly	16	5.8
Total	276	100
Dining out at a restaurant		
No Response	16	5.8
Daily	2	0.7



Response	Frequency	Percent
Monthly	46	16.7
Never	141	51.1
Several times a year	32	11.6
Weekly	33	12
Yearly	6	2.2
Total	276	100
Using the Internet		
No Response	18	6.5
Daily	63	22.8
Monthly	13	4.7
Never	153	55.4
Several times a year	5	1.8
Weekly	20	7.2
Yearly	4	1.4
Total	276	100

Question 21: Transportation: For most of your local trips, how do you travel? (Pick the one used most often)

Response	Frequency	Percent
No Response	13	4.7
Drive my own car	111	40.2
Not applicable – have no form of transportation	2	0.7
Not applicable – unable to leave home	5	1.8



Response	Frequency	Percent
Ride with family	100	36.2
Ride with friends	27	9.8
Take a senior van, shuttle, or minibus	9	3.3
Use a taxi	2	0.7
Use public transportation	7	2.5
Total	276	100

Question 22: How big of a problem has a lack of transportation been for you over the last 12 months?

Response	Frequency	Percent
No Response	24	8.7
Major problem	47	17
Minor problem	50	18.1
Not a problem	155	56.2
Total	276	100

Question 23: What are some of the difficulties you face in getting the transportation you need? Check all that apply.

Response	Frequency	Percent
No Response	237	85.9
Public transportation is not available in my area or community	39	14.1
Total	276	100



Response	Frequency	Percent
No Response	263	95.3
Can't afford it	13	4.7
Total	276	100
No Response	263	95.3
Don't know who to call	13	4.7
Total	276	100
No Response	246	89.1
Transportation does not go where I need to go	30	10.9
Total	276	100

Question 24: Are you currently on a waiting list for any of the following services provided to older adults? If yes, select either waiting less than Year or more than a year.

Response	Frequency	Percent
Home Delivered Meals		
No Response	59	21.4
No	209	75.7
Yes – Less than a year	6	2.2
Yes – More than a year	2	0.7
Total	276	100
Food Stamp Programs		
No Response	60	21.7



Response	Frequency	Percent
No	209	75.7
Yes – Less than a year	4	1.4
Yes – More than a year	3	1.1
Total	276	100
Tax Preparation		
No Response	63	22.8
No	213	77.2
Total	276	100
Financial Planning		
No Response	64	23.2
No	212	76.8
Total	276	100
Home Health Care		
No Response	61	22.1
No	204	73.9
Yes – Less than a year	6	2.2
Yes – More than a year	5	1.8
Total	276	100
Counseling Services		
No Response	63	22.8
No	213	77.2
Total	276	100
Homemaker Services (help with chores)		



Response	Frequency	Percent
No Response	62	22.5
No	206	74.6
Yes – Less than a year	3	1.1
Yes – More than a year	5	1.8
Total	276	100
Home Modifications		
No Response	62	22.5
No	213	77.2
Yes – More than a year	1	0.4
Total	276	100
Legal Assistance		
No Response	62	22.5
No	214	77.5
Total	276	100
Job Placement		
No Response	64	23.2
No	212	76.8
Total	276	100
Senior Discount Programs		
No Response	64	23.2
No	212	76.8
Total	276	100
Information and Referral Services		



Response	Frequency	Percent
No Response	65	23.6
No	211	76.4
Total	276	100
Telephone Reassurance		
No Response	65	23.6
No	211	76.4
Total	276	100
Shopping Services		
No Response	65	23.6
No	211	76.4
Total	276	100
Adult Day Care		
No Response	65	23.6
No	211	76.4
Total	276	100
Health Screening		
No Response	65	23.6
No	208	75.4
Yes – More than a year	3	1.1
Total	276	100
Physical Fitness/Exercise Programs		
No Response	66	23.9
No	210	76.1



Response	Frequency	Percent
Total	276	100
Support Groups		
No Response	66	23.9
No	210	76.1
Total	276	100
Medication Management Education		
No Response	66	23.9
No	209	75.7
Yes – More than a year	1	0.4
Total	276	100
Nutrition Counseling		
No Response	66	23.9
No	209	75.7
Yes – More than a year	1	0.4
Total	276	100
Case Management		
No Response	66	23.9
No	210	76.1
Total	276	100
Congregate Meals (Senior home meals)		
No Response	65	23.6
No	211	76.4
Total	276	100



Response	Frequency	Percent
Respite care (Relief for care givers)		
No Response	68	24.6
No	208	75.4
Total	276	100

Question 25: Out of the ones that you marked as 'yes' above, which one would you consider being the most urgent to have resolved?

Response	Frequency	Percent
No Response	236	85.5
0	1	0.4
Applied for Medicaid and has not heard back from anyone	1	0.4
Health Screenings	1	0.4
Home delivered meals	3	1.1
Home delivered meals are a problem. Supposed to be frozen and arrive thawed, therefore inedible, no fresh food provided	1	0.4
Home health care	3	1.1
Homemaker services	1	0.4
Homemaker Services needed	1	0.4
In a household that she believes would benefit from food stamps	1	0.4
Indicated she has been waiting on home health care, CNA, Nurse, and Homemaker needed	1	0.4
Meals	1	0.4



Response	Frequency	Percent
Medical	1	0.4
Medical transportation	1	0.4
Need affordable sitters	1	0.4
Needs a Homemaker to clean house	1	0.4
Needs assistance at home such as home health care and transportation	1	0.4
Needs food stamps but keeps getting denied	1	0.4
Needs homecare for her husband	1	0.4
Needs homemaker and is on waiting list	1	0.4
No longer able to get meals on wheels due to being gone to dialysis three times a week	1	0.4
None	4	1.4
None marked	1	0.4
None stated	1	0.4
Not eligible for food stamps at this time, so family helps with meals	1	0.4
Not on a waiting list, but wanted it noted that transportation is a problem, having enough food to eat is a problem, paying for eyeglasses is a problem	1	0.4
Not on a waiting list, but would like for someone to come into her home to provide homemaker services	1	0.4



Response	Frequency	Percent
Not on a waiting list but stated needs help at home, a homemaker or CNA or sitter. Stated needs services that Medicare does not cover and would like services that are covered by Medicaid	1	0.4
Not on any waiting lists? however, participant voiced many needs such as heaters, air conditioner, pull ups	1	0.4
On waiting list for Rental Assistance and stated she needs assistance with paying electrical bills, at times	1	0.4
Repair Services/Home Modifications	1	0.4
Senior center closed down, so home delivered meals are the most urgent	1	0.4
Transportation	1	0.4
Would like to have access to Medicaid Transportation	1	0.4
Total	276	100

Question 26: What are some of the ways you are coping with this lack of service? Check all that Apply.

Response	Frequency	Percent
No Response	257	93.1
Just doing without at this time	19	6.9
Total	276	100



Response	Frequency	Percent
No Response	273	98.9
Getting help from friends	3	1.1
Total	276	100
No Response	238	86.2
Getting help from family	38	13.8
Total	276	100
No Response	274	99.3
Getting help from church	2	0.7
Total	276	100
No Response	273	98.9
Getting help from community groups	3	1.1
Total	276	100
No Response	274	99.3
I have hired someone to help me	2	0.7
Total	276	100



Question 27: Health Status: On a scale of 1 to 5, '1' indicates poor health, while a score of '5' indicates excellent health, how would you rate your overall health status?

Response	Frequency	Percent
No Response	23	8.3
1 – Poor health	25	9.1
2 – Many major conditions	35	12.7
3 – Several health conditions	115	41.7
4 – Minor (Manageable) health conditions	59	21.4
5 – Excellent health	19	6.9
Total	276	100

Question 28: Health Status: On a scale of 1 to 3, '1' indicates 'little to no interference', while a score of '3' indicates 'a lot of interference', how much does your physical health interference with your normal daily activities?

Response	Frequency	Percent
No Response	20	7.2
1 – Little to no interference	71	25.7
2 – Some interference	92	33.3
3 – A lot of interference	93	33.7
Total	276	100

Question 29: Which of the following kinds of health insurance do you have? Check all that apply.

Response	Frequency	Percent
No Response	222	80.4
Private insurance	54	19.6



Response	Frequency	Percent
Total	276	100
No Response	169	61.2
Medicaid	107	38.8
Total	276	100
No Response	52	18.8
Medicare	224	81.2
Total	276	100
No Response	270	97.8
None	6	2.2
Total	276	100

Question 30: Do you have a primary doctor or health care provider?

Response	Frequency	Percent
No Response	20	7.2
No	6	2.2
Yes	250	90.6
Total	276	100

Question 31: Have you visited your doctor or primary health care provider in the past 12 months?

Response	Frequency	Percent
No Response	25	9.1



Response	Frequency	Percent
No	7	2.5
Yes	244	88.4
Total	276	100

Question 32: Have you been hospitalized at any time over the last 2 years?

Response	Frequency	Percent
No Response	28	10.1
No	157	56.9
Yes	91	33
Total	276	100

Question 33: If you were hospitalized, how long were you in the hospital?

Response	Frequency	Percent
No Response	182	65.9
1 month	3	1.1
1 week	21	7.6
Left on the same day	6	2.2
Longer than a month	5	1.8
Longer than a week	18	6.5
More than 1 day	33	12
Stayed overnight	8	2.9
Total	276	100



Question 34: Upon being released from the hospital, was any kind of at-home assistance made available to you?

Response	Frequency	Percent
No Response	180	65.2
I did not require any assistance	20	7.2
No	32	11.6
Yes	44	15.9
Total	276	100

Question 35: Have you ever been in need of medical care but decided not to seek medical help?

Response	Frequency	Percent
No Response	33	12
No	196	71
Yes	47	17
Total	276	100

Question 36: What are some the reasons you decided not to seek medical help? Check all that apply.

Response	Frequency	Percent
No Response	269	97.5
No transportation	7	2.5
Total	276	100
No Response	256	92.8



Response	Frequency	Percent
Cost of medical care	20	7.2
Total	276	100
No Response	274	99.3
Could not get an appointment	2	0.7
Total	276	100
No Response	274	99.3
My insurance would not be accepted	2	0.7
Total	276	100
No Response	271	98.2
Unable to leave home	5	1.8
Total	276	100
No Response	257	93.1
Decided to treat myself	19	6.9
Total	276	100

Question 37: Have you had any of the following tests or examinations in the past 12 months? Check all that apply.

Response	Frequency	Percent
Eye Exam	130	47.1



Response	Frequency	Percent
Hearing Exam	44	15.9
Dental Exam	78	28.3
Physical Exam	229	83

Question 38: How many prescription medications are you currently taking? Open-Ended

Response	Frequency	Percent
No Response	31	11.2
0	9	3.3
1	7	2.5
10	21	7.6
10-12	2	0.7
11	5	1.8
12	13	4.7
13	4	1.4
14	2	0.7
15	3	1.1
18	1	0.4
19	1	0.4
2	14	5.1
2-3	1	0.4
20	1	0.4
21	1	0.4
26	1	0.4



Response	Frequency	Percent
3	20	7.2
3-4	1	0.4
30	1	0.4
4	20	7.2
5	27	9.8
6	23	8.3
6-7	3	1.1
7	15	5.4
8	23	8.3
8 pills a day	1	0.4
8-10	1	0.4
8-9	2	0.7
9	15	5.4
Did not know	1	0.4
More than 9	1	0.4
Multiple	1	0.4
N/A	1	0.4
Not disclosed	1	0.4
Several	1	0.4
Unable to answer	1	0.4
Total	276	100

Question 39: How many non-prescription medications are you taking on a regular basis?
Open-Ended



Response	Frequency	Percent
No Response	37	13.4
0	74	26.8
1	76	27.5
10	3	1.1
12	1	0.4
2	34	12.3
2-3	1	0.4
3	25	9.1
4	9	3.3
5	7	2.5
6	2	0.7
7	1	0.4
8	2	0.7
Multiple	1	0.4
N/A	1	0.4
Not disclosed	1	0.4
Unsure	1	0.4
Total	276	100

Question 40: Have you recently needed any of the following, but could not afford them?
Check all that apply.

Response	Frequency	Percent
No Response	237	85.9
Prescription medications	39	14.1



Response	Frequency	Percent
Eyeglasses	33	12
Hearing aids	16	5.8
Dentures	51	18.5
Walkers, wheelchairs, or canes	20	7.2
Ramps	16	5.8

Question 41: Do you smoke cigarettes?

Response	Frequency	Percent
No Response	24	8.7
No	234	84.8
Yes	18	6.5
Total	276	100

Question 42: On average, how many alcoholic beverages do you consume in a typical week?

Response	Frequency	Percent
No Response	24	8.7
1-2	15	5.4
3 or more	5	1.8
None	232	84.1
Total	276	100



Question 43: Have you had any of the following health conditions with the past two years?
Check all that apply.

Response	Frequency	Percent
Heart Problems	107	38.8
High blood pressure	186	67.4
Arthritis	138	50
Bursitis	11	4
Stroke	21	7.6
Hardening of arteries	14	5.1
Rheumatism	19	6.9
Diabetes	77	27.9
Chest pains	38	13.8
Cancer	21	7.6
Stomach or digestion problems	84	30.4
Kidney or urinary problems	60	21.7
Liver problems	5	1.8
Vision problems	113	40.9
Joint problems	111	40.2
Hearing problem	53	19.2
Trouble sleeping	90	32.6
Mental illness	17	6.2
Memory loss	52	18.8
Skin problems	35	12.7
Back pain	95	34.4



Response	Frequency	Percent
Amputations	10	3.6
Phlebitis	10	3.6
Paralysis	9	3.3

Question 44: Diet and Food Security. Are you currently on a special diet prescribed by your doctor?

Response	Frequency	Percent
No Response	36	9.4
Yes	42	15.2
No	208	75.4
Total	276	100

Question 45: Do you eat at least 2 complete meals a day?

Response	Frequency	Percent
No Response	26	9.4
No	41	14.9
Yes	209	75.7
Total	276	100

Question 46: In the past 12 months, how often have the following statements been true? Please indicate your answer by responding with either Frequently, Sometimes, or Never.

Response	Frequency	Percent
I was not able to afford enough food to eat		
No Response	25	9.1
Frequently	5	1.8
Never	184	66.7



Response	Frequency	Percent
Sometimes	62	22.5
Total	276	100
I was not able to afford the kinds of food we wanted to eat		
No Response	25	9.1
Frequently	20	7.2
Never	144	52.2
Sometimes	87	31.5
Total	276	100
I was not able to afford to eat healthier meals		
No Response	26	9.4
Frequently	21	7.6
Never	153	55.4
Sometimes	76	27.5
Total	276	100

Question 47: Income: What was your estimated total household income before taxes last year? Please include all sources of income for all persons living in your household.

Response	Frequency	Percent
No Response	69	25
?	1	0.4
\$	4	1.4
\$0	1	0.4
\$1,000	1	0.4
\$1,000/month	2	0.7



Response	Frequency	Percent
\$1,000/monthly	1	0.4
\$1,028/monthly	1	0.4
\$1,100	2	0.7
\$1,100 monthly	1	0.4
\$1,171/monthly	1	0.4
\$1,200 monthly	1	0.4
\$1,200/month	1	0.4
\$1,238/monthly	1	0.4
\$1,263	1	0.4
\$1,300	1	0.4
\$1,300 monthly	2	0.7
\$1,400	1	0.4
\$1,500 monthly	1	0.4
\$1,541 monthly	1	0.4
\$1,550	1	0.4
\$12,000	1	0.4
\$12,150	1	0.4
\$2,056	1	0.4
\$2,300/monthly	1	0.4
\$2,474/monthly	1	0.4
\$2,700	1	0.4
\$2,700 monthly	1	0.4
\$24,000 yearly	1	0.4



Response	Frequency	Percent
\$3,100	1	0.4
\$35,000	1	0.4
\$48,000 year	1	0.4
\$772	2	0.7
\$772/monthly	1	0.4
\$796 monthly	1	0.4
\$800 monthly	1	0.4
\$814	1	0.4
\$841 monthly	1	0.4
\$843/monthly	1	0.4
\$850 monthly	1	0.4
\$884	2	0.7
\$894	1	0.4
\$9,600	1	0.4
\$919 monthly	1	0.4
\$998/monthly	1	0.4
\$0	2	0.7
\$1,070	1	0.4
\$1,110 monthly	1	0.4
\$1,356/ month	1	0.4
\$1,500 monthly	1	0.4
\$10,000	1	0.4
\$10,092	1	0.4



Response	Frequency	Percent
\$100,000	1	0.4
\$10,000	1	0.4
\$11,520	1	0.4
\$12,000	2	0.7
\$12,384	1	0.4
\$12,468	1	0.4
\$12,000	1	0.4
\$13,200	1	0.4
\$13,200	1	0.4
\$14,000	1	0.4
\$14,400	1	0.4
\$14,000	1	0.4
\$14,400	2	0.7
\$15,000	1	0.4
\$15,600	1	0.4
\$15,000	3	1.1
\$1,522	1	0.4
\$15,600	2	0.7
\$16,000	2	0.7
\$16,812	1	0.4
\$18,000	2	0.7
\$19,000	1	0.4
\$19,200	1	0.4



Response	Frequency	Percent
\$19,224	1	0.4
\$20,000	2	0.7
\$21,324	1	0.4
\$22,260	1	0.4
\$24,000	3	1.1
\$24,000	1	0.4
25,000	1	0.4
\$2,500	1	0.4
\$26,000	1	0.4
\$26,500	1	0.4
\$29,000	1	0.4
32,000	1	0.4
\$35000	1	0.4
\$60,000	1	0.4
\$7,200	1	0.4
\$700 monthly	1	0.4
\$71,000	1	0.4
\$7,500	1	0.4
\$80,000	1	0.4
\$8,400	1	0.4
\$8,500	1	0.4
\$8,268	1	0.4
\$896	1	0.4



Response	Frequency	Percent
\$9,000	1	0.4
\$9,264	1	0.4
\$9,528	1	0.4
\$9,600	1	0.4
\$915	1	0.4
\$927.00 monthly	1	0.4
\$94,000	1	0.4
\$9,600	2	0.7
\$969 monthly	1	0.4
Amount not provided– receives Social Security Disability	1	0.4
Answered– "That is between me and the Government"	1	0.4
Declined to answer	5	1.8
Did not answer	7	2.5
Did not disclose specific amount– stated she receives Social Security	1	0.4
Disability	1	0.4
Disability– amount was not specified	1	0.4
Disability– amount was not stated	1	0.4
Doesn't know	2	0.7
Don't know	2	0.7



Response	Frequency	Percent
Don't remember	1	0.4
I do not know	1	0.4
Income from retirement and Social Security– amount was not disclosed	1	0.4
Income not disclosed	1	0.4
Military Retirement and State Employee Retirement and Social Security– amount not provided	1	0.4
MS State Retirement and Social Security– specific amount not provided	1	0.4
N/A	1	0.4
No amount provided. Receives Social Security	1	0.4
Not answered	6	2.2
Not answered	1	0.4
Receives Social Security	1	0.4
Receives Social Security – exact amount of income not provided	1	0.4
Receives Social Security Benefits– exact amount not provided	1	0.4
Receives Social Security Disability– amount not provided	1	0.4



Response	Frequency	Percent
Receives Social Security Disability– amount not specified	1	0.4
Receives Social Security only. no amount specified	1	0.4
Receives Social Security– amount not disclosed	1	0.4
Receives Social Security– amount not specified	3	1.1
Receives Social Security– exact amount not provided	1	0.4
Receives Social Security– no amount specified	1	0.4
Receives Social Security– no specified amount stated	1	0.4
Receives Social Security. An exact amount was not provided	1	0.4
Receives Social Security. Exact amount was not provided.	1	0.4
Receives SSI– exact amount not provided	1	0.4
Receives SSI– no amount disclosed	1	0.4
Receives SSI– specific amount not provided	1	0.4
Retired, did not disclose income	1	0.4



Response	Frequency	Percent
Retired state employee– amount not provided	1	0.4
Retired– specific amount of income was not specified	1	0.4
Retirement and Social Security– no amount provided	1	0.4
Retirement– amount not specified	1	0.4
Retirement– did not specify the amount	1	0.4
Social Security –no specific amount provided	1	0.4
Social Security and Retirement– amount not provided	1	0.4
Social Security and Retirement– did not disclose amount	1	0.4
Social Security and VA Benefits (from her husband). No amount provided	1	0.4
Social Security and VA Benefits– amount not disclosed	1	0.4
Social Security Disability– amount not provided	1	0.4
Social Security Disability– amount not specified	1	0.4



Response	Frequency	Percent
Social Security Disability– did not provide exact amount	1	0.4
Social Security– amount not specified	1	0.4
Social Security– amount was not disclosed	1	0.4
Social Security– couldn't recall exact amount	1	0.4
Social Security– declined to disclose the exact amount	1	0.4
Social Security– did not state amount	1	0.4
Social Security– did not state exact amount	1	0.4
Social Security– no amount disclosed	1	0.4
SSI– 841.00 monthly	1	0.4
SSI– no exact amount provided	1	0.4
Was not disclosed	1	0.4
Will not discuss	1	0.4
Total	276	100

Question 48: Please indicate whether you currently receive any of the following sources of income by answering 'Yes' or 'No.'

Response	Frequency	Percent
Earnings from Employment		



Response	Frequency	Percent
No Response	70	25.4
No	192	69.6
Yes	14	5.1
Total	276	100
State or Federal Retirement Funds		
No Response	72	26.1
No	179	64.9
Yes	25	9.1
Total	276	100
Social Security		
No Response	36	13
No	23	8.3
Yes	217	78.6
Total	276	100
Supplementary Security Income		
No Response	65	23.6
No	173	62.7
Yes	38	13.8
Total	276	100
Food Stamps		
No Response	63	22.8
No	165	59.8
Yes	48	17.4



Response	Frequency	Percent
Total	276	100
Home Energy Assistance		
No Response	73	26.4
No	190	68.8
Yes	13	4.7
Total	276	100
Rent Payments from Tenants		
No Response	75	27.2
No	198	71.7
Yes	3	1.1
Total	276	100
Income from Savings or Investments		
No Response	74	26.8
No	189	68.5
Yes	13	4.7
Total	276	100
Veteran's Assistance or Pension		
No Response	72	26.1
No	191	69.2
Yes	13	4.7
Total	276	100
Disability Compensation		
No Response	77	27.9



Response	Frequency	Percent
No	179	64.9
Yes	20	7.2
Total	276	100
Railroad Retirement		
No Response	78	28.3
No	198	71.7
Total	276	100
No Response	78	28.3
No	198	71.7
Unemployment Insurance		
No Response	77	27.9
No	197	71.4
Yes	2	0.7
Total	276	100
Employee Pension Plan (401 K)		
No Response	74	26.8
No	179	64.9
Yes	23	8.3
Total	276	100
Aid to Dependent Children		
No Response	78	28.3
No	197	71.4
Yes	1	0.4



Response	Frequency	Percent
Total	276	100
Gifts from Friends/Relatives		
No Response	78	28.3
No	184	66.7
Yes	14	5.1
Total	276	100

Question 49: Does your current income make it difficult for you to meet your basic needs?

Response	Frequency	Percent
No Response	34	12.3
No	111	40.2
Yes	131	47.5
Total	276	100

Question 50: Living Arrangements: Which of the following best describes the type of home you live in?

Response	Frequency	Percent
No Response	31	11.2
a. Single Family House	173	62.7
b. Mobile Home	24	8.7
c. Condominium/Apartment	33	12
d. Senior Independent Apartment	8	2.9
e. Assisted Living	2	0.7
f. Nursing Home	1	0.4



Response	Frequency	Percent
g. Group Home	1	0.4
h. Other	3	1.1
Total	276	100

Question 51: Do you rent or own your home?

Response	Frequency	Percent
No Response	36	13
Not Applicable	36	13
Own	156	56.5
Rent	48	17.4
Total	276	100

Question 52: Including yourself, how many people live with you?

Response	Frequency	Percent
No Response	70	25.4
a. 1	121	43.8
b. 2– 3	76	27.5
c. 4 or more	9	3.3
Total	276	100

Question 53: Who lives with you? Check all that apply.

Response	Frequency	Percent
Spouse or Significant Other	51	18.5
Children	36	13
Relative	14	5.1



Response	Frequency	Percent
Grandchildren	19	6.9
Other Relatives	1	0.4
Unrelated Adults (Friend or Roommate)	8	2.9

Question 54: Family and Social Support: How many of your relatives or in-laws live within approximately 25 miles from you?

Response	Frequency	Percent
No Response	32	11.6
1-2	69	25
10 or more	70	25.4
3-9	78	28.3
None	27	9.8
Total	276	100

Question 55: What relative lives closest to you??

Response	Frequency	Percent
No Response	52	18.8
Aunt/Uncle	6	2.2
Brother/Sister	64	23.2
Child	137	49.6
Cousin	8	2.9
In-law	7	2.5
Parent	2	0.7
Total	276	100



Question 56: Do you feel you have a reliable contact in case of an emergency?

Response	Frequency	Percent
No Response	31	11.2
No	17	6.2
Yes	228	82.6
Total	276	100

Question 57: Caregiving. Do you provide care for family members or friends on a regular basis?

Response	Frequency	Percent
No Response	31	11.2
No	209	75.7
Yes	36	13
Total	276	100

Question 58: For whom do you provide this care? Check all that apply.

Response	Frequency	Percent
Spouse	10	3.6
Parent	7	2.5
Friend/Neighbor	3	1.1
Adult child	5	1.8
Grandchild	3	1.1
Other Family Member	10	3.6



Question 59: Approximately how many hours per week do you spend providing care for others?

Response	Frequency	Percent
No Response	240	87
1 – 5 hours	7	2.5
11– 20 hours	2	0.7
6 – 10 hours	2	0.7
More than 20 hours	25	9.1
Total	276	100

Question 60: Looking ahead over the next 5+ years, on a scale of 1 to 4, ‘1’ indicates the lowest level of concern, while a score of ‘4’ indicates the highest level of concern how would you rate your level of concern with the following items.

Response	Frequency	Percent
Physical health		
No Response	36	13
1 –Not concerned	40	14.5
2 – A little concerned	68	24.6
3 – Concerned	56	20.3
4 – Very concerned	76	27.5
Total	276	100
Mental health		
No Response	38	13.8
1 – Not concerned	142	51.4
2 – A little concerned	36	13
3 – Concerned	36	13



Response	Frequency	Percent
4– Very concerned	24	8.7
Total	276	100
Finding employment		
No Response	37	13.4
1 – Not concerned	230	83.3
2 – A little concerned	7	2.5
3 – Concerned	2	0.7
Total	276	100
Retaining current employment		
No Response	39	14.1
1 – Not concerned	234	84.8
2 – A little concerned	3	1.1
Total	276	100
Driving on your own		
No Response	36	13
1 – Not concerned	132	47.8
2 – A little concerned	56	20.3
3 – Concerned	32	11.6
4 – Very concerned	20	7.2
Total	276	100
Lack of transportation		
No Response	34	12.3
1 – Not concerned	124	44.9



Response	Frequency	Percent
2 – A little concerned	54	19.6
3 – Concerned	27	9.8
4 – Very concerned	37	13.4
Total	276	100
Affording basic needs (like food or rent)		
No Response	34	12.3
1 – Not concerned	109	39.5
2 – A little concerned	60	21.7
3 – Concerned	50	18.1
4 – Very concerned	23	8.3
Total	276	100
Affording medications		
No Response	35	12.7
1 – Not concerned	123	44.6
2 – A little concerned	45	16.3
3 – Concerned	42	15.2
4 – Very concerned	31	11.2
Total	276	100
Affording health care		
No Response	36	13
1 – Not concerned	118	42.8
2 – A little concerned	50	18.1
3 – Concerned	45	16.3



Response	Frequency	Percent
4 – Very concerned	27	9.8
Total	276	100
No Response	36	13
Living independently		
No Response	35	12.7
1 – Not concerned	91	33
2 – A little concerned	64	23.2
3 – Concerned	47	17
4 – Very concerned	39	14.1
Total	276	100
Ability to care for others		
No Response	37	13.4
1 – Not concerned	192	69.6
2 – A little concerned	16	5.8
3 – Concerned	22	8
4 – Very concerned	9	3.3
Total	276	100
Not having someone to care for you		
No Response	37	13.4
1 – Not concerned	121	43.8
2 – A little concerned	52	18.8
3 – Concerned	43	15.6
4 – Very concerned	23	8.3



Response	Frequency	Percent
Total	276	100



Appendix B: Population C Survey Results

Question 1: In what year were you born?

Response	Frequency	Percent
1936	1	5.3
1937	1	5.3
1938	2	10.5
1940	1	5.3
1944	1	5.3
1945	1	5.3
1947	1	5.3
1948	2	10.5
1949	1	5.3
1950	1	5.3
1952	1	5.3
1954	1	5.3
1956	1	5.3
1959	1	5.3
1961	2	10.5
Total	19	100

Question 2: What is your gender?

Response	Frequency	Percent
Female	11	57.9
Male	8	42.1



Response	Frequency	Percent
Total	19	100

Question 3: Were you assigned a different gender at birth?

Response	Frequency	Percent
No	18	94.7
Yes	1	5.3
Total	19	100

Question 4: What is your race?

Response	Frequency	Percent
No Response	1	5.3
Black or African American	8	42.1
White or Caucasian	10	52.6
Total	19	100

Question 5: What is your highest level of education?

Response	Frequency	Percent
Associate's or Technical Degree	1	5.3
High school diploma	11	57.9
Less than high school	3	15.8
Master's Degree	1	5.3
Some college (no degree)	3	15.8
Total	19	100

Question 6: What is your marital status?



Response	Frequency	Percent
No Response	4	21.1
Divorced	5	26.3
Married	2	10.5
Single (Never Married)	1	5.3
Widowed	7	36.8
Total	19	100
No Response	4	21.1
Divorced	5	26.3

Question 7: Which of the following best describes your current employment status?

Response	Frequency	Percent
Disabled	5	26.3
Retired	12	63.2
Working full-time	2	10.5
Total	19	100

Question 8: Are you a veteran of the armed forces (either active, National Guard, or reserves)?

Response	Frequency	Percent
No	15	78.9
Yes	4	21.1
Total	19	100



Question 9: Are you a Registered Voter?

Response	Frequency	Percent
No	1	5.3
Yes	18	94.7
Total	19	100

Question 10: Did you vote in the most recent presidential election?

Response	Frequency	Percent
No	3	15.8
Yes	16	84.2
Total	19	100

Question 11: Have you or a family member contracted COVID-19?

Response	Frequency	Percent
No	11	57.9
Yes	8	42.1
Total	19	100

Question 12: If yes, do you have any issues that occurred as a result of COVID-19?

Response	Frequency	Percent
No Response	10	52.6
No	3	15.8
Yes	6	31.6
Total	19	100



Question 13: What are the issues that now occur because of COVID – 19?

Response	Frequency	Percent
No Response	13	68.4
Health	6	31.6
Total	19	100

Question 14: Quality of Life and Lifestyle. Do you identify as lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) (LGBTQIA)?

Response	Frequency	Percent
No	19	100
Total	19	100

Question 15: On a scale of 1 to 5, '1' indicates the lowest score possible and a score of '5' indicates the highest score possible, how would you rate your overall Quality of Life?

Response	Frequency	Percent
1 – No quality of life	2	10.5
2 – Low quality	1	5.3
3 – Average quality	14	73.7
5 – High quality of life	2	10.5
Total	19	100

Question 16: Transportation: For most of your local trips, how do you travel? (Pick the one used most often)

Response	Frequency	Percent
Drive my own car	8	42.1
Ride with family	9	47.4
Ride with friends	2	10.5



Response	Frequency	Percent
Total	19	100

Question 17: Are you currently on a wait listing for any Aging Services? If so, which of the following services are you currently on a waiting list for?

Response	Frequency	Percent
Home delivered meals		
More than a year (If yes)	5	26.3
No	10	52.6
Recently received services	1	5.3
Yes	3	15.8
Total	19	100
Food stamp programs		
No	19	100
Tax preparation		
No	19	100
Financial planning		
No	19	100
Home health care		
Valid	No	19
Counseling services		
Valid	No	19
Home maker services (help with chores)		
No	18	94.7
Yes	1	5.3



Response	Frequency	Percent
Total	19	100
Home modifications		
Total	19	100
No	18	94.7
Yes	1	5.3
Total	19	100
Legal assistance		
No	19	100
Job placement		
No	19	
Senior discount program		
No	19	100
Information and referral services		
No	19	100
Telephone reassurance		
No	19	100
Transportation services		
No	18	94.7
Yes	1	5.3
Total	19	100
Shopping service		
No	19	100
Adult day care		



Response	Frequency	Percent
No	19	100
Health screenings		
No	19	100
Physical fitness exercise program		
No	19	100
Support groups		
No	19	100
Medication management education		
No	19	100
Nutrition counseling		
No	19	100
Case management		
No	19	100
Congregate meals		
No	19	100
Respite care (relief for caregivers)		
No Response	1	5.3
No	18	94.7
Total	19	100

Question 18: What are some of the ways you are coping with this lack of service?

Response	Frequency	Percent
Just doing without at this time	10	52.6



Response	Frequency	Percent
Getting help from friends	1	5.3
Getting help from family	5	26.3
Getting help from church	2	10.5
Getting help from community group	0	0
Hired someone to help me	0	0

Question 19: On a scale of 1 to 5, '1' indicates poor health, while a score of '5' indicates excellent health, how would you rate your overall health status?

Response	Frequency	Percent
1 – Poor health	2	10.5
2 – Many major conditions	1	5.3
3 – Several health conditions	13	68.4
4 – Minor (Manageable) health conditions	2	10.5
5 – Excellent health	1	5.3
Total	19	100

Question 20: Have you ever been in need of medical care but decided not to seek medical help?

Response	Frequency	Percent
No	16	84.2
Yes	3	15.8
Total	19	100



Question 21: What are some reasons you decided not to seek medical help? Check all that apply.

Response	Frequency	Percent
No Response	17	94.7
Cost of medical care	1	2.5
My insurance would not be accepted	1	2.5
Total	19	100

Question 22: In the past 12 months, how often have the following statements been true? Please indicate your answer by responding with either Frequently, Sometimes, or Never.

Response	Frequency	Percent
I was not able to afford enough food to eat		
Frequently	2	10.5
Never	6	31.6
Sometimes	11	57.9
Total	19	100
I was not able to afford the kinds of food we wanted to eat		
Frequently	2	10.5
Never	5	26.3
Sometimes	12	63.2
Total	19	100
I was not able to afford to eat healthier meals		
Frequently	3	15.8
Never	5	26.3
Sometimes	11	57.9



Response	Frequency	Percent
Total	19	100

Question 23: Please indicate whether you currently receive any of the following sources of income by answering 'Yes' or 'No.'

Response	Frequency	Percent
Earnings from employment		
No	17	89.5
Yes	2	10.5
Total	19	100
State or federal retirement funds		
No	18	94.7
Yes	1	5.3
Total	19	100
Social security		
No	3	15.8
Yes	16	84.2
Total	19	100
Supplementary security income		
No	18	94.7
Yes	1	5.3
Total	19	100
Food stamps		
No	19	100
Home energy assistance		



Response	Frequency	Percent
No	19	100
Rent payments from tenants		
No	19	100
Income from savings or investments		
No	19	100
Veteran's assistance or pension		
No	19	100
Disability compensation		
No	19	100
Railroad retirement		
No	19	100
Unemployment insurance		
No	19	100
Employee pension plan (401 K)		
No	17	89.5
Yes	2	10.5
Total	19	100
Aid to dependent children		
No	19	100
Gifts from friends/relatives		
No	19	100



Question 24: Which of the following best describes the type of home you live in?

Response	Frequency	Percent
a. Single Family House	13	68.4
b. Mobile Home	2	10.5
c. Condominium/Apartment	3	15.8
h. Other	1	5.3
Total	19	100

Question 25: Who lives with you? Check all that apply

Response	Frequency	Percent
Spouse or Significant Other	2	10.5
Children	4	21.1
Relative	1	5.3
Grandchildren	1	5.3

Question 26: Do you provide care for family members or friends on a regular basis?

Response	Frequency	Percent
No	16	84.2
Yes	3	15.8
Total	19	100

Question 27: For whom do you provide this care? Check all that apply.

Response	Frequency	Percent
No Response	18	94.7
Spouse	1	5.3
Adult child	2	10.5



Response	Frequency	Percent
Total	19	100

Question 28: Looking ahead over the next 5+ years, on a scale of 1 to 4, '1' indicates the lowest level of concern, while a score of '4' indicates the highest level of concern how would you rate your level of concern with the following items.

Response	Frequency	Percent
Physical health		
2 – A little concerned	3	15.8
3 – Concerned	13	68.4
4 – Very concerned	3	15.8
Total	19	100
Mental health		
1 – Not concerned	15	78.9
2 – A little concerned	2	10.5
4– Very concerned	2	10.5
Total	19	100
Finding employment		
1 – Not concerned	15	78.9
2 – A little concerned	2	10.5
3 – Concerned	2	10.5
Total	19	100
Retaining current employment		
1 – Not concerned	16	84.2
2 – A little concerned	2	10.5



Response	Frequency	Percent
3 – Concerned	1	5.3
Total	276	100
Driving on your own		
1 – Not concerned	7	36.8
2 – A little concerned	5	26.3
3 – Concerned	3	15.8
4 – Very concerned	4	21.1
Total	19	100
Lack of transportation		
1 – Not concerned	8	42.1
2 – A little concerned	2	10.5
3 – Concerned	5	26.3
4 – Very concerned	4	21.1
Total	19	100
Affording basic needs (like food or rent)		
1 – Not concerned	2	10.5
2 – A little concerned	5	26.3
3 – Concerned	8	42.1
4 – Very concerned	4	21.1
Total	19	100
Affording medications		
1 – Not concerned	6	31.6
2 – A little concerned	3	15.8



Response	Frequency	Percent
3 – Concerned	7	36.8
4 – Very concerned	3	15.8
Total	19	100
Affording health care		
1 – Not concerned	6	31.6
2 – A little concerned	3	15.8
3 – Concerned	9	47.4
4 – Very concerned	1	5.3
Total	19	100
Living independently		
1 – Not concerned	5	26.3
2 – A little concerned	2	10.5
3 – Concerned	9	47.4
4 – Very concerned	3	15.8
Total	19	100
Ability to care for others		
1 – Not concerned	13	68.4
2 – A little concerned	2	10.5
3 – Concerned	4	21.1
Total	19	100
Not having someone to care for you		
1 – Not concerned	4	21.1
2 – A little concerned	3	15.8



Response	Frequency	Percent
3 – Concerned	9	47.4
4 – Very concerned	3	15.8



Appendix C: Population B Survey Results

Question 1: How long has your organization provided contracted services for MDHS DAAS to older Mississippians?

Response	Frequency	Percent
No Response	2	4
1 – 2 years	5	10
10+ years	37	74
3 – 5 years	5	10
6 – 9 years	1	2
Total	50	100

Question 2: Which of the following services does your organization administer to older Mississippians on behalf of the Mississippi Division of Aging and Adult Services (DAAS) (Please select all that apply)?

Response	Frequency	Percent
No Response	29	58
Home Delivered Meals	21	42
Transportation	28	56
Congregate Meals	26	52
Emergency Services	7	14
Homemaker Services	16	32
Respite Care	13	26
Case Management	11	22
Adult Day Care/Health	10	20
Family Caregiver Support Program (FCSP) Homemaker	3	6



Response	Frequency	Percent
Information & Referral	14	28
Outreach	15	30
Incontinence Supplies	8	16
Grocery Boxes	9	18
Senior Center	19	38
Emergency Information & Referrals	4	8
Home Delivered Meals/Senior Center	5	10
Home Delivered Meals/ADC	4	8
Emergency Information & Referrals- ADC	1	2
SSBG Incontinence Supplies	3	6
Telephone Reassurance	2	4
Adult Day Care Snacks	4	8
Adult Day Care Meals	6	12
Consumer Directed Care	0	0
Home Modification	2	4
Emergency Response	5	10
Family Caregiver Support Program (FCSP) Access Assistance	3	6
Child and Adult Care Food Program (CACFP)	3	6
Total	50	100



Question 3: Does your organization receive initial contracts and renewals (if required) for timely review and approval?

Response	Frequency	Percent
No Response	1	2
Additional comments:	2	4
No	4	8
Yes	43	86
Total	50	100

Question 3.1: Additional comments

Response	Frequency	Percent
No Response	48	96
N/A	1	2
The initial contract procedure has improved over time. Title XX final allocation process can be uncertain; however, we have not had any major disruption of services.	1	2
Total	50	100

Question 4: Do clients ever experience service delivery delays due to administrative procedures and requirements?

Response	Frequency	Percent
No Response	2	4
No	41	82
Yes	7	14
Total	50	100



Question 4.1: If yes, please explain

Response	Frequency	Percent
No Response	47	94
Client recertifications.	1	2
Meal providers have delivery issues due to weather or other crises that may come up.	1	2
N/A	1	2
Total	50	100

Question 5: Do you believe that COVID-19 has impacted the services your organization is currently providing?

Response	Frequency	Percent
No Response	2	4
No	6	12
Yes	42	84
Total	50	100

Question 5.1: Covid Impact: Please Explain

Response	Frequency	Percent
No Response	15	30
All three congregate meal sites that we were providing transportation to (3 counties) were shut down due to COVID-19. All but one has reopened. Participation is now low.	1	2
A lot of our clients have declined services in fear of COVID.	1	2



Response	Frequency	Percent
Call volume down during height of COVID. Cannot conduct in person outreach	1	2
Clients are fearful of office visits and transportation services.	1	2
Clients are staying home more and not using our transportation for personal and shopping trips.	1	2
Closed for 7 months under DHS advisement	1	2
Congregant meals have been converted to home delivery meals at this time.	1	2
Congregate meal sites are closed, participants are provided home delivered meals. Clients do not use transportation services as much because of COVID. Homemaker clients do not want homemakers coming into their homes.	1	2
Congregate sites closed; limited transportation; isolation of seniors	1	2
COVID-19 forced us to change some operating practices. For the most part our partners (DAAS and Sub-Contractors), worked exceptionally well with us on implementing different operating practices.	1	2
COVID-19 has made an impact on everyone. Home visits for the evaluations of homebound services have been conducted over the phone. Our client attendance is slowly improving as some seniors felt the need to avoid crowds due to COVID-19.	1	2



Response	Frequency	Percent
COVID-19 has required our agency to implement new procedures and expand services. Also, the large number of clients requiring assistance has stretched our staff and caused burnout.	1	2
For the Homemaker and Respite programs, finding dependable people to work. For the ADC and congregate sites, it's difficult for the elderly to want to attend due social distancing, and transportation	1	2
Having to provide PPE potential exposure to covid.	1	2
In the case of Homemaker, it has been impacted because clients are hesitant about letting our staff into their home. Also with congregate meals, clients are hesitant about coming back into the congregate meal setting. For a while, transportation was affected; however, most of our riders have resumed making trips.	1	2
It has affected the ability of the older people to be able to congregate.	1	2
It has slowed the service time because of the virtual component. Most of the elderly were not equipped to submit information electronically.	1	2
It is more costly to services with no increase in reimbursement. Additional requirements for cleaning and sanitation supplies, thermometers, and PPE for all the workers plus additional PPE items for personnel servicing COVID positives. Difficulty in finding personnel for hire when competing with retail stores and	1	2



Response	Frequency	Percent
Fast-food restaurants paying \$15 an hour plus hiring incentives. Increase the cost of gasoline, facility requirements, utility cost, and credential requirement with no increase in reimbursements,		
MCCSA gas curtailed in-home case management and emergency office visit. Will resume in 1/2022	1	2
Most of the groups that I provide services for have had interruptions due to COVID-19, thereby necessitating alternative methods.	1	2
No public educational outreach events in over 18 months (about 1 and a half years), doing virtual presentations and in-home visits to clients who need to sign legal documents	1	2
Only on the congregate side, the seniors are still (I am guessing) not getting out.	1	2
Our attendance is down at our senior centers. We have struggled to hire, rehire, and keep staff, especially drivers and nutrition aid.	1	2
It has affected the ability of the older people to be able to congregate.	1	2
It has slowed the service time because of the virtual component. Most of the elderly were not equipped to submit information electronically.	1	2
It is more costly to services with no increase in reimbursement. Additional requirements for cleaning and sanitation	1	2



Response	Frequency	Percent
supplies, thermometers, and PPE for all the workers plus additional PPE items for personnel servicing COVID positives. Difficulty in finding personnel for hire when competing with retail stores and fast-food restaurants paying \$15 an hour plus hiring incentives. Increase the cost of gasoline, facility requirements, utility cost, and credential requirement with no increase in reimbursements,		
MCCSA gas curtailed in-home case management and emergency office visit. Will resume in 1/2022	1	2
Most of the groups that I provide services for have had interruptions due to COVID-19, thereby necessitating alternative methods.	1	2
No public educational outreach events in over 18 months, doing virtual presentations and in-home visits to clients who need to sign legal documents	1	2
Only on the congregate side, the seniors are still (I'm guessing) not getting out.	1	2
Our attendance is down at our senior centers. We have struggled to hire, rehire, and keep staff, especially drivers and nutrition aid.	1	2
Our Senior Center is closed.	1	2
Participants are not coming to the nutrition sites and ridership in the transportation program slightly declined.	1	2



Response	Frequency	Percent
Some are worried about coming into the center being around a bunch of people.	1	2
Some clients no longer come to center since COVID started	1	2
The elderly population is not riding as much due to covid	1	2
The way we have received the meals for the seniors. Limited access to our senior center	1	2
Transportation has been greatly impacted. Our clients are not wanting to get out in fear of Covid-19.	1	2
We currently have to limit the number of Seniors that attend our Congregate Meal Program. We were closed for a year and a half due to the threat of Covid-19. We have had to limit the number of riders on our transportation vans as well. Our Homemaker service has been impacted by when a Homemaker is out, service is refused due to the fear of allowing someone different to enter into the home. Thankfully, we have been able to serve more clients for Home Delivered Meals during the Pandemic.	1	2
We have found that most Elderly are afraid to come to community setting since Covid-19. Our number has reduced tremendously.	1	2
We have had a shortage of workers since Covid-19 has impacted the community and we have multiple clients who have requested that their services be put on hold because of the fear of Covid-19.	1	2



Response	Frequency	Percent
Transportation has been greatly impacted. Our clients are not wanting to get out in fear of Covid-19.	1	2
We currently have to limit the number of Seniors that attend our Congregate Meal Program. We were closed for a year and a half due to the threat of Covid-19. We have had to limit the number of riders on our transportation vans as well. Our Homemaker service has been impacted by when a Homemaker is out, service is refused due to the fear of allowing someone different to enter into the home. Thankfully, we have been able to serve more clients for Home Delivered Meals during the Pandemic.	1	2
We have found that most Elderly are afraid to come to community setting since Covid-19. Our number has reduced tremendously.	1	2
We have had a shortage of workers since Covid-19 has impacted the community and we have multiple clients who have requested that their services be put on hold because of the fear of Covid-19.	1	2
With extra precautions and safety protocols needed, it has added extra steps and expense to doing business and providing services.	1	2
Yes, it is hard to get employees to work.	1	2
Total	50	100



Question 6: Is your organization reimbursed timely for invoices submitted (according to contract guidelines)?

Response	Frequency	Percent
No Response	4	8
No	1	2
Yes	45	90
Total	50	100

Question 6.1: If no, please explain.

Response	Frequency	Percent
No Response	46	92
Bookkeeper will need to answer this question.	1	2
Claims remain in the initiating stage too long. The contractor processes claims by batch and if an individual is absent or simply does not process the assigned batches timely the payment of the claim is delayed.	1	2
N/A	2	4
Total	50	100

Question 7: How does your organization initiate services with clients?

Response	Frequency	Percent
No Response	1	2
Home visit	15	30
Mail	2	4
Telephone call	32	64



Response	Frequency	Percent
Total	50	100

Question 8: What kind of outreach does your organization provide to the community?

Response	Frequency	Percent
No Response	8	16
Adult Dare Care Centers	9	18
Legal Assistance and Advocacy services	5	10
Other	22	44

Question 8.1: If other, please add:

Response	Frequency	Percent
No Response	27	54
Assessment and follow up	1	2
Energy, rental, and mortgage assistance	1	2
Envision Enrichment Program at Golden Key Community Center	1	2
Homemaker and Respite care	1	2
In-services with other agencies and organizations providing education about our services	1	2
information and referral	1	2
Information is distributed throughout the counties we	1	2



Response	Frequency	Percent
service on all of the aging programs we operate.		
Newspaper and Flyers	1	2
No outreach	1	2
Outreach for Aging Provider Services	1	2
Outreach Services	1	2
Personal Care Services; Serve as COVID vaccination site; provide food box giveaway program, Adult Day Center,	1	2
Pet pantry to provide food for clients' pets.	1	2
Radio, Facebook, website, share info in the community.	1	2
Salvation Army Senior Angel Tree	1	2
Senior aid program	1	2
Senior Center	1	2
Senior Citizen Center	1	2
Through outreach and legal services programs.	1	2
VITA	1	2
We offer some of the services listed above and participate in local activities	1	2



Response	Frequency	Percent
involving senior citizens throughout the planning service area.		
We provide fitness/health classes for seniors	1	2
Wellness checks	1	2
Total	50	100

Question 9: How often does your organization conduct quality assurance monitoring of the services it provides?

Response	Frequency	Percent
No Response	3	6
Annually	12	24
Bi-annually	3	6
Monthly	21	42
Quarterly	11	22
Total	50	100

Question 10: What data does your organization currently use or have access to, to support decision-making and the allocation of resources?

Response	Frequency	Percent
No Response	11	22
Aging agency quality assurance standards	1	2
Allocations are based on the census-per county. Additional allocations are based on income guidelines.	1	2



Response	Frequency		Percent
Board of Directors	1	2	
Budgeting	1	2	
Case review per county or AAA region, case management software (KEMPS)	1	2	
Census data. Ten-year-old needs assessment data. Requests for services.	1	2	
Charity Tracker, In house spreadsheets, info via CMPPD	1	2	
City makes decisions	1	2	
Client information Form	1	2	
Client intake forms	1	2	
Client lists	1	2	
Client personal data, income data healthcare information	1	2	
Client satisfaction results	1	2	
Community Development Inc. attend community support meetings regularly and build their database accordingly.	1	2	
Consumer forms and program staff visits.	1	2	
DHS Guideline and monthly reports	1	2	
Enrollment/attendance, community assessment data, annual reports, weekly/monthly reports	1	2	
Information provided by the state's AAA networks	1	2	
Keep close contact with North Delta PDD	1	2	



Response	Frequency	Percent
Membership, attendance, client surveys	1	2
Monthly financial and service reports.	1	2
Monthly Reports	1	2
MS state quality assurance standards and annual approved budget	1	2
N/a	3	6
NA	1	2
Not sure	1	2
Participant activity logs, activity calendars, client/caregiver surveys, and community needs.	1	2
Populations based on the most recent census data are used to ensure allocations are equitably distributed	1	2
Regular attendance at continuing legal education seminars and full online legal research capabilities	1	2
Reporting worksheets, program reports, and feedback from providers.	1	2
We collect demographical information from CMPDD, we keep client records of requests of services, and we input this information in an excel spreadsheet.	1	2
We give out the MAC center phone number if seniors in our area need other services that we cannot provide.	1	2
We keep a waiting list spreadsheet of clients based on need with the highest level of need starting at the top of the	1	2



Response	Frequency	Percent
list. We pull clients based on the greatest need first.		
We keep sign in sheets and keep in touch with our MSDH contact representative weekly	1	2
We review previous service data and frequently talk to clients and providers about initiatives to enhance programs.	1	2
We utilize software provided by MDOT, Public Transit Division. This scheduling and dispatching software provides information on ridership, trip costs, etc.	1	2
When clients are in need of services, SDPDD send referral forms to the agency. Then the agency makes contacts with the clients. Clients calling in for services are visited by our agency reps who do an assessment to determine their needs	1	2
Total	50	100

Question 11: Are there additional data needs your organization has that would support operational effectiveness and efficiency?

Response	Frequency	Percent
No Response	13	26
A checklist for monitoring	1	2
Case stats, client surveys	1	2
Community Development Inc. is always open to additional data that support our organization's effectiveness and efficiency.	1	2



Response	Frequency	Percent
Data from medical services in order to provide temporary assistance to Individuals recovering from health issues.	1	2
Database that can populate services participants are received or not received each day in a monthly report. maybe covid testing available on site.	1	2
I think it would benefit our Homemakers to have iPad to input their visits with clients, make notes and have the clients' signatures captured at the end of each visit. This would also verify the time that they are in the home.	1	2
Information brochures to give to potential clients	1	2
Input from Advisory Board made up of community leaders, medical professionals, providers, nutritionist, plant scientist, and elected official.	1	2
N/A	7	14
NA	2	4
No	10	20
No, not at this time.	1	2
No.	1	2
None	1	2
Not at this time	1	2



Response	Frequency	Percent
Not at this time.	1	2
Not sure	1	2
Our agency serves the elderly and handicapped with utility and rent assistance with other funds, and we use their data to assist us with determining their needs in other programs.	1	2
We are switching to an updated case management system in January 2022, so I will not know what new data is available until then	1	2
Yes	1	2
Yes employees	1	2
Total	50	100

Question 12: With your organizational observation and assessment in mind, what are the most pressing issues facing the aging and vulnerable adult population in the communities your organization serves? (Please select all that apply.)

Response	Frequency	Percent
Poverty	29	58
Food Insecurity	28	56
Housing instability	22	44
Multigenerational complex needs in same home	11	22
Grandparents raising grandchildren	16	32
Transportation	37	74
Poor health condition	29	58



Response	Frequency	Percent
Lack of access to adequate healthcare	17	34
Lack of informal support	14	28
Access to technology (internet, Wi-Fi, email etc.)	22	44
Other (please describe below)	5	10
Mental health support.	1	2
More family support with some participants.	1	2
Nursing home evictions, planning documents like wills, powers of attorney and had, quit claim deeds to clear up title to property, Medicaid denial appeals	1	2
Several of our clients have rodent and bug issues that cause workers to not want to go to that client's home.	1	2
Social isolation	1	2

Question 13: How many clients does your organization serve on a typical day?

Response	Frequency	Percent
No Response	2	4
1 – 25	16	32
26 – 50	10	20
51 – 75	5	10
76 or more	17	34
Total	50	100



Question 14: How many days a week does your organization interact with clients?

Response	Frequency	Percent
No Response	2	4
1	1	2
3	2	4
4	2	4
5	35	70
6	3	6
7	5	10
Total	48	96

Question 15: Does your organization serve a particular subset of older Mississippian (age, income, medical eligibility, or other)?

Response	Frequency	Percent
No Response	2	4
No	22	44
Yes	26	52
Total	50	100

Question 15.1: Does your organization serve a particular subset of older Mississippian (age, income, medical eligibility, or other)?

Response	Frequency	Percent
No Response	26	52
60 and over	1	2
60 Years and older Frozen meals have qualify based on ADL, IADL, and nutrition score	1	2



Response	Frequency	Percent
60 years of age and older	1	2
60+	1	2
60+ population	1	2
Age	1	2
Age 60 and older	1	2
Age and disable	1	2
All that meet the age requirement	1	2
To qualify for this program individuals must be age 60 or older or be the spouse of an eligible person.	1	2
Income eligible	1	2
Low income	1	2
Medical eligibility	1	2
Mississippi residents aged 60 and older	1	2
Over 65	1	2
Seniors and disabled.	1	2
Seniors over 60	1	2
Those 60 and older and considered to be homebound	1	2
Those who fall below poverty guidelines	1	2
We serve elderly, disabled, disadvantaged and homeless individuals	1	2



Response	Frequency	Percent
We serve only people below the poverty line.	1	2
We service clients that are 60 years of age and older.	1	2
We serve seniors 60 years of age and older the most in need. Who have functional, physical, or mental characteristics which prevent them from providing service for themselves and who do not have an informal support network capable of meeting their service needs.	1	2
We service clients that are 60 years of age and older.	1	2
Total	50	100

Question 16: Are there any other services that are not currently provided by the Adult and Aging Services Division that would make a positive impact on the aging population of Mississippi?

Response	Frequency	Percent
No Response	16	32
Cannot think of any	1	2
Comprehensive transportation	1	2
Don't know	1	2
Expanded transportation	1	2
Grocery delivery, where major grocers, does not deliver.	1	2
I do not have any suggestions at this time.	1	2



Response	Frequency	Percent
N/A	6	12
NA	1	2
No	6	12
None	1	2
None at this time	2	4
None that I can think of at this moment	1	2
Not sure	1	2
Not that I am aware of.	1	2
Not that I can think of	1	2
Not to my knowledge	1	2
Senior Employment Program	1	2
The Delivery of Hot Meals once or twice per week	1	2
There is a great need for assistance in minor home repairs, such as roofs, steps, floors, etc.	1	2
We see elderly people that are isolated due to their inability to leave their homes because of mobility issues and other health problems. They have expressed the loneliness and isolation they feel, many of them suffer with depression.	1	2
Yes, access to regular pest control.	1	2



Response	Frequency	Percent
Yes, counseling due to Covid-19, grandparent raising grandchildren, Homelessness, and Lack of Food.	1	2
Yes, supportive services to assess, link and navigate through different agency services	1	2
Total	50	100

Question 17: On a scale of 1 to 5, 1 being very well prepared and resourced and 5 being under prepared and under resourced, how well prepared do you believe your organization is to meet the needs of the community and its residents?

Response	Frequency	Percent
No Response	3	6
1 – Very well prepared	24	48
2 – Moderately prepared	13	26
3 – Prepared	8	16
4 – Somewhat prepared	2	4
Total	50	100

Question 18: On a scale of 1 to 3, with 1 being “no additional funds required” and 3 being “funds needed”, how well funded or supported (aka resources) is your organization?

Response	Frequency	Percent
No Response	3	6
1 – Well funded	11	22
2 –Marginal funding needed	25	50
3 – Significant funding needed	11	22
Total	50	100



Question 19: On a scale of 1 to 5, with 1 being “very effective” and 5 being “not effective”, how does your organization rate the effectiveness of the services provided and administered by MDHS DAAS?

Response	Frequency	Percent
No Response	4	8
1 – Very effective	18	36
2 – Moderately effective	14	28
3 – Effective	14	28
Total	50	100

Question 20: If your organization is experiencing barriers related to operational functioning and/or expansion, are they barriers reflected in any of the sections below? (Check all that apply)

Response	Frequency	Percent
Funding	20	40
Shortage of staff	3	6
Shortage of credentialed staff	3	6
Facility size	6	12
Rules and regulations	13	26

Question 21: Based on your organization’s experience, how would you rate the quality of partnerships and coordination facilitated by MDHS DAAS Service Providers and Community Partners to promote positive outcomes for aging and vulnerable adults?

Response	Frequency	Percent
No Response	2	4
Excellent	29	58
Moderate	18	36
Poor	1	2



Response	Frequency	Percent
Total	50	100

Question 22: On a scale of 1 to 5, 1 being very impactful and 5 very little impact, based on your organization's experience, to what extent are preventative services impacting vulnerable adults? examples: Health screening, immunizations, etc.

Response	Frequency	Percent
No Response	3	6
1. Very impactful	16	32
2. Moderately impactful	12	24
3. Impactful	11	22
4. Somewhat impactful	6	12
5. Very Little impact	2	4
Total	50	100

Question 23: Does your organization feel that all eligible Mississippians are aware of the services that are available to them through the Division of Aging and Adult Services?

Response	Frequency	Percent
No Response	2	4
No	38	76
Yes	10	20
Total	50	100

Question 24.1: If 'No', then what percentage of the eligible are unaware?

Response	Frequency	Percent
No Response	12	24
25 – 50%	25	50



Response	Frequency	Percent
51 – 75%	4	8
less than 25%	9	18
Total	50	100

Question 25: Are the services and programming designed and administered by your organization culturally competent or responsive (race, religion, sexual orientation etc.)?

Response	Frequency	Percent
No Response	5	10
No	2	4
Yes	43	86
Total	50	100

Question 26: Does your organization have an established and implemented process to collect client feedback on the quality of services provided?

Response	Frequency	Percent
No Response	4	8
No	10	20
Yes	36	72
Total	50	100

Question 27: If yes, what methods are used? (Select all that apply.)

Response	Frequency	Percent
Telephonic surveys	15	30
In-person	29	58
United States Postal Office (USPO)	3	6



Response	Frequency	Percent
On-line	7	14
Other	1	2
Client satisfaction surveys are completed annually with each client	1	2
client surveys for the home delivered meals program	1	2
Mail	1	2
mailout	1	2
Total	50	100

Question 28: How often is client feedback collected and compiled into meaningful information used for program improvement?

Response	Frequency	Percent
No Response	6	12
Annually	15	30
Bi-annually	7	14
Monthly	11	22
Quarterly	11	22
Total	50	100

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