Mississippi Division of Aging & Adult Services

# POLICY AND PROCEDURE MANUAL

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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# Definitions

**Access to services or access services:** Services which may facilitate connection to or receipt of other direct services, including transportation, outreach, information and assistance, options counseling, and case management services.

**The Older Americans Act (OAA):** the Older Americans Act of 1965, as amended.

**Altering or renovating:** Making modifications to or in connection with an existing facility which are necessary for its effective use. Such modifications may include alterations, improvements, replacements, rearrangements, installations, renovations, repairs, expansions, upgrades, or additions, which are not in excess of double the square footage of the original facility and all physical improvements.

**Area agency on aging:** A single agency designated by the State agency to perform the functions specified in the Act for a planning and service area.

**Area plan administration:** Funds used to carry out activities as set forth in section 306 of the Act (42 U.S.C. 3026) and other activities to fulfill the mission of the area agency as set forth in §1321.55, including development of private pay programs or other contracts and commercial relationships.

**Best available data:** With respect to the development of the intrastate funding formula, the most current reliable data or population estimates available from the U.S. Decennial Census, American Community Survey, or other high-quality, representative data available to the State agency.

**Constructing:** Building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.

**Conflicts of interest:**
(1) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust;
(2) One or more conflicts between competing duties of an individual, or between the competing duties, services, or programs of an organization, and/or portion of an organization; and
(3) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

**Cost sharing:** Requesting payment using a sliding scale, based only on an individual's income and the cost of delivering the service, in a manner consistent with the exceptions, prohibitions, and other conditions laid out in the Act.

**Direct services:** Any activity performed to provide services directly to an older person or family caregiver, groups of older persons or family caregivers, or to the general public by the staff or volunteers of a service provider, an area agency on aging, or a State agency whether provided in-person or virtually. Direct services exclude State or area plan administration and program development and coordination activities.

**Domestically produced foods:** Agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands (hereinafter referred to as ''the United States''), except as may otherwise be required by law, and shall be considered to be such a product if it is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise: (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.

**Family caregiver:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual; an adult family member, or another individual, who is an informal provider of in-home and community care to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction; or an older relative caregiver. For purposes of this part, family caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.

**Greatest economic need:** The need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

**Greatest social need:** The need caused by noneconomic factors, which include:
(1) Physical and mental disabilities.
(2) Language barriers.
(3) Cultural, social, or geographical isolation that:
    (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
    (B) Threatens the capacity of the individual to live independently;
(4) Barriers to technology (broadband, telephone access).
(5) Loss of primary caregiver; or
(6) Living alone.
(7) Other needs as further defined by State and area plans based on local and individual factors.

**Immediate family:** Pertaining to conflicts of interest, a member of the household or a relative with whom there is a close personal or significant financial relationship.

**In-home supportive services:** Those supportive services provided in the home as set forth in the Act, to include: (1) Homemaker, personal care, home care, home health, and other aides; (2) Visiting and telephone or virtual reassurance; (3) Chore maintenance; (4) Respite care for families, including adult day care; and (5) Minor modification of homes that is necessary to facilitate the independence and health of older individuals and that is not readily available under another program.

**Local sources:** Tax-levy money or any other non-Federal resource, such as State or local public funding, funds from fundraising activities, reserve funds, bequests, or cash or third-party in-kind contributions from non-client community members or organizations.

**Major disaster declaration:** A Presidentially declared disaster under the Robert T. Stafford Relief and Emergency Assistance Act (42 U.S.C. 5121–5207).

**Means test:** The use of the income, assets, or other resources of an older person, family caregiver, or the households thereof to deny or limit that person's eligibility to receive services under this part.

**Multipurpose senior center:** A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, as practicable, including as provided via virtual facilities; as used in §1321.85, facilitation of services in such a facility.

**Native American:** A person who is a member of any Indian Tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) who: (1) Is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (2) Is located on, or in proximity to, a Federal or State reservation or rancheria; or is a person who is a Native Hawaiian, who is any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778.

**Nutrition Services Incentive Program:** Grant funding to State agencies, eligible Tribal organizations, and Native Hawaiian grantees to support congregate and home-delivered nutrition programs by providing an incentive to serve more meals.

**Official duties:** With respect to representatives of the Long-Term Care Ombudsman Program, work pursuant to the Long-Term Care Ombudsman Program authorized by the Act, 45 CFR part 1324, subpart A, and/ or State law and carried out under the auspices and general direction of, or by direct delegation from, the State Long- Term Care Ombudsman.

**Older relative caregiver:** A caregiver who is age 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; (1) In the case of a caregiver for a child is: (i) The grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; (ii) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and (2) In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.

**Planning and service area:** An area designated by a State agency under section 305(a)(1)(E) (42 U.S.C. 3025(a)(1)(E)), for the purposes of local planning and coordination and awarding of funds under Title III of the Act, including a single planning and service area.

**Private pay programs**: A type of contract or commercial relationship and are programs, separate and apart from programs funded under the Act, for which the individual consumer agrees to pay to receive services under the programs.

**Program development and coordination activities:** Those actions to plan, develop, provide training, and coordinate at a systemic level those programs and activities which primarily benefit and target older adult and family caregiver populations who have the greatest social needs and greatest economic needs, including development of contracts, commercial relationships, or private pay programs.

**Program income:** Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 35 U.S.C. 200–212 (which applies to inventions made under Federal awards).

**Reservation:** With respect to the designation of planning and service areas, any Federally or State recognized American Indian Tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), and Indian allotments.

**Service provider:** An entity that is awarded funds, including via a grant, subgrant, contract, or subcontract, to provide direct services under the State or area plan.

**Severe disability:** A severe, chronic disability attributable to mental or physical impairment, or combination of mental and physical impairments, that: (1) Is likely to continue indefinitely; and (2) Results in substantial functional limitation in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

**State plan administration:** Funds used to carry out activities as set forth in section 307 of the Act (42 U.S.C. 3027) and other activities to fulfill the mission of the State agency as set forth in §1321.5.

**Supplemental foods:** Foods that assist with maintaining health, but do not alone constitute a meal. Supplemental foods include liquid nutrition supplements or enhancements to a meal, such as additional beverage or food items, and may be specified by State agency policies and procedures. Supplemental foods may be provided with a meal, or separately, to older adults who participate in either congregate or home- delivered meal services.

**Voluntary contributions:** Donations of money or other personal resources given freely, without pressure or coercion, by individuals receiving services under the Act.

# Purpose

**(Reference:** 45 CFR 1321.9**)**
The State Unit on Aging (SUA) shall develop and implement policies and procedures governing all aspects of programs operated as set forth in 45 CFR 1321 and 45 CFR 1324. These policies and procedures shall be developed in consultation with area agencies on aging (AAAs), program participants, and other appropriate parties in the State. These policies and procedures will be published in this manual.

**(Reference:** 45 CFR 1321.59(a) and 45 CFR 1321.73(a)**)**
Each AAA in Mississippi shall develop and implement policies and procedures in compliance with the SUA policies and procedures included in this manual, 45 CFR 1321, 45 CFR 1324, the Older Americans Act (OAA), and all other applicable State and Federal requirements. These policies and procedures shall be developed in consultation with other appropriate parties in the planning and service area (PSA). The AAA is responsible for enforcing these policies and procedures.

# Section 1 – Administration

## Designation of and Modification to Planning and Service Areas by the SUA

**POLICY**

(Reference: 45 CFR 1321.13, 45 CFR 1321.19, 42 USC 3001, and 89 FR 11656)

This policy outlines the responsibilities and procedures of the SUA in managing the designation and modification of PSAs in compliance with the OAA and relevant federal and state regulations. The SUA aims to ensure transparency, accountability, and due process in these processes, as mandated by the OAA. When the SUA issues a decision to change PSAs, it shall provide an explanation of its consideration of the factors in paragraph (d) of this section. Such explanations must be included in the State Plan on Aging (SPOA) amendment submitted as set forth in 45 CFR 1321.31(b) or SPOA submitted as set forth in 45 CFR 1321.33.

The SUA is responsible for designating a AAA to serve each PSA. Only one AAA shall be designated to serve each PSA. A AAA may serve more than one PSA. A AAA that serves more than one PSA must maintain separate funding, planning, and advocacy responsibilities for each PSA. The SUA shall have policies and procedures regarding the designation of AAAs and changes to an agency's designation as a AAA per the OAA. Such policies and procedures should provide due process to affected parties, accountability, and transparency and must address the following:

(1) Provisions for designating a AAA, including:
   a. The application processes.
   b. How notice to interested parties shall be provided.
   c. How views offered by the unit(s) of general-purpose local government in such area shall be obtained and considered.
   d. How the SUA shall provide the right of first refusal to a unit of general-purpose local government if:
      i. Such unit demonstrates the ability to meet the requirements as set forth by the SUA, per the OAA; and
      ii. The boundaries of such a unit and the boundaries of the AAA are reasonably contiguous.
   e. How the SUA shall then give preference to an established office on aging if the unit of general-purpose local government chooses not to exercise the right of first refusal.
   f. How the SUA shall assume AAA responsibilities if there are no successful applicants in the SUA's application process.
   g. The appeals process for affected parties.

(2) Provisions for a AAA that voluntarily relinquishes their AAA designation, including that the SUA's written acceptance of the voluntary relinquishment of AAA designation shall be considered as the SUA's withdrawal of AAA designation, and requirements under 45 CFR 1321.21(b) shall apply;

(3) Provisions for when the SUA takes action to withdraw a AAA's designation, in accordance with 45 CFR 1321.21;

(4) Provisions for when the SUA administers AAA programs as provided for in OAA section 306(f) (42 U.S.C. 3026(f)), and when the Assistant Secretary for Aging (ASA) may extend the 90-day period if the SUA requests an extension and demonstrates to the satisfaction of the ASA a need for the extension.

For any of the actions listed in this section, the SUA must submit a SPOA amendment as set forth in 45 CFR 1321.31(b) or SPOA as set forth in 45 CFR 1321.33.

An area agency may be any of the following types of agencies:

(1) An established office on aging that is operating within a PSA.
(2) Any office or agency of a unit of general-purpose local government which is designated to function to serve as a AAA by the chief elected official of such unit.
(3) Any office or agency designated by the appropriate chief elected officials of any combination of units of general-purpose local government to act on behalf of such combination for such a purpose.
(4) Any non-state, local public, or nonprofit private agency in a PSA, or any separate organizational unit within such agency, which is under the supervision or direction of the designated SUA serving as a AAA, and which demonstrates the ability and willingness to engage in the planning or provision of a broad range of services under the OAA within such PSA.

The SUA may not designate any regional or local office of the State of Mississippi as a AAA.

**SUA PROCEDURE**

The SUA developed Continuity of Operations (COOP) procedures for multiple scenarios in which the SUA may need to step in to help support AAA functions and a full process for what needs to occur if a AAA voluntarily relinquishes its designation, or the SUA determines that the designation of a AAA must be withdrawn. The detailed procedures can be found in Attachment A - SUA COOP Plan for AAAs.

**Application Process to Change a PSA**

Initiation of Change

- Applications to change a PSA may be initiated by the SUA or AAAs. The AAA must submit a formal application detailing the reasons for the proposed change, along with supporting documentation. It is the responsibility of the applicant to submit sufficient information and supporting documentation to allow the SUA to decide on any changes in designation. The application must be submitted on the official letterhead of the entity wishing to change the PSA and contain at least the information listed below in the Documentation of Need.

**Documentation of Need**

- The SUA shall require detailed documentation justifying the need to change a PSA. This includes evidence such as demographic changes, service gaps, and alignment with criteria established under federal regulations. The application must contain at least the following information:
    - A detailed description of the applicant's determination of a need for a change in PSA, which must clearly establish the need for a change.
    - The PSA distribution of persons aged 60 and older, including those with the greatest economic or social need, particularly low-income minority older adults.
    - The views of public officials of the units of general-purpose local governments.
    - The incidence of need in the PSA for services provided under the OAA and the applicant's available resources to meet these needs.
    - The boundaries of the proposed changes to the PSA within the State.

**Notice to Interested Parties**

- Upon receipt of a completed application, the SUA shall provide timely notice to all relevant stakeholders, including AAAs, local governments, service providers, and older individuals in the

affected areas. Notices shall be published in local newspapers and on the SUA website and distributed via email to registered stakeholders.

**Public Hearing and Feedback**

- The SUA shall conduct a public hearing within 30 days of providing notice to gather public input on the proposed change. The hearing shall be held in an accessible location, with virtual participation available to ensure broad access.

**Involvement of Stakeholders**

- The SUA shall actively involve AAAs, service providers, and older individuals in the decision-making process. Stakeholders shall have opportunities to provide feedback through public comment periods, written submissions, and participation in focus groups.

**Decision-Making Criteria**

The SUA shall consider the following factors when making decisions regarding the modification of PSAs:

(1) The geographical distribution of older individuals in the State.
(2) The incidence of the need for services under the OAA.
(3) The distribution of older individuals who have the greatest economic need and greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency (LEP), and older individuals residing in rural areas) residing in such areas.
(4) The distribution of older individuals who are Native Americans residing in such areas.
(5) The distribution of resources available to provide such services under the OAA.
(6) The boundaries of existing areas within the State which were drawn for the planning or administration of services under the OAA.
(7) The location of units of general-purpose local government, as defined in section 302(4) of the OAA (42 U.S.C. 3022(4)), within the State.
(8) Any other relevant factors.

**Appeals Process for Applicants Whose Applications Were Denied by the SUA**

Right to Appeal

- Any applicant or party affected by the SUA's decision to deny a PSA designation or change has the right to appeal.

Filing Appeals

- Appeals must be filed within 30 days of receiving the SUA's written decision.

Administrative Hearings

- Appeals may be submitted to the MDHS Division of Administrative Hearings pursuant to the procedures outlined in the MDHS Division Administrative Hearings Rules or appeal as per 45 CFR Part 16.

**Formal Application Process**

Formal Application Process

- The SUA shall initiate a transparent application process for AAA designation within PSAs, including clear criteria based on federal guidelines. Notice of the application process shall be provided to all interested parties, with input from local governments and other stakeholders sought.

Right of First Refusal

- Units of general-purpose local government within PSA boundaries shall have the right of first refusal if they can meet SUA requirements. If declined, preference shall be given to an established office on aging within the area.

Voluntary Relinquishment and Withdrawal of Designation

- Procedures for voluntary relinquishment of AAA designation shall be followed, including SUA acceptance. The SUA shall ensure due process in withdrawing AAA designation, providing affected parties with a hearing and the opportunity to appeal.

State Administration of AAA Programs

- If no suitable applicants are found to prevent a lapse in services, the SUA may temporarily administer AAA programs in the area, subject to extension by the ASA.

Timeframes for Processes

- Notification of Action: All interested parties must be notified within 10 days of the SUA's decision to initiate a change to a PSA.
- Public Hearing Schedule: Public hearings must be scheduled within 30 days of notification.
- Decision Announcement: The SUA shall announce its decision regarding PSA changes within 60 days of the public hearing.
- Appeals Submission: Appeals must be filed within 30 days of the SUA's written decision and in compliance with Administrative Hearing under MDHS Division of Administrative Hearings Rule 7 or, if not choosing to appeal through MDHS Administrative Hearings to the Departmental Grant Appeals Board in accordance with 45 CFR 16.

## Corrective Action Plan (CAP)

**A. Purpose:**

The purpose of this policy and procedure is to implement a Corrective Action Plan (CAP) if an Area Agency on Aging fails to comply with federal/state statutes, regulations or terms and conditions of the federal award, the federal awarding agency, Mississippi Department of Human Services (MDHS) policy (including MDHS Subgrant Agreement Policy), and/or Division of Aging and Adult Services (DAAS) policy and procedure.

**B. Corrective Action Process**

If an Area Agency on Aging (AAA) is found to be non-compliant with federal/state statutes, regulations or terms and conditions of the federal award, federal awarding agency policies and procedures, MDHS policy (including MDHS Subgrant Agreement Policy), and/or DAAS policy and procedure, a Corrective Action Plan (CAP) must be developed to remedy the non-compliance. This Corrective Action Process is designed to ensure compliance and accountability in accordance with applicable laws and regulations. The AAA's cooperation and adherence to the prescribed timelines are critical for maintaining continued designation.

1. **Notification of Non-Compliance**: The DAAS Director of Programs will notify the AAA, in writing, of the identified non-compliance. Upon receipt of this notification, the AAA shall have three (3)

business days to acknowledge and respond, in writing, to the concern regarding the non-compliance.

a. Non-compliance with applicable laws and regulations includes acts of omission or commission, whether intentional or unintentional, that contravene prevailing laws or regulations. This includes actions or inactions by those in positions of governance, management, or any other individuals operating under the direction of the AAA.
b. DAAS Director of Programs shall send a copy of the "Notification of Non-Compliance" to the State Unit on Aging (SUA) and the MDHS Chief Compliance Officer. The notification to these parties may be via email, so long as a PDF copy of the notification is attached to the correspondence.

2. **Development of Corrective Action Plan (CAP)**: The AAA is required to develop and submit a Corrective Action Plan (CAP) within ten (10) business days of being notified of non-compliance.
    a. The CAP must be in writing on the approved DAAS provided template bearing the AAA letterhead and must be signed by the AAA Director and the AAA Director of Programs, if applicable.
    b. The CAP, once submitted, must be approved by the DAAS Director of Programs.
    c. If the AAA does not return the CAP within 10 days of the being notified of non-compliance, the AAA shall be deemed to have failed to remedy the non-compliance and the DAAS Director of Programs shall institute a remedy for non-compliance as listed in Paragraph 8.

3. **Monitoring and Reporting of CAP**: The DAAS Director of Programs or their representative will monitor the implementation of the CAP for a period of sixty (60) to ninety (90) days. The DAAS team member will provide written feedback to the AAA Director and AAA Program Director every thirty (30) days regarding the progress of the CAP.

4. **Extension of CAP Implementation Period**: If the CAP does not successfully remedy the non-compliance within the initial deadline given, the AAA shall be given one (1) thirty (30) day extension. The AAA Director must submit a formal request for the extension no less than five (5) business days prior to the expiration of the initial CAP.
    a. The request must include a detailed plan outlining how compliance will be achieved within the additional thirty (30) days.

5. **Withholding of Cash Payments**: If the non-compliance issue remains unresolved after the thirty (30) day extension period, DAAS reserves the right to temporarily withhold cash payments until the identified deficiencies are corrected. During this period, the AAA will remain responsible for ensuring the continuity of services.

6. **Withdrawal of Designation of AAA**: If the non-compliance remains unresolved after one hundred twenty (120) days from the original date of the issued CAP, DAAS will proceed with the process of withdrawing designation of the AAA.
    a. If repeated non-compliance is identified within one hundred eighty (180) days following the successful completion of a prior CAP, DAAS will initiate the de-designation process for the AAA.

7. **CAP Special Conditions:** DAAS may impose additional special conditions to the submitted CAP and/or withhold payment to a subgrantee as needed, under the following circumstances:

a. Based on the criteria set forth in 45 CFR §75.205;
b. When an applicant or recipient has a history of failure to comply with the general or specific terms and conditions of a Federal award;
c. When an applicant or recipient fails to meet expected performance goals as described in 45 CFR §75.210; or
d. When an applicant or recipient is not otherwise responsible.

8. **Remedies for Non-Compliance:** If noncompliance fails to be remedied by the implementation of a CAP then DAAS may take one (1) or more of the following actions:
    a. Temporarily withhold cash payments pending correction of the deficiencies by the subgrant or more severe enforcement action by the Federal awarding agency or MDHS.
    b. Disallow (that is deny both the use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
    c. Wholly or partly suspend or terminate the Federal award.
    d. Initiate suspension or debarment proceedings as authorized under 2 CFR § 180 and Federal awarding agency regulations.
    e. Withhold further Federal awards for the project or Program.
    f. Withdrawal of designation.
    g. Take other actions that may be legally available.

## Withdrawal of Designation of Planning and Service Area or Area Agency on Aging (AAA)

**A. Purpose**

**Reference:** 45 CFR 1321.19 and 45 CFR 1321.21

The State agency is responsible for designating an area agency on aging to serve each planning and service area.

**B. Voluntary Relinquishment of AAA Designation:** A AAA may voluntarily relinquish its designation subject to the SUA's written acceptance of the voluntary relinquishment.

1. A AAA must submit a "Request of Voluntary Relinquishment of Designation" to the SUA in writing. The request must include 1) the reason for the relinquishment of designation, 2) how this reason has made it difficult or impossible for the AAA to continue its duties per the OAA, and 3) how there is no remedy reasonably available to allow the AAA to continue its duties.
2. The SUA shall determine whether to accept or deny the AAA's "Request for Voluntary Relinquishment of Designation" within seven (7) to ten (10) days of receiving the request. The SUA's determination shall be made in writing.
3. Acceptance of Relinquishment:
    a. If the SUA accepts the AAA's "Request for Voluntary Relinquishment of Designation", the AAA shall provide the SUA with a complete list of all OAA funded contracts and services, all contracts and services funded by DAAS programs/funding, and all clients currently receiving services under OAA/DAAS programs three (3) days after receiving the SUA's response.
    b. The AAA shall provide immediate notice in writing to all contractors, subgrantees, and service providers that the AAA will be relinquishing its designation.
    c. The AAA shall immediately work with the SUA, subcontractors, and subgrantees after relinquishment has been accepted to transfer all necessary powers and

interest, including executing contracts, MOA/MOU, legal documents, etc. to ensure the continuation of services to clients.

**d.** After the AAA has assisted to ensure the continuation of services, the SUA shall:

**i.** Provide a plan for the continuity of AAA functions and services in the affected planning and service area;

**ii.** Submit a State Plan amendment as set forth in 45 CFR 1321.31(b) or 1321.33; and

**iii.** Designate a new Area Agency in the planning and service area in a timely manner in accordance with 45 CFR 1321.19.

4. Denial of Voluntary Relinquishment:
    a. If the SUA denies the AAA's "Request for Voluntary Relinquishment of Designation", the AAA shall continue to perform its duties in accordance with the DAAS Policies and Procedures and the purpose of the OAA.
    b. If the AAA disagrees with the denial of their "Request for Voluntary Relinquishment of Designation", the AAA may appeal the SUA's decision by requesting an Administrative Hearing under MDHS Division of Administrative Hearings Rule 7. The request for an appeal shall be in accordance with all procedures outlined in the MDHS Division Administrative Hearings Rules. (Insert AH Manual Link) If the AAA does not wish to request an Administrative Hearing, the AAA may request an appeal to the HHS Departmental Grant Appeals Board in accordance with 45 CFR 16. (Insert Link to CFR).

C. **Withdrawal of Designation of PSA or AAA:**

For adequate reason(s), the SUA may reconfigure planning and service areas or remove the designation of an AAA from an organization serving in that capacity.

1. **Withdrawal of AAA Designation:** In carrying out section 305 of the OAA (42 U.S.C. 3025), the SUA shall withdraw the AAA whenever it, after reasonable notice and opportunity for a hearing finds that:
    a. An Area Agency does not meet OAA requirements;
    b. An Area Plan or amendment is not approved;
    c. There is substantial failure to comply with any OAA provision, or policies and procedures established and published by the SUA; or
    d. AAA activities are inconsistent with the OAA statutory mission (45 CFR 1321.5(a)).

2. **Notice of Withdrawal of AAA Designation:** The SUA shall notify the AAA Director of designation withdrawal.
    a. The notice shall be in writing on MDHS letterhead and signed by the SUA;
    b. The notice shall state the reason for withdrawal;
    c. Inform the AAA that a written response requesting a hearing is to be submitted to the Hearing Officer (See Policy 4(a)) within ten (10) days of receipt of "Notice of Withdrawal of Designation"; and
    d. Notice shall be sent to the AAA Director via email of "high importance" with "delivery receipt" and "read receipt" tracking and may be followed by mailing the original signed document via USPS.
        i. The email description shall state "IMPORTANT: NOTICE OF WITHDRAWAL OF DESIGNATION"

ii. Delivery of notice will be at the date and time the sender is notified that the recipient has read the email.

e. The SUA shall send a copy of the "Notice of Withdrawal of Designation" to the MDHS Chief Compliance Officer. The notification may be via email, so long as a PDF copy of the notification is attached to the correspondence.

3. **AAA Withdrawal of Designation Response:** If a hearing is desired, the AAA shall respond requesting a hearing within ten (10) days of receipt of the Notice of Withdrawal of Designation. This response shall:
    a. Be in writing bearing the letterhead of the AAA signed by the AAA Director;
    b. Address the contents of the Notice of Withdrawal of Designation and present arguments for any/each allegation;
    c. Include copies of all referenced attachments, statues, regulations, and policies and procedures; and
    d. Response shall be sent via email to the SUA with "delivery receipt" and "read receipt" tracking and may be followed by mailing the original signed document via USPS.
        i. The email description shall state "IMPORTANT: REQUEST FOR HEARING ON WITHDRAWAL OF DESIGNATION"
        ii. Delivery of notice will be at the date and time the sender is notified that the recipient has read the email.

4. **Withdrawal of Designation Hearing:** Upon written request of the AAA for a hearing, a hearing shall be scheduled within thirty (30) to forty-five (45) days of receipt of the Request for Hearing on Withdrawal of Designation. The hearing may be held in-person or via Microsoft TEAMS. The arguments shall be presented to the "Aging Designation Withdrawal Board", which consists of the State Unit on Aging, DAAS Director of Programs, DAAS Attorney, and Deputy Executive Director of Age-Related Programs.
    a. Hearing Officer: The Hearing Officer is an impartial decision maker who oversees the administration of a hearing.
        i. The Hearing Officer shall be designated by the SUA and shall do the following:
            1. Ensure adherence to all timelines imposed by this policy.
            2. Act as the liaison for the Aging Designation Withdrawal Board, DAAS Programmatic Director, AAA Director, AAA Program Director, and relevant staff.
            3. Act as the timekeeper of the Withdrawal of AAA Designation Hearing.
            4. Manage the record and case file.
            5. Initiate a hearing and open the hearing record.
            6. Introduce the objective and structure of the hearing, including the order of the hearing and the manner of introducing evidence at the hearing.
            7. Introduce each party and all individuals present.
            8. Direct the parties in accordance with the structure of the hearing.
            9. Adjourn the hearing once all arguments and evidence have been presented.

ii. Each party, witness, attorney, representative, or any other person shall show proper dignity, courtesy, and respect for the Hearing Officer and other participants. The Hearing Officer shall be empowered to maintain proper decorum and conduct. Remedial actions may include removing an offending participant or continuing the hearing to a later date.

iii. No party or other person directly or indirectly involved in an Agency proceeding shall submit, to the Hearing Officer, any evidence, argument, inquiry, or advice, whether written or oral, unless such submission is made part of the record in the presence of all parties.

b. Scheduling: The Hearing Officer shall contact the AAA Director to schedule the date and time of the Withdrawal of Designation Hearing.

c. Parties: The parties to the Withdrawal of Designation Hearing shall be the DAAS Programmatic Director, AAA Director, AAA Program Director, and relevant staff.

i. Attorney: If a party employs an attorney for legal assistance in this matter, the party must notify the other party within forty-eight (48) hours of employment.

1. If notice is not given, as described above, the attorney shall not participate in the hearing but may be in attendance.

d. Ex Parte Communication: Improper oral or written communication to the Hearing Officer or member(s) of the Aging Designation Withdrawal Board that is not on the record and is made without the knowledge of other parties.

e. Evidence: All relevant documentation and/or witnesses, which may be used to support the argument alleged in the Notice of Withdrawal of Designation and the Withdrawal of Designation Response.

i. Evidence must be submitted to the Hearing Officer 15 days prior to the hearing. The Hearing Officer will gather all submissions and present them to the Aging Designation Withdrawal Board for review prior to the hearing.

ii. If either party needs additional time to submit evidence, the party must make a request in writing for an extension of no more than 5 days prior to the submission deadline to the Aging Designation Withdrawal Board for consideration. The Aging Designation Withdrawal Board shall notify both parties of its decision of the requested extension within twenty-four (24) hours of its determination.

f. Hearing Time: the Withdrawal of Designation Hearing shall not exceed four (4) hours.

i. The timeline shall be as follows:

1. Presenting Argument/Opening Statements- Each party shall have fifteen (15) minutes to present its opening statement.
2. Case- Each party shall have an hour (1) to present its case and evidence
3. Closing Arguments/Final Statements- Each party shall have five (5) minutes to present its closing statements.
4. Breaks- Two (2) breaks may be given upon request of any party or participant not exceeding fifteen (15) minutes.

g. Decision: A final decision shall be delivered in writing to all parties within 5-7 business days after the closing of the Withdrawal of Designation Hearing.

5. **Appeal of Decision:** If the AAA wishes to appeal the decision of the Withdrawal of Designation Hearing, the AAA may request an Administrative Hearing under MDHS Division of Administrative Hearings Rule 7. The request for an appeal shall be in accordance with all procedures outlined in the MDHS Division Administrative Hearings Rules. (Insert AH Manual Link) If the AAA does not wish to request an Administrative Hearing, the AAA may request an appeal with the HHS Departmental Grant Appeals Board in accordance with 45 CFR 16. (Insert Link to CFR)

6. **SUA Responsibilities:** If the Mississippi State Unit on Aging withdraws an AAA's designation, the SUA shall:
    a. Provide a plan for the continuity of AAA functions and services in the affected planning and service area;
    b. Submit a State Plan amendment as set forth in 45 CFR 1321.31(b) or 1321.33; and
    **c.** Designate a new Area Agency in the planning and service area in a timely manner in accordance with 45 CFR 1321.19.

7. **Changes to Designated Planning and Service Areas:** SUA shall be responsible for designating distinct planning and service areas (PSA) within the state.
    a. Initiating PSA Changes: An PSA designation change may be initiated by the SUA or a AAA.
        i. AAA Requesting PSA Changes: A AAA at any time shall make a request to the SUA in writing for a change of a PSA.
            1. The AAA may make such a request if the AAA believes the following:
                a. The AAA is no longer able to service the current PSA due to a substantial population increase.
                b. The AAA believes that the current geographical size of the PSA designation makes it difficult to provide services to clients after making reasonable efforts to service.
            2. All requests must include evidentiary support showing the burden created by the current PSA designation.
        ii. SUA/State Agency Seeking PSA Changes: A SUA/State Agency seeking to make a change to a PSA must do in consideration of the factors listed in 45 CFR 1321.13, which are as follows:
            1. The geographical distribution of older individuals in the State;
            2. The incidence of the need for services under the OAA;
            3. The distribution of older individuals who have greatest economic need and 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 areas;
            4. The distribution of older individuals who are Native Americans residing in such areas;
            5. The distribution of resources available to provide such services under the OAA;
            6. The boundaries of existing areas within the State which were drawn for the planning or administration of services under the OAA;

7. The location of units of general-purpose local government, as defined in section 302(4) of the Act (2 U.S.C. 3022(4)), within the State; and
8. Any other relevant factors.

b. Notice to Affected Parties: If a change of PSA is initiated then notice shall be given by the SUA in writing to all AAAs affected by the change in the PSA designation, initiated by a AAA or DAAS, and all interested parties. This includes the AAAs which service the current PSA and AAA that service the surrounding PSAs.
   i. The notice shall be in writing on MDHS letterhead and signed by the SUA;
   ii. The notice shall state the reason for change of the PSA;
      1. If change was requested by a AAA for a reason stated in Policy 6(a)(i), said reason shall be stated in the notice to surrounding AAAs.
   iii. The notice shall inform the affected parties of the date, time, and location of the scheduled public hearing.
   iv. Notice shall be sent to the AAA Directors via email of "high importance" with "delivery receipt" and "read receipt" tracking and may be followed by mailing the original signed document via USPS.
      1. The email description shall state "IMPORTANT: NOTICE OF WITHDRAWAL OF DESIGNATION"
      2. Delivery of notice will be at the date and time the sender is notified that the recipient has read the email.

c. Public Hearing: When changing or designating a planning and service area, the SUA shall hold one public hearing in the affected PSA that is centrally located.

d. Notice to Interested Parties: It shall be the responsibility of the AAA designated to service the current PSA to notify all interested parties.
   i. Notice shall be given, in writing, to all service providers (including subcontractors) which provide services in the current PSA forty-five (45) days prior to the public hearing.
   ii. Notice to interested parties other than subcontractors and service providers shall be posted on the MDHS website and the website of the AAAs affected for no less than sixty (60) days prior to the public hearing.
   iii. All notices shall state the date, time, and location of the scheduled public hearing.

8. **Decision of Changes to PSA Designation**: The SUA shall make their decision as to the change in PSA within thirty (30) days of the conclusion of the public hearing. The decision shall be in writing, that explains the SUA's consideration of factors listed in Paragraph 8 (a)(ii). The SUA is to submit a State Plan amendment pursuant to 45 CFR 1321.31(b) or 45 CFR 1321.33.

9. **Appeal of Decision:** If the AAA, or an interested party, wishes to appeal the decision of the SUA regarding the change in the PSA, the AAA, or interested party, may request an Administrative Hearing under MDHS Division of Administrative Hearings Rule 7. The request for an appeal shall be in accordance with all procedures outlined in the MDHS Division Administrative Hearings Rules. (Insert AH Manual Link) If the AAA does not wish to request an Administrative Hearing, the AAA may request an appeal to the HHS Departmental Grant Appeals Board in accordance with 45 CFR 16. (Insert Link to CFR)

10. **Establishment of a New Planning and Service Area (PSA):** If a new PSA is established as a result of the decision as detailed in Paragraph 8: Decision of Changes to PSA Designation, the SUA shall designate a new Area Agency in the newly established planning and service area in a timely manner in accordance with 45 CFR 1321.19.

## Volunteers Used to Provide Programming or Services

**POLICY**
**(Reference: SUA Specific Policy)**

AAAs may use volunteers to help provide programming and services beyond what the AAA staff can perform.

For the purposes of the policies and procedures contained in this manual, volunteers are divided into several categories based on their level of contact with participants and how often they will have contact with them. Please see the chart below to determine what level of volunteering each person falls into and what makes them each level.

| Level of Volunteer | Duties of Volunteer | What AAA Needs |
|---|---|---|
| Level 1 | Volunteer at the AAA office or Senior Center and have no contact with participants (no conversations or access to their personal information). This would also include volunteers who are only volunteering for one day or one event as part of a large volunteer group (such as sorority, religious, or business groups that have a volunteer day). Drivers or riders delivering meals for only one day and not entering a participant's home would fall into this category. | Have the volunteer sign a waiver releasing the AAA/SUA of any fault in case of an accident. The waiver should also include an understanding that the volunteer will have no personal conversations with participants (saying hello and general impersonal conversation is fine) and will not have access to participant-specific information. The waiver should also include the requirement that the volunteer does not create personal relationships with participants that could be exploited when the volunteer is not performing the duties of the AAA or center. |
| (Level 2) Home-Delivered Meal Driver | Anyone delivering HDM's **regularly** (ongoing duties to deliver meals) must complete a Home-Delivered Meal Level of Contact and a completed background screening annually to determine the need for background checks and conflict of interest sheets. | AAA must complete a Home-Delivered Meal Level of Contact and a completed background check for each volunteer in Level 2.<br><br>If the volunteer meets the background check requirements, they will also be required to complete a Conflict-of-Interest form and an Identification, Remediation, or Removal form for any identified conflicts of interest.<br><br>Volunteers at this level will also be required to have annual Adult Abuse Neglect and Exploitation training to identify potential issues and know when and how to report. |

| | | |
|---|---|---|
| Level 3 | Volunteers have regular contact with participants that involves personal sharing of information, access to personal information through applications or assessments, or are assigned to personally assist participants during lunch or other activities where personal relationships can be built.<br><br>This also includes volunteers who administer support groups, make friendly visits or calls, or perform duties that require them to enter a participant's home. | AAA must have a completed background screening to screen for criminal background or other disqualifications.<br><br>They will also be required to complete a completed Conflict of Interest form and an Identification, Remediation, or Removal form for any identified conflicts on file with the center or AAA.<br><br>Volunteers at this level will also be required to have annual Adult Abuse Neglect and Exploitation training to identify potential issues and know when and how to report. |

**AAA PROCEDURE**
The AAA shall have documented each volunteer's level of volunteer on a volunteer log (this can be a paper or electronic log). All volunteers shall then have the appropriate paperwork completed and available upon request of the SUA during monitoring.

The AAA shall ensure its contractors are completing similar assessments of their volunteers and completing comparable levels of paperwork to ensure client confidentiality and safety and to avoid real or perceived conflicts of interest.

# Background Screenings

## AAA Employees

**POLICY**
The SUA and AAA shall ensure that upon hire, the agency shall use the background screening service for all employees who have access to participants' personal information. This can include obtaining personal information through conversation, completing applications or assessments, or entering the participant's home for any reason. The AAA shall establish policies and procedures that require a similar background check for all other direct care employees. The AAA shall ensure that at least every two years after hire, a background check is run again for any current staff who perform direct services and have access to personal participant information.

**SUA PROCEDURE**
The SUA shall monitor each AAA annually to ensure appropriate background screenings are completed based on the above-mentioned policies and procedures.

**AAA PROCEDURE**
The AAA shall retain documentation that it has checked background screenings upon hire and at least once every two years thereafter for all employees who have access to participant's personal information through conversation, access to personal information during application or assessments, or by entering the participants home for any reason. The AAA shall retain documentation that it has followed the policy and procedure that the AAA established for all other direct care employees.

## Contracted Service Providers

**POLICY**
The SUA and each AAA shall ensure that all contracted service providers screen for criminal background or other disqualifications of all employees who have access to participant's personal information through conversation, access to personal information during application or assessments, or by entering the participants home for any reason. This shall be done upon hire and at least every two years thereafter. The AAA shall ensure that all contracted service providers establish policies and procedures that require a background check for all other direct care employees.

**SUA PROCEDURE**
The SUA shall ensure that all contracts where the contractor shall have employees who have access to participants' personal information through conversation, access to personal information during application or assessments, or by entering the participant's home for any reason and have the appropriate level of background screening.

The SUA shall monitor each AAA annually to ensure they are completing appropriate background checks on their employees. The SUA shall also review the AAA's monitoring of its contractors to ensure the AAA is checking for the same level of background checks for its service providers.

**AAA PROCEDURE**
The AAA shall monitor its contracted service providers annually to ensure that all background screening policies and procedures are followed.

# Conflict of Interest

**POLICY**
(**Reference:** 45 CFR 1321.47)
To safeguard against conflicts of interest on the part of the SUA, employees, and agents of the State who have responsibilities relating to Title III programs, including AAAs, governing boards, advisory councils, staff, and volunteers (that meet the requirements in the chart), SUA staff, SUA contractors, AAA staff, and AAA Contractors must continually ensure no conflicts exist. Anyone who works on programs funded by or receives funding from the OAA must establish mechanisms to identify, avoid, remove, and remedy conflicts of interest in a Title III program at organizational and individual levels, including:

(1) Ensuring that SUA employees and agents administering Title III programs do not have a financial interest in a Title III program.
(2) Removing and remedying actual, perceived, or potential conflicts that arise due to an employee or agent's financial interest in a Title III program.
(3) Establishing robust monitoring and oversight, including periodic reviews, to identify conflicts of interest in a Title III program.
(4) Ensuring that no individual or member of the immediate family of an individual involved in the administration or provision of a Title III program has a conflict of interest.
(5) Requiring that other agencies that operate a Title III program have policies in place to prohibit the employment or appointment of Title III program decision-makers, staff, or volunteers (that meet the requirements in the chart) with a conflict that cannot be adequately removed or remedied.

(6) Requiring that a Title III program takes reasonable steps to suspend or remove Title III program responsibilities of an individual who has a conflict of interest, or who has an immediate family member with a conflict of interest, which cannot be adequately removed or remedied.
(7) Ensuring that no organization which provides a Title III service is subject to a conflict of interest.
(8) Prohibiting the officers, employees, or agents of the Title III program from soliciting or accepting gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value.
(9) Establishing the actions the SUA shall require a Title III program to take to remedy or remove such conflicts, as well as disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the Title III program; and
(10) Documenting conflict of interest mitigation strategies, as necessary and appropriate, when a SUA or Title III program operates under an Adult Protective Services or guardianship program.

A. Individual conflicts include:
    a. An employee, or immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity.
    b. One or more conflicts between the private interests and the official responsibilities of a person in a position of trust.
    c. One or more conflicts between competing duties; and
    d. Other conflicts of interest identified in guidance issued by the ASA and/or by SUA policies.
B. Organizational conflicts include:
    a. One or more conflicts between competing duties, programs, and/or services; and
    b. Other conflicts of interest identified in guidance issued by the ASA and/or by SUA policies.

For this policy, volunteers will be defined as those volunteers with Level 2 or Level 3 volunteer responsibilities based on the chart.

**SUA PROCEDURE**

Upon hire and annually thereafter on the first working day of the State Fiscal Year (SFY), all SUA staff who work on or oversee the work on the OAA programs shall complete the State Unit on Aging Employees Involved with the Older Americans Act (OAA) Program Individual Conflict of Interest Screening form (Attachment B). The completed form must be turned into the Director of the SUA. At a minimum, the following employees must complete the document: all DAAS Employees; all DAAS Fiscal Employees who work on the OAA Program; all Senior Management who oversee the OAA Program.

If a conflict of interest is identified, then the SUA Employees involved must complete the OAA Title III Program Individual Conflict of Interest Identification, Removal, and Remedy form (Attachment D) to ensure that the conflict is removed or remedied. If the conflict cannot be removed or remedied, the employee shall no longer be able to work on or oversee the OAA Program. The completed form must be turned into the Director of the SUA.

On the first working day of each FFY, and more often if changes occur in the management structure of DAAS, the Director of the SUA, or their designee, shall complete an Older Americans Act (OAA) Program Organizational Conflict of Interest Screening form (Attachment C). The form must be reviewed and approved by the Director of the SUA.

If a conflict of interest is identified, then the Director of the SUA shall work with the DAAS management to remove or remedy the conflict and complete the Older Americans Act (OAA) Title III Program Organizational Conflict of Interest Identification, Removal, and Remedy form (Attachment E) must be completed to ensure that the conflict is removed or remedied.

The SUA shall review a random sample of AAA Individual Conflict of Interest forms to ensure they have been completed upon hire or annually and to ensure that any identified conflict has been removed or remedied and is described on the Individual Conflict of Interest Identification, Removal or Remedy form. Additionally, AAAs must provide a copy of their Organizational Conflict of Interest form each year during program monitoring. If any conflicts are identified, the AAA shall provide a copy of the completed Organizational Conflict of Interest Identification, Remedy or Removal form. Additionally, the SUA shall review a random sample of the AAAs monitoring of their board, advisory council, volunteers (Level 2 or 3 in the chart), and contractors to ensure they have monitored each of them for the same requirements.

**AAA PROCEDURE**

The area agency must have policies and procedures regarding conflicts of interest in accordance with the OAA, guidance as set forth by the ASA, and SUA policies and procedures as set forth at 45 CFR 1321.47. These policies and procedures must safeguard against conflicts of interest on the part of the area agency, area agency employees, governing board and advisory council members, and awardees who have responsibilities relating to the area agency's grants and contracts.

Conflicts of interest policies and procedures must establish mechanisms to avoid both actual and perceived conflicts of interest and to identify, remove, and remedy any existing or potential conflicts of interest at organizational and individual levels, including:

(1) Reviewing service utilization and financial incentives to ensure agency employees, governing board and advisory council members, grantees, contractors, and other awardees who serve multiple roles, such as assessment and service delivery, are appropriately stewarding Federal resources while fostering services to enhance access to community living.
(2) Ensuring that the AAA employees and agents administering Title III programs do not have a financial interest in Title III programs.
(3) Complying with 45 CFR 1324.21 of this chapter regarding the Ombudsman program, as appropriate.
(4) Removing and remedying any actual, perceived, or potential conflict between the AAA and the AAA employee or contractor's financial interest in a Title III program.

(5) Establishing robust monitoring and oversight, including periodic reviews, to identify conflicts of interest in the Title III program.
(6) Ensuring that no individual, or member of the immediate family of an individual, involved in Title III programs has a conflict of interest.
(7) Requiring that agencies to which the area agency provides Title III funds have policies in place to prohibit the employment or appointment of Title III program decision makers, staff, or volunteers (Level 2 or 3 in the chart) with conflicts that cannot be adequately removed or remedied.
(8) Requiring that Title III programs take reasonable steps to refuse, suspend or remove Title III program responsibilities of an individual who has a conflict of interest, or who has a member of the immediate family with a conflict of interest, that cannot be adequately removed or remedied.
(9) Complying with the SUA's periodic review and identification of conflicts of the Title III program.
(10) Prohibiting the officers, employees, or agents of the Title III program from soliciting or accepting gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients,

except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value.

(11) Establishing the actions the area agency shall require Title III programs to take to remedy or remove such conflicts, as well as disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the Title III program; and

(12) Documentation of conflict-of-interest mitigation strategies, as necessary and appropriate, when operating an Adult Protective Services or guardianship program.

The AAA must develop an Individual Conflict of Interest Screening form, which must be completed upon hire and annually thereafter for employees. (See Attachment B - Individual Conflict of Interest Form as an example.) The AAA must also ensure that all AAA staff, board members, advisory council members, level 2 or 3 volunteers (based on the criteria in the chart), contractors (anyone funded by the AAA), or providers also complete the form. The AAA must develop an Individual Conflict of Interest Identification, Removal, and Remedy form to complete if any conflict is identified. (See Attachment D - Individual Conflict of Interest Identification, Removal or Remedy Form as an example.) These forms must be reviewed and approved by AAA management's signature, and a copy must be provided upon request by the SUA.

The AAA must develop an Organizational Conflict of Interest form to be completed for the AAA as a whole entity. (See Attachment C - Organizational Conflict of Interest Form as an example.) The AAA must develop an Organizational Conflict of Interest Identification, Removal, and Remedy form to complete if any conflict is identified. (See Attachment E - Organizational Conflict of Interest Identification, Removal, or Remedy Form as an example.) These forms must be completed on the first working day of each new fiscal year (July 1). These forms must be reviewed and approved by AAA management's signature, and a copy must be provided upon request by the SUA.

The AAA must ensure contractors (anyone funded by the AAA) have policies and procedures to ensure they are not operating with a conflict of interest. Contractors must complete the same level of review of their own Conflict of Interest as the AAAs (i.e., Organization, Staff, Board, Council, volunteers (Level 2 or 3 in the chart), etc.). AAAs shall review a random sample of forms from the contractors annually during monitoring to ensure that the forms have been completed and that any conflicts have been removed or remedied by the contractor as described on the Individual or Organizational Conflict of Interest Identification, Removal, and Remedy forms.

## Steven's Amendment and AAA Contract Requirements regarding Publications, Press Releases, Requests for Proposals (RFPs), and Bid Solicitations

**POLICY**

(**Reference:** Public Law 116-260, Division H, Section 505)

Both the Steven's Amendment and the AAA contract Section 12 require the AAA to disclose the percentage, the dollar amount of projects paid for with federal funds, and the percentage and dollar amount paid for with nongovernmental funds. The AAA contracts also require the AAA to reference both the contract number and the Department in any publications or press releases and obtain approval from the Department for any press releases or publications when state funds are used for the project.

For your information, we have provided a compliant example below. For more information on Steven's Amendment, you can review a Grants Management report from the United States Government Accountability Office at The Stevens Amendment Questions and Answers, PUBL260A.PS.

**SUA PROCEDURE**
During annual monitoring, the SUA shall review information submitted by the AAAs to ensure that Steven's Amendment has been followed by the AAAs. DAAS has determined that only publications that include MDHHS specific data (data regarding the number of services, population, or similar data) or the MDHHS logo need to be reviewed before publication.

**AAA PROCEDURE**
When the AAA produces publications or press releases utilizing the MDHS specific data (data regarding number of services, population, or similar data) provided or the MDHS logo, the AAA shall include the required information on the publications or press releases. Publications that include MDHS specific data or the MDHS logo should be sent to the SUA director for review before publication. However, DAAS is willing to review any publication the AAA may want to be reviewed by the SUA.

### *Compliant Example to Meet Steven's Amendment and AAA Contract Requirements*

The [project/ program] is supported by the [federal agency]. A total of $[amount], or [percentage] percent of [project/program] [is/ will be] financed with federal funds, and $[amount], or [percentage] percent [is/will be] funded by other sources. For example: Montana's Jobs for Veterans State Grant program is supported by the U.S. Department of Labor. A total of $900,000, or 90 percent, of the program is financed with federal funds, and $100,000, or 10 percent, is funded by other sources. Alternatively, if the program or project is solely financed by the Federal Government: Florida's Jobs for Veterans State Grant program is 100 percent funded by the U.S. Department of Labor through awards totaling $15,000,000. If a project or program has multiple funding sources, each award does not need to be listed separately. For example, documents or websites in many states generally describe programs for veterans that JVSG (through DOL-VETS) and the Wagner-Peyser Employment Service (through DOL-Employment and Training Administration (ETA)) fund.

## Holidays and Days Closed / Service Delivery Disruption

**POLICY**
The SUA and each AAA shall have policies and procedures that state when the offices shall be closed, how changes to the approved closed dates shall occur, how the public shall be notified of the closure of the office, and how individuals can receive information to contact help in an emergency.

**SUA PROCEDURE**
MS Department of Human Services/Division of Aging and Adult Services (MDHS/DAAS) follows the state of Mississippi holiday schedule. This information is publicly posted at Official Website of Mississippi Governor Tate Reeves. Only the governor can close state offices; he does so through press releases announcing the closures. This can occur for bad weather or emergency events, recognition of holidays (i.e., day after Thanksgiving), etc. MDHS/DAAS staff shall update their email and phone messages to state that the offices are closed and when the call or email shall be returned. Information shall be left in the voicemails and in the email autoreply about how to contact the Vulnerable Person Abuse Hotline or 911 for emergencies. The SUA will monitor these policies and procedures annually.

**AAA PROCEDURE**
Each AAA shall have a policy and procedure listing the days the office shall be closed which has been approved by their board of directors. The AAA shall post notice of the closing of the office on the main door to the office and shall post a notice on Facebook and their website (if they have them). Updates to the policies and procedures must be approved by the board of directors prior to the office closing. This can be done in formal board meetings, or informally in an emergency. (The AAA may have a general policy such as the office being closed on recognized state holidays or the office closing to the public when school is cancelled for bad weather.) The AAA shall post information with the notice of closure letting the public know to contact the Vulnerable Person Abuse Hotline or 911 in an emergency.

In addition, the AAA shall include in their policies and procedures how service disruptions shall be handled in emergency situations. This shall include informing the SUA of the closure of the AAA office or Senior Center by email, posting information on the AAA or Senior Center website or social media, and following any other normal process to ensure the public knows when the office is closed.

## Emergency Preparedness / Disaster Relief

**POLICY**
(**Reference:** 45 CFR 1321.97)
Emergency planning and preparedness for aging services is governed by both federal and state regulations, including the OAA and the Code of Federal Regulations (CFR), specifically 45 CFR Part 1321, which requires that SUAs and AAAs maintain plans for emergency preparedness. The Mississippi Emergency Management Agency maintains the State Comprehensive Emergency Management Plan in accordance with Mississippi Code Annotated Section 33 Chapter 15.

**SUA PROCEDURE**
The SUA will follow the Mississippi Emergency Management Agency maintains the State Comprehensive Emergency Management Plan in accordance Mississippi Code Annotated Section 33 Chapter 15.

**Coordination with Stakeholders:** The SUA shall coordinate emergency response activities with AAAs, service providers, local emergency response agencies, relief organizations, local governments, and State agencies responsible for emergency and disaster preparedness.

Oversight of AAAs is identified as a critical function of the SUA during emergencies and disasters. The SUA shall follow a detailed communication protocol outlining when and how to communicate with AAAs, as well as the information to be exchanged.

**Plan Development and Updates:** The SUA shall incorporate emergency and disaster preparedness into its COOP.

**Leadership Involvement:** The involvement of the MDHS Executive Director in the emergency and disaster preparedness plans is outlined in the COOP Plan. The Executive Director is the lead individual responsible for carrying out the COOP Plan.

**AAA PROCEDURE**

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 the 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 meetings 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 that 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 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 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 needs 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 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 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 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 developed, appropriateness of additional available resources, and need to advocate for additional resources.

**Recovery & Evaluation:**

Recovery involves sustained 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 organizations, following response and recovery phases. Evaluation results will drive improvement of 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 the 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 expending Older Americans ACT or state funds on this service;
- Assistance will by case by case and case managers acting as disaster assistance advocates to older persons in the DAC in 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 realistic estimates of losses incurred;
- Legal services, only when 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 indicate 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 documents for any reimbursement).
- Enclose the billing documentation, such as paid bills and invoices, with the narrative for each category of service provided (if all information is not included, there will be no reimbursement for services).
- Attach a description of the cause and scope of the disaster.
- Attach the certificate of non-duplication of services provided by the FEMA office.

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

## Grievance Procedures

**POLICY**
(**Reference:** 45 CFR 1321.9(b)(1)(viii))
The Older Americans Act (OAA) requires Area Agencies on Aging (AAA) to provide grievance procedures for older individuals and persons with disabilities who are dissatisfied with or denied services. Further, the OAA requires the State Unit on Aging to issue guidelines to AAAs regarding grievance procedures.

This grievance procedure provides guidance to AAAs in developing and implementing policies and procedures for handling grievances of individuals who are dissatisfied with or denied services. AAAs and providers will ensure that all program participants are informed of their right to file a grievance and of the process to be used at the time of application for services and upon admission to services.

Any written materials provided to applicants/recipients are to be concise, in sufficiently large print (14-point font or larger) for ease in reading, and in language the individuals/recipients use and best understand. Unless specific circumstances suggest otherwise, materials should be written at an 8th grade reading level.

See Attachment G for Grievance Form.

**SCOPE**
Redress of grievances will be available to all applicants and recipients of services provided through all non-Medicaid fund sources administered by the AAA.

A consumer can file a complaint for any action or inaction that AAA and the AAA's contracted service providers may take. The AAA will establish formal written procedures for handling complaints within its network.

However, only adverse actions, defined as the denial, reduction, or termination of services, are subject to appeal. Examples of adverse actions include, but are not limited to:

**Denial:**

- A decision that the applicant is not eligible for a program or service.
- A decision not to provide initial or additional services.

Note: The Division does not interpret the placement of individuals for service into waiting list status as a denial of service.

**Reduction:**

- A decision that results in diminished amount, extent, or number of services, excluding changes in service providers and/or funding streams when the same level of service(s) provided to the consumer is maintained.

**Termination:**

- A decision that a consumer is no longer eligible for a program.
- A decision following a service suspension brought about by an unsafe situation for agency or direct provider staff that a consumer cannot or will not resolve within a reasonable established time frame.

The following actions are not subject to appeal:

1. An applicant is placed on a waiting list when services cannot be provided due to insufficient funding.
2. A consumer is terminated due to non-payment of cost share, ensuring that Older Americans Act guidelines are followed.

**CONCEPT OF DUE PROCESS**

Due process entails the implementation of specific procedures designed to safeguard the legal rights of individuals and to assure maximum fairness in decision making.
Grievance and complaint policies and procedures will assure older adults, persons with disabilities, and their families that their concerns will be considered in a fair and timely manner, regardless of the ultimate legitimacy of the claim.

**INDIVIDUALS' RIGHTS IN FILING A GRIEVANCE OR COMPLAINT**

Individuals in non-Medicaid home and community-based services that are funded in part or in whole by OAA and other federal and state funds have the right to file grievances or complaints regarding specific actions or activities affecting their participation in the program or the conduct of the program as it relates to all individuals at a given site or location without fear of reprisal.

The applicant/recipient has the right to be represented by a friend, advocate, or attorney, at his/her own expense.

Prior to a grievance hearing, the individual and his/her chosen representative may request access to information regarding the service case, including individual records, intake and screening forms, eligibility determination forms, or any other documentation that was used to make the decision regarding denial, reduction, suspension, or termination of services.

**PRESENTATION OF THE GRIEVANCE**

An authorized representative, including a caregiver, may present a grievance on behalf of an individual. If the individual chooses this option, s/he shall accompany the representative to every meeting at which the complaint is discussed, unless the individual is so functionally impaired that s/he cannot reasonably attend or participate in a meaningful way. If necessary, the meeting will be held in the individual's home if his/her condition limits mobility outside the home.

**RESOLUTION**

Every effort will be made to resolve grievances at the lowest level of authority to avoid the ineffective use of staff time, time, and resources of the individual, and burdensome documentation. Grievances will be directed as appropriate to the situation to the following authorities in the order indicated:

1. Site Manager or Director or Case Manager
2. Program Director or Project Director
3. Agency Director of the subcontract agency
4. Area Agency on Aging Director

Once a grievance reaches the AAA level, the AAA is encouraged to select one or more impartial reviewers who have not been directly involved in the initial determination of the adverse action to participate in the review of the appeal. The decision of the AAA shall be the final decision.

**ADDITIONAL REDRESS**

This policy does not remove the right of the individual to pursue other avenues of redress, such as filing with the Office of Civil Rights of the U.S. Department of Health and Human Services.

**TIME FRAMES FOR FILING**

Grievances must be filed within thirty calendar (30) days of the action that is the basis of the grievance or upon thirty calendar (30) days of receipt of notification of the action, which is the basis of the grievance, whichever is later. A waiver or extension of the time frame to file a grievance may be requested based upon proving good cause, including but not limited to serious illness, hospitalization, or other reasonable extenuating circumstances.

**FORMS AND CONTENT OF GRIEVANCES**

Individuals may file grievances orally or in writing and must state in sufficient detail the basis for the complaint and the reasons the individual objects to the action or circumstances in question. See Attachment G for Grievance Form. AAAs and providers shall supply a written outline to prepare for the oral filing to assure the coverage of the following points:

1. The notice, document, policy, situation, or event that is the reason for the complaint.
2. Significant dates pertaining to the complaint.
3. The names of organizations and individuals involved.
4. Reference to any provision of the Older Americans Act or other laws, regulations, or policies believed to have been violated by site management, subcontract agency, or AAA.
5. The action or decision desired by the individual to resolve the issue.

**DISPOSITION OF GRIEVANCES**

The following timeline and process will be followed to ensure prompt and thorough resolution of grievances:

1. The responsible authority will investigate the grievance, make any changes necessary to attempt to resolve the grievance, and notify the individual(s) of the resolution in writing within thirty (30) calendar days of receipt of the written grievance.
2. If the Manager's or Service Provider Director's response is not satisfactory to the individual, the individual may forward the matter for further consideration to the next higher authority. Such intent must be received by the Manager/Director within ten (10) calendar days of the date of the written response to the grievance.
3. At each level at which the grievance/complaint is not resolved, the individual must notify the agency representative (orally or in writing) of the desire for a continuing grievance action within ten (10) calendar days of the date of the most recent written response to the grievance action. The agency representative will develop a memorandum detailing the circumstances of the grievance, attach all pertinent documentation regarding the findings and actions taken at the level of authority and forward it to the next level with a request for a meeting of the parties concerned with the issue. Each level of authority must attempt to resolve the grievance and notify the individual within thirty (30) calendar days of the receipt of the individual's request.
4. An individual may withdraw a grievance at any time. Failure by an individual to comply with required time frames will be considered withdrawal of a grievance unless compliance with time frames creates a hardship for the individual.
5. When the grievance is resolved, all parties will provide joint written notification of having reached agreement with each level of authority involved.

**MITIGATION OF GRIEVANCES AND COMPLAINTS**

The AAA will assure that each individual or recipient of services is notified of his/her right to file a grievance/complaint, and that reasonable attempts are made to resolve them at the lowest level of authority possible.

The following actions are suggested to mitigate the quantity and/or duration of grievances and complaints:

1. Ensure that all staff, especially staff having direct contact with a consumer either by telephone or in person, are trained in DAAS and agency policies and procedures. Focus should be made on policies related to eligibility, individual prioritization, screening and assessment, and aspects of service delivery.
2. Ensure that all staff who have responsibility for screening and/or assessing individuals and recipients are thoroughly trained and, when applicable, certified to administer the required assessment instruments.
3. Ensure that all staff who have direct contact with a consumer, either by telephone or in person, are trained in proper documentation techniques.
4. Ensure that staff who have responsibility for any part of determining eligibility or appropriateness for services are trained in how to match specific domains of assessments to service needs and goals of consumers.
5. Ensure that all staff who have direct contact with a consumer either by telephone or in person are trained in customer service, with attention to methods for communicating policy to consumers in a clear, concise, and understandable manner.
6. Provide a robust quality assurance program to identify areas for improvement and additional training in the topics listed above and other topics identified by the AAA.

**REVIEW OF RESOLUTION AND APPEAL LOGS**

The AAA will develop a process for internal review of the procedures used in resolving each grievance/complaint to determine whether the local authorities at all levels adhered to the process and correctly followed the prescribed steps. If necessary, the AAA will implement corrective action plans to ensure compliance with grievance policy and protocols.

The AAA will maintain logs of all actions for which appeals or grievances were filed within its network that include, at a minimum:

1. Date of appeal or grievance
2. Name of person filing appeal
3. Summary of findings
4. Resolution of appeal or grievance
5. Date of resolution

The Appeal Logs shall be made available upon request to the Division for quality assurance or monitoring purposes.

## Title III and Title VI Coordination

**POLICY**

The Older Americans Act establishes legal obligations for state units on aging, AAAs, and service providers to serve American Indians throughout Mississippi. Further, the OAA requires state units on aging, AAAs, service providers, and Title VI grantees to coordinate programs under Title III and under Title VI; and have policies and procedures in place to identify the following:

1. How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;
2. The communication opportunities the State agency will make available to Title VI programs, including technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
3. The methods for collaboration on sharing of program information and changes, including coordinating with area agencies and service providers where applicable;
4. How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
5. How services will be provided in a culturally appropriate and trauma-informed manner; and
6. Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in §1321.63.
7. Coordination needs to occur between AAAs and Title VI grantees in their PSA as well as for AAAs to serve American Indian elders living in their respective PSAs who are unaffiliated with a Tribal nation in Mississippi. The goal of meaningful coordination is providing access to services and avoiding duplication of services.

**SUA PROCEDURES**

1. SUA will work through its Mississippi Band of Choctaw Indians Administration as part of ongoing Tribal consultation to promote active opportunities for communication and collaboration with Title VI grantees related to Title III and other funding opportunities as well as key meetings, presentations, workgroups, or public hearings occurring in their geographic area.
2. SUA will facilitate communication opportunities, including meetings, email distribution lists, presentations, and public hearings, to support Title VI programs.
3. SUA will collaborate with the Mississippi Band of Choctaw Indians in the sharing of program information and changes, including coordination with area agencies on aging and service providers.
4. SUA will establish a referral process for Title VI programs to connect eligible individuals with Title III and/or VII services.
5. SUA will ensure services are provided in a culturally appropriate and trauma-informed manner.
6. SUA will provide opportunities for Title VI program representatives to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as outlined in § 1321.63.
7. SUA will ensure outreach to Tribal elders and family caregivers regarding services available under Title III and/or VII.
8. SUA will provide communication opportunities for Title VI programs, including access to Title III and other funding opportunities.
9. SUA will offer technical assistance to Title VI programs on how to apply for funding and navigate program requirements when funding opportunities are identified.
10. SUA will ensure that all coordination efforts comply with the Older Americans Act requirements and will regularly review and update this policy to reflect best practices in serving Tribal elders and family caregivers.
11. SUA shall monitor and evaluate the effectiveness of coordination efforts through:
    a. Regular reports on collaboration activities.
    b. Feedback from the Mississippi Band of Choctaw Indians program representatives.
    c. Ongoing consultation with area agencies and service providers to enhance service delivery.

**AAA PROCEDURES**

1. The AAA shall implement this policy in compliance with sections 306(a)(11)(B) and 307(a)(21)(A) of the Older Americans Act (42 U.S.C. 3026(a)(11)(B) and 3027(a)(21)(A)). AAA staff will be responsible for:
    a. Ensuring adherence to this policy in all programmatic activities.
    b. Providing training on culturally responsive service delivery.
    c. Regularly reviewing and updating coordination efforts to align with best practices.
2. AAAs are strongly encouraged to work through SUA' Title III Coordinator to connect with organizations serving American Indian elders across Mississippi as well as with the Title VI grantees.
3. AAAs shall annually provide Title VI grantees with the names and contact information for service providers Title III services, as well as a description of those services, in order to assist with referrals for individuals who are eligible for Title II and/or VII services. AAAs operating in PSAs with larger population centers must also share this same information with representatives of Tribal urban offices, regardless of whether the Tribe managing the urban office is also a Title VI grantee.
4. AAAs shall share staff contact information annually with Title VI grantees located in their PSA to help keep up-to-date on key staff contacts. AAAs operating in PSAs with larger population centers shall also share staff contact information with representatives of Tribal urban offices, regardless of whether the Tribe managing the urban office is also a Title VI grantee.
5. AAAs are strongly encouraged to invite Title VI grantee representatives to serve on advisory councils, governing boards, and any special committees or workgroups.
6. AAAs are strongly encouraged to meet with the Title VI grantees in their PSA at least annually to share information about programs, services, and future plans. AAAs are encouraged to include service provider representatives in these meetings and solicit input about how to make services more culturally responsive, and trauma informed.
7. AAAs shall invite Title VI grantees to participate in caregiver consultation training at no cost.
8. The AAA shall conduct periodic reviews of collaboration activities, gather feedback from Title VI program representatives and service recipients, and adjust policies and procedures based on identified needs and program performance to assess the effectiveness of coordination efforts

## Mississippi AAA Advisory Council Policy:

**Policy Statement**

Each Agency on Aging (AAA) shall establish an active, functioning, engaged, and qualified Aging Advisory Council (AAC) of individuals who will enhance the leadership role of the AAA. The AAC shall carry out advisory functions that further the AAA's mission of developing and coordinating community-based systems of services for all older adults in the planning and service area.

The AAC shall be comprised of residents of the planning and service area including:

1. More than 50 percent older adults;
2. Minority persons and older adults residing in rural areas who participate in or who are eligible to participate in programs under the area plan;
3. Family caregivers;
4. Representatives of the business community, including providers of services;

5. Representatives of older adults;
6. Representatives of health care organizations, including veterans' health care;
7. Persons with leadership experience in the private and voluntary sector;
8. Individuals with disabilities;
9. Local elected officials;
10. The general public; and
11. As available:
    a. Representatives from Title VI grantees, or other tribal organizations; and
    b. Older relative caregivers, including kin and grandparent caregivers to children or caregivers, including parents, age 55+ of adults age 18 to 59 with a disability.

The AAC has no decision-making authority and shall not act as a board of directors for the AAA. Except as described below, individuals may not serve on both the advisory council and the board of directors for the same AAA.

AAAs which are part of Councils of Government may have individuals who serve on both the advisory council and board of directors if their bylaws require it; however, even in these instances, the membership of the advisory council must differ from the board of directors to the greatest extent possible.

To avoid a conflict of interest, AAA, COG staff and/or board members, and provider staff shall not serve as voting members on the AAC.

To clarify, the advisory council is required to function as a separate body from the AAA's governing body. The governing body is responsible for making funding decisions and other matters related to AAA leadership. In contrast, the advisory council is responsible for providing local feedback from the community to assist the governing body's leadership in developing, administering, and operating the area plan on aging.

The AAC carries out advisory functions that further the AAA mission. The AAC shall advise the AAA relative to:

- Matters relating to the development of the Area Plan;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Conducting public hearings.

In addition, the AAC shall represent the interests of older adults by reviewing and commenting on policies, programs, and actions in the AAA that affect older adults with the intent of assuring maximum coordination and responsiveness to older adults.

The bylaws for each AAC shall specify the roles and functions, number of members, procedures for selection of members, term of membership, and the frequency of meetings. AAC meetings shall be held at least quarterly.

**SUA Procedure**

During the course of Area Plan Updates, the SUA will ensure AAC meetings are being held as required and that all documents (bylaws, minutes) are publicly available. Additionally, SUA will ensure the representation on the AAC meets the minimum requirements.

Where applicable, such as the Family Caregiver Support Program, Program Manager will ensure during monitoring that such a member is represented.

**AAA Procedure**

Through its Area Plan, the AAA shall provide the Department on Aging information on how advisory council members are selected, appointed, or elected; the established terms of office; and AAC by-laws.

The AAC shall have the opportunity to review the Area Plan before public hearings on the plan, and again prior to final submission of the plan to the Department on Aging.

The AAA shall develop written protocols and make public on its website the bylaws of the AAC. The AAA shall make AAC meeting agendas and minutes available to the Department on Aging when requested. The AAA shall provide any staff assistance required by the AAC and Board of Directors, as applicable.

AAC meeting minutes shall be available to the public on the AAA's website within 30 days of meetings.

## MS DAAS: Advisory Council Composition, Including Conflict of Interest and Background Screening

(**Reference:** 45 CFR 1321.63(b) and 45 CFR 1321.63(d))

Each AAA Advisory Council shall:

a. **Serve strictly in an advisory capacity** and shall not exercise administrative, fiscal, or programmatic decision-making authority, nor act as a governing board.

b. Function as a **separate and distinct body from the AAA governing board**, with clearly defined and non-overlapping roles. The governing board retains responsibility for funding decisions and organizational oversight, while the advisory council provides community input and guidance.

c. Be composed of residents of the planning and service area and reflect the diversity of the population served. Membership shall include, at a minimum:

- More than 50 percent older adults;
- Minority individuals and older adults residing in rural areas;
- Family caregivers;
- Representatives of older adults;
- Representatives of health care organizations;
- Individuals with leadership experience in the private or voluntary sectors;
- Individuals with disabilities;
- Representatives of the business community, including service providers;
- Local elected officials;

- Members of the general public; and
- As available: representatives of tribal organizations or Title VI programs and older relative caregivers.

d. **Avoid conflicts of interest in membership composition**, including:

- Prohibiting AAA staff, governing board members, and service provider staff from serving as voting members of the Advisory Council;
- Ensuring that individuals do not serve simultaneously on both the governing board and advisory council, except where required by organizational bylaws (e.g., Councils of Government), and in such cases, membership overlap must be minimized to the greatest extent possible; and
- Requiring all advisory council members to comply with applicable conflict of interest standards outlined in this policy.

e. Advise the AAA on:

- Development, administration, and operation of the Area Plan;
- Conduct of public hearings; and
- Policies, programs, and activities affecting older adults to ensure responsiveness to community needs.

f. Provide a formal mechanism for representing the interests of older adults by reviewing and commenting on AAA activities and ensuring coordination of services.

g. Operate under written bylaws that specify roles and responsibilities, membership composition, selection procedures, terms, and meeting frequency. Advisory Council meetings shall be held at least quarterly.

h. Maintain transparency by ensuring meeting agendas and minutes are publicly available within a reasonable timeframe.

**SUA PROCEDURE**

The SUA shall review the composition of each AAA's advisory council as part of annual area plan updates and annual monitoring. During annual monitoring, the SUA shall

- Review the most up-to-date Area Plan from the SFY that is being monitored to determine if the advisory council meets composition requirements.
- Review the most up-to-date Area Plan from the SFY that is being monitored to ensure that no individuals are included as members of the advisory council and the board of directors.
- Review conflict of interest screenings to confirm that if any conflicts of interest were identified, they were removed or remedied. For example, if an advisory council member is a contracted service provider, that member would not vote or provide opinions on topics that may financially benefit the member.
- Review submitted documentation and the AAA's answers to monitoring questions related to advisory council composition, conflict of interest, and background screening.

**AAA PROCEDURE**

Each AAA shall gather information about the composition of its current advisory council. This information shall be submitted as part of Area Plan Attachment B. The AAA shall ensure that the Area Plan is updated at least annually to indicate any changes to the composition of the advisory council. If the composition of the advisory council does not meet the requirements of 45 CFR 1321.63(b), the AAA shall provide a plan to remedy the deficiencies during annual monitoring. This plan can include documentation of recruitment efforts, a narrative explanation of how the AAA will work to improve the composition of the advisory council, or other explanation/documentation of effort.

Upon joining the Advisory Council, and annually thereafter, each member shall complete an Individual Conflict of Interest Screening. If any conflict is found, the member must complete an Individual Conflict of Interest Identification, Removal, or Remedy. If the conflict identified cannot be removed or remedied, the individual should not serve on the Advisory Council. (See Attachments B and D for examples of an Individual Conflict of Interest Screening and an Individual Conflict of Interest Identification, Removal or Remedy forms.)

AAA policies and procedures **or** advisory council bylaws shall address background screening for members of the AAA advisory council.

## Confidentiality and Disclosure of Information

**POLICY**
**(Reference:** 45 CFR 1321.75**)**
The SUA and each AAA shall have procedures to protect the confidentiality of information about older adults and family caregivers collected in the conduct of their responsibilities. The procedures shall ensure that no information about an older adult or family caregiver, or obtained from an older adult or family caregiver by a service provider, the SUA, or the AAA, is disclosed by the provider or agency in a form that identifies the person without the informed consent of the person or their legal representative unless the disclosure is required by law or court order, or for program monitoring and evaluation by authorized Federal, State, or local monitoring agencies. No procedures shall require a provider of long-term care ombudsman services to reveal any information that is protected by disclosure provisions in 45 CFR 1324, subpart A. No procedures shall require a provider of legal assistance to reveal any information that is protected by attorney-client privilege.

**SUA PROCEDURE**
The SUA shall follow the MDHS policy as it relates to confidentiality. These policies and procedures comply with all applicable State and Federal laws for the collection, use, and exchange of personally identifiable information and personal health information.

The SUA shall monitor each AAA annually to ensure that appropriate policies and procedures related to confidentiality and disclosure of information are in place. Before each year's monitoring, the SUA shall provide the AAAs with a list of the required policies and procedures to be monitored.

**AAA PROCEDURE**
Each AAA shall establish and implement policies and procedures for ensuring the confidentiality of and appropriate disclosure of information about older adults and family caregivers collected in the conduct of

the AAA's responsibilities. This includes information collected by the AAA's contracted service providers. Policies and procedures shall include confidentiality and appropriate disclosure for all personally identifiable participant information.

The AAA shall submit its policies and procedures related to confidentiality and disclosure of information to the SUA as part of annual monitoring.

## Release of Records (i.e., Public Record Requests)

**POLICY**
**(Reference:** Miss. Code Ann. Sections 25-41-1-17, Miss. Code Ann. Sections 25-59-1-31, Miss. Code Ann. Sections 25-61-1-19, Miss. Code Ann. Sections 25-62-1-9, and 2 CFR 200.337**)**
A public record request is a request for a specific public record that is in existence at the time of the request. Like other state and local public governmental bodies, the DAAS is subject to Mississippi's Open Meetings and Public Records Acts.

**SUA PROCEDURE**
Under the Open Meeting and Public Records Acts and other state laws and regulations, the DAAS' policy is to carry out its mission with full transparency to the public unless otherwise required by law. State and federal laws and regulations determine what DAAS may provide, and whether any information in the records must be redacted or edited to keep protected information confidential. All public records requests must go through the Public Records Request process by entering the requested information into the fillable form at Public-Records-Request-Form.pdf.

**AAA PROCEDURE**
Each AAA shall develop a policy and procedure for the release of records. AAAs shall ensure compliance with the Open Meetings and Public Records Acts, if applicable, and other applicable laws listed above. AAAs shall work with their legal representatives to determine if they fall under the requirements of the Open Meetings and Public Records Acts or not.

## Participant Reprimand for Unruly Behavior

**POLICY**
**(Reference:** SUA Specific Policy**)**
Each AAA and contracted senior center shall have a written client reprimand policy that outlines the steps that the AAA or its center shall take to remedy the situation up to and including revoking the participant's privilege of attending activities in the office or center. However, under no circumstances should a participant be denied services based on sex, religion or religious beliefs, race or color, age, national origin or Status of Citizenship, veteran status, or disability status.

**SUA PROCEDURE**
Annually, the SUA shall review the AAA policy during monitoring and shall review the documentation for any participants that have been denied entry to the AAA or the senior center and the reasonable efforts made by the AAA to provide information and referrals for the older adult or caregiver to keep them safe and healthy. The documentation for any participants who have been denied entry to the AAA or the senior center, as well as any other information requested by the SUA, shall be provided upon request.

**AAA PROCEDURE**
Each AAA and contracted senior center must follow its written policy when dealing with a difficult participant. Participants may only be denied entry to the AAA or a senior center if the AAA or center has a written policy allowing them to do so. The AAA shall make all reasonable efforts to provide services outside of the AAA or Senior Center to ensure that older adults or caregivers receive the information or referrals they need to remain safe and healthy. In severe cases, the AAA may permanently ban an eligible participant from receiving services if their policies and procedures allow. However, the AAA shall make all necessary referrals to help meet as many needs as possible for the participant.

## Training on Abuse, Neglect, and Exploitation

**POLICY**
**(Reference:** Older Americans Act Section 721**)**
The SUA and each AAA shall have policies and procedures which require their staff to take annual training on recognizing Abuse, Neglect, and Exploitation of Adults and how to report suspected abuse to Vulnerable Person Abuse Hotline.

**SUA PROCEDURE**
Each year, SUA staff must take the required Vulnerable Person Abuse training presented by Mississippi Adult Protective Services.

**AAA PROCEDURE**
Each AAA must require annual training for its staff to be able to recognize abuse, neglect, and exploitation of vulnerable persons and the process for reporting suspected abuse to the Vulnerable Person Abuse Hotline. If a AAA volunteer is a Level 2 or Level 3 Volunteer, the volunteer also needs annual training to be able to recognize abuse, neglect, and exploitation of adults and the process for reporting suspected abuse to the Vulnerable Person Abuse Hotline.

# *Data and Reports*

## State Program Report (SPR) and Nutrition Services Incentive Program (NSIP) Data (1321.37(b) and 1321.9(b))

**POLICY**
**(Reference:** 45 CFR 1321.9**)**
The AAAs shall provide SPR and NSIP data in a timely manner, so the SUA can submit the statewide SPR and NSIP data to ACL in accordance with requirements.

**SUA PROCEDURE**
The SUA shall review all AAA SPR and NSIP data submitted in the Older Americans Act Performance System (OAAPS). Once all SPR and NSIP data have been reviewed and approved, SUA staff shall create the state-level data rollup.

The SUA shall generate variances for statewide SPR and NSIP data, enter variance explanations at the statewide level, and mark the variance explanations complete. The SUA shall then submit the statewide SPR and NSIP data in OAAPS for ACL's review.

**AAA PROCEDURE**
By December 15th of each year, each AAA shall review, verify, and validate SPR and NSIP data in OAAPS. Once SPR and NSIP data has been validated, this shall include reviewing each section for errors and warnings and correcting any errors and warnings, each AAA shall then generate variances for SPR data and NSIP data, enter in variance explanations, and mark explanations as complete. Finally, each AAA shall submit SPR and NSIP data to OAAPS by December 15 of each year for review by SUA staff. This data shall include persons served, demographic information, and units that align with statewide standards based on the requirements in OAAPS.

Before uploading the data in OAAPS, each AAA shall:

- Ensure that all units entered into WellSky, or any other data system the AAAs are using to track data, are correct for the FFY reporting period.

## Service Data

**POLICY**
**(Reference:** 45 CFR 1321.9**)**
The AAAs shall ensure that service providers maintain documentation supporting services delivered. Each AAA shall input data into WellSky, or any other system the AAAs are using to track data, in accordance with statewide naming conventions and service definitions. These naming conventions and service definitions shall be in alignment with the requirements for the SPR.

**SUA PROCEDURE**
During annual monitoring, the SUA shall compare the information submitted into WellSky, or any other database the AAA is using to ensure that the units entered match the units reported on the Monthly Expenditure Report in Smartsheet.

**AAA PROCEDURE**
The AAA shall ensure that staff correctly enter information into the AAAs data system in alignment with the statewide naming conventions and service definitions. The AAA shall ensure that the information submitted to the SUA matches the expenditures reported in Smartsheet.

# *Fiscal Related Administration*

## Spend Plan

**POLICY**
All subgrants under Title III, Title VII, and the NSIP program are required to budget expenditures based on a fifteen (15) month period. Please note the following important guidelines regarding the management of these funds:

1. Detailed Budget Narratives:

As part of the "Defend the Spend" initiative, we are required to provide a detailed account of every dollar spent when drawing down federal funding. Moving forward, it is critical that your budget narrative is

precisely aligned with the approved budget and planned activities. This alignment is especially crucial when requesting additional funds or responding to inquiries from the State Unit on Aging (SUA).

2. Expenditure Deadline and Required Submissions:

If any funds are not fully expended within the fifteen (15) month period, the following documentation must be submitted for approval:

- **Justification: A detailed explanation of why funds have not been expended, including all barriers that may have hindered spending (see attached).**
- **Spend Plan: A comprehensive plan outlining how the remaining funds will be expended before the end date of August 15, 2025 (see attached).**

3. First-In, First-Out (FIFO) Budgeting Method:

**Please begin using the First-In, First-Out (FIFO) method when budgeting federal funds. This practice ensures that allocated funds are expended in the order they were received, helping prevent any unspent funds from being carried over unnecessarily. This method will also minimize the need for the SUA to decrease future allocations due to unexpended funds.**

4. Required Documentation for Review:

To ensure compliance and facilitate the review process, you must maintain and provide the following documentation:

- **General Ledger and Chart of Accounts: These documents should clearly demonstrate that costs are tracked separately by grant award. They will also help verify that all obligations and expenditures fall within the designated project period of the respective award.**
- **Timesheet Samples: Timesheets should reflect actual personnel costs, not just budgeted amounts. As personnel may work on multiple projects, timesheets must allow employees to allocate their time by project code.**
- **Policies and Procedures: Ensure that internal controls are in place and that the work under the subaward adheres to your organization's policies and procedures, including those related to personnel and subaward management.**

5. Review of Expenditures for One-Year Subgrants:

**For one-year subgrants, expenditure percentages will be reviewed at the six (6) month mark. If expenditures are below fifty percent (50%) of the budget, Area Agencies on Aging (AAA) will be required to submit a detailed Spend Plan for approval, outlining how the remaining funds will be spent.**

6. Approval Process: Justification and Spend Plan requested from AAA.
   - The Justification and Spend Plan required to be submitted to DAAS Program Staff within seven business days.
   - DAAS Program Staff will provide Approval Status within three business days.
     - If approved, continue to operate following the Approved Spend Plan.
     - If not approved, a Revised Spend Plan will be required to be submitted to DAAS Program Staff within three business days.
     - DAAS Program Staff will provide Approval Status of Revised Spend Plan within three business days.
       - If the Revised Spend Plan is approved, continue to operate following the Approved Spend Plan.

- If the Revised Spend Plan is not approved, remaining funds will need to be returned to MDHS via Subgrant Amendment within five business days for redistribution.

## Expenditure of Personal Funds for Federal/State Funded Programs Administered By SUA

**POLICY**
The SUA may ensure ethical expenditure of state/federal funds disbursed by the Department. The use of personal funds to pay for OAA and state/federal funds disbursed by the Department may cause issue when reimbursements must be given, as there may be a perceived perception of misappropriated or illegal use of funds. The SUA prohibits the use of personal credit cards, debit cards, bank cards, personal checks, cashier's checks funded by personal accounts, or any use of personal funds by any means to pay for OAA funded or federal/state funded programs administered by the SUA. The SUA encourages that all AAAs procure and use company credit cards and payment methods to avoid the use of employees/staffs' personal funds or credit cards to pay for state/federally funded programs administered by the SUA. AAAs may use personal funds to pay for travel expenses, such as milage and meals, in association with the administration of or training for state/federally funded programs.

**SUA Procedure**
The SUA must be alerted immediately if AAA's staff/employees use personal funds or credit cards to pay for state/federal funded programs. SUA shall alert the Office of Compliance to review expenditures and determine if reimbursement of funds to the employee/staff is allowable.

**AAA Procedure**
The AAA shall establish fiscal policies and procedures to prevent the use of staff/employees' personal funds for the provision and/or payment of state/federally funded programs, which shall be in accordance with all other fiscal policies and procedures established by the AAA.

## Internal Controls

**POLICY**
**(Reference:** 2 CFR 200.303**)**
The non-Federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should comply with the guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States.

**SUA PROCEDURE**
The SUA shall follow the MDHS Office of Compliance, Internal Audit, and MDHS Office of the Inspector General Internal Control Plan.

The SUA shall review the AAA's Internal Control Policy and Procedure as part of annual programmatic monitoring. The SUA shall review monitoring documents demonstrating that each AAA monitors its contracted service providers for internal controls.

**AAA PROCEDURE**
Each AAA shall have an internal control policy and procedure in accordance with 2 CFR 200.303 and submit the policy and procedure for review as part of annual programmatic monitoring.

Each AAA shall require any contracted service providers to have an internal control policy and procedure in accordance with 2 CFR 200.303. Each AAA shall review the internal control policy and procedure for all contracted service providers as part of annual programmatic monitoring.

## Cost Sharing

**POLICY**
**(Reference:** 45 CFR 1321.9(a)(xi)**)**
The State of Mississippi **does not allow** cost sharing for any OAA Funding or general revenue funded programs or services.

**SUA PROCEDURE**
The SUA will deny any request to allow cost-sharing and will annually monitor to ensure that the AAAs and their service providers are not asking participants to pay for any service.

## Program Income

**POLICY**
**(Reference:** 45 CFR 1321.9(xii)**)**

### *Mississippi Definition of Program Income*

45 CFR 1321.3 defines program income as "gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees, and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 35 U.S.C. 200-212 (which applies to inventions made under Federal awards)." In Mississippi, since state funds are required to meet the same criteria and are co-mingled with federal funds, all general revenue and Social Service Block Grant funding received by the AAAs for OAA Services have the same requirements as federal OAA funds. ***For questions about whether something is or is not program income, contact the SUA by email at aging.magicclaims@mdhs.ms.gov.***

**SUA PROCEDURE**
During annual monitoring, the SUA will review program income to ensure that the AAA has correctly collected and applied program income as required in these policies and procedures. This includes program income received directly by the AAA or program income received by contacted service providers.

For AAA contracted service providers, the SUA will review the AAAs monitoring of the provider to ensure that they are also ensuring the provider is collecting and applying program income correctly.

**AAA PROCEDURE**

AAA shall ensure that program income is being collected and applied according to these policies and procedures. When the AAA collects program income directly, they shall ensure correct application of the funds back into the program. When the AAA's contractor collects program income, the AAA shall ensure through fiscal review and monitoring that the contractor is collecting and applying program income according to these policies and procedures.

### *Determining Program Income Versus Non-Program Income*

The easiest way to determine if something is program income is to determine if the income was earned due to federal or state awards. Examples of Program Income include, but are not limited to:

- OAA participant monetary contributions or donations
    - Monetary donations or SNAP benefits given by an OAA participant, regardless of what the non-federal entity calls it. This includes contributions larger than the cost of the services the participant receives. (For example, a participant may receive 10 meals a month at an actual cost to the center of $100. The participant decides to donate $150 even though it is more than the actual cost of the services they received. All these donations must be counted as a contribution and must be included in the program income.)
- Fees received from services performed using federal or state dollars.
    - The income from meals created using any state or local funds and "sold" to ineligible persons under OAA.
    - The income from fundraisers that were funded using state or federal funds.
- Fees for the use of facilities acquired with federal or state funds.
    - Funds received for renting out facilities, equipment, etc., were purchased utilizing federal or state funds.
- Fees received from selling commodities or items fabricated utilizing Federal or state funds.
    - Funds received for selling items developed with federal or state funds, such as meals, end-of-life planning books/documents, etc.

### *What Is Not Program Income*

- Rebates, credits, discounts, and interest earned on any of them.
- Contributions or donations made by non-OAA participant.
    - This could include memorials (regardless of whether or not the person was a former recipient of OAA Services).
    - This could also include donations from any individual who is not a recipient of OAA Services.
- Community business donations to the AAA or center
    - For example, if a local business adopts the AAA or center, provides funds for a fundraiser, sponsors a set number of meals, etc.
- Income earned from non-OAA Program federal or state funds.
    - This could be from contributions, donations, service fees, etc. from programs or services funded by other funding sources (county tax levies, other contracts, other grants, etc.)

### *Other Types of Donations That Should Be Counted by the Non- Federal Entity*

OAA participant non-monetary donations (such as a participant donating tables, chairs, tablecloths, etc.) would be counted as in-kind contributions and could be used to meet your match requirements.

### *How Program Income Must Be Utilized*

Per 45 CFR 1321.9(c)(2)(xii)(C) and 45 CFR 75.307(e)(2), program income is subject to the requirements in 2 CFR 200.307 and 45 CFR 75.307 and as follows: (A) Voluntary contributions and cost-sharing payments are considered program income; (B) Program income collected must be used to expand a service funded under the Title III grant award pursuant to which the income was originally collected; (C) The SUA must use the addition alternative as set forth in 2 CFR 200.307(e)(2) and 45 CFR 75.307(e)(2) when reporting program income, and prior approval of the addition alternative from the ASA is not required; (D) Program income must be expended or disbursed prior to requesting additional Federal funds; and (E) Program income may not be used to match grant awards funded by the OAA without prior approval. Thus, the non-federal entity (AAA or center) must deduct the program income from the amount to be billed to the state for reimbursement when submitting monthly invoices.

For the AAAs and centers to appropriately account for program income, AAAs and centers should consider the anticipated amount of program income each year as part of the overall award (federal and state funds combined with the program income anticipated) when determining the number of services that can be provided in its PSAs. Program income must be used for the purposes and under the conditions of the federal and state awards.

**SUA PROCEDURE**

The SUA shall review and approve the program income policy and procedure before the AAA begins using the updated program income policy and procedure. The SUA shall monitor the AAA annually to ensure that policy and procedure are reviewed during annual monitoring with its direct centers and contracted service providers. The AAA shall annually certify that they are following the policy and procedure at the AAA level and shall demonstrate to the SUA during monitoring how the policy is being implemented.

**AAA PROCEDURE**

Each AAA and any of its direct centers or contracted service providers shall have a written policy and procedure that addresses program income generated using OAA funds. The policy and procedure must ensure that program income is used to expand services in the program from which it was earned and that it is used before federal funding. Each AAA shall ensure during its annual monitoring that these policies and procedures are in place and include the required information above.

## Voluntary Contributions

**POLICY**

**(Reference:** 45 CFR 1321.9(c)(2)(x)**)**

The SUA and each AAA shall have a written policy and procedure for themselves, and a written policy and procedure for each of its direct centers and contracted service providers. The written policy and procedure shall address contributions for all services fully or partially funded by OAA federal or state funds. The policy and procedure must address the following:

(A) Suggested contribution levels. The suggested contribution levels shall be based on the actual cost of services determined using the AAA Meal Cost Model.
(B) Individuals are encouraged to contribute.
(C) Solicitation. The method of solicitation must be noncoercive, and the solicitation (1) Must meet all the requirements of this provision and (2) Be conducted in such a manner as not to cause a service recipient to feel intimidated or otherwise feel pressured into contributing.
(D) Provisions to all service recipients. All recipients of services shall be provided: (1) An opportunity to voluntarily contribute to the cost of the service; (2) Clear information, including information in alternative formats and in languages other than English in compliance with Federal civil rights laws, explaining there is no obligation to contribute, and the contribution is voluntary; (3) Protection of privacy and confidentiality of each recipient with respect to the recipient's income and contribution or lack of contribution.
(E) Prohibition on means testing. Means testing, as defined in 45 CFR 1321.3, is prohibited.
(F) Prohibition on denial of services. Services shall not be denied because the older individual or family caregiver cannot voluntarily contribute.
(G) Procedures to be established. Appropriate procedures to safeguard and account for all contributions are established; and
(H) Collection of program income. Amounts collected are considered program income and are subject to the requirements in 2 CFR 200.307 and in 45 CFR 1321.9(c)(2)(xii).

All contribution policies and procedures must be in accordance with OAA Section 315(b). Contributions for OAA-funded services must meet the definition of program income (2 CFR 200.1). The use of contributions for OAA-funded services must be in accordance with 2 CFR 200.305(5) and 2 CFR 200.307. **For questions about whether a contribution was made to an OAA-funded service, contact the SUA by email at** aging.magicclaims@mdhs.ms.gov.

**SUA PROCEDURE**

Annually, the SUA shall monitor the AAAs to ensure that they are following the contributions policy for itself and its direct centers. The SUA shall monitor the AAAs' monitoring of contracted centers and service providers to ensure they are appropriately monitoring their contributions and are providing appropriate technical assistance, as needed. The SUA shall provide technical assistance and training to the AAAs, as needed.

**AAA PROCEDURE**

*Contracted Service Provider – Service Provider Collects Contributions*

The contracted service provider shall submit its policy and procedure that addresses contributions to the AAA at the beginning of a contract cycle and before any changes to the policy and procedure are implemented. The AAA shall review and approve the contribution policy and procedure before the contracted service provider begins providing services. The AAA shall verify during annual monitoring that the contracted service provider is following its submitted policy and procedure.

*Contracted Service Provider – AAA Collects Contributions*

If the contracted service provider has a policy and procedure stating that all contributions shall be sent to the AAA, the contracted service provider shall follow the Contracted Service Provider – Service Provider Collects Contributions Procedure, and the AAA shall follow the Services Provided Directly by the AAA Procedure.

*Services Provided Directly by the AAA*

The SUA shall review and approve the contribution policy and procedure before the AAA begins using the updated policy and procedure. The SUA shall monitor the AAA annually to ensure that policy and procedure are being reviewed during annual monitoring with the AAA's direct centers and contracted service providers. The AAA shall annually certify that it is following the policy and procedure at the AAA level and shall demonstrate to the SUA during monitoring how the policy is being implemented.

## Private Pay Programs

**POLICY**
**(Reference:** 45 CFR 1321.9(xiii)**)**
AAAs may provide private pay programs in its PSA if the AAA includes the program in its Area Plan and indicates on the Nongovernmental / Commercial Relationship Disclosure form that the program is a private pay program. The AAA must also follow the requirements in this manual regarding receiving SUA approval prior to entering into any contract or commercial relationship.

**SUA PROCEDURE**
The SUA shall review the Area Plan annually and shall approve or deny the program based on the AAAs policies and procedures, whether the AAA has followed the Contracts and Commercial relationships policy and procedure outlined below, and the AAA's description of the program and how it relates to the mission of the AAA.

**AAA PROCEDURE**
The AAA shall have policies and procedures governing any private pay program which has been approved by the SUA. These policies and procedures must address, at a minimum, the following: (1) Promote equity, fairness, inclusion, and adherence to the requirements of the OAA, including: (i) Meeting conflict of interest requirements; (ii) Meeting financial accountability requirements; (iii) Prohibiting use of funds for direct services under Title III to support provision of service via private pay programs, except as a part of routine information and assistance or case management referrals; and (2) Require that persons who receive information about private pay programs and who are eligible for services provided with Title III funds in the PSA be made aware of Title III-funded and any similar voluntary contributions-based service options, even if there is a waiting list for those services, on an initial and periodic basis to allow individuals to determine whether they shall select voluntary contributions-based services or private pay programs.

## Contracts and Commercial Relationships

**POLICY**
(**Reference:** 45 CFR 1321.9(xiv))
AAAs may enter into contracts and commercial relationships, subject to State and area agency policies, procedures, and guidance, as set forth by the ASA, including through: (1) Contracts with health care payers; (2) Private pay programs; or (3) Other arrangements with entities or individuals that increase the availability of HCBS and supports.

Contracts using OAA Funding
AAA contracts using OAA funding will be reviewed during the Area Plan process. Once the AAA Area Plan has been approved, all OAA funded contracts included in the approved Area Plan are also

considered approved. If the AAA has an approved contract with a vendor with one or more renewals, the SUA does not need to review and approve renewals. The SUA does not need to review contracts for rent/leases, janitorial or supplies, or contracts for regular maintenance of equipment or buildings.

Contracts not using OAA Funding

The following contracts will be preapproved contingent on receipt of the minimum information : the name of the entity with which it intends to establish an agreement; the nature of the agreement, including the specific service(s) or the types of services to be provided under the agreement; an estimate of the proposed costs incurred from all sources, including the estimated amount of OAA and state funds that will be used in implementing the agreement (e.g., administrative overhead, data systems, and/or staff time).

- Agreements with local, state, and federal governmental entities;
- Agreements with other AAAs or AAA associations;
- Agreements with entities with which a AAA has a long-standing existing business relationship (of three years or more);
- Any contract that is under $75,000 in total annual funding. A random sample of these contracts will be selected for review by the SUA during annual monitoring.

Contracts not included in the above paragraphs shall be submitted to the SUA for review using the procedures below.

Per 45 CFR 1321.55(d), The AAA may not engage in any activity which is inconsistent with its statutory mission prescribed in the OAA or policies provided in this manual.

**SUA PROCEDURE**

The SUA shall review AAA requests to enter into contracts and commercial relationships within fifteen (15) business days of submission by the AAA . The SUA shall approve or deny the request based on the AAAs policies and procedures, whether the AAA has followed the SUA policies and procedures, and the answers to the Contracts and Commercial Relationships Checklist submission by the AAA. The SUA may deny the AAA entering into contracts if the following circumstances apply:

- The AAA is at high risk, and the SUA does not feel that the AAA has the capacity to take on additional responsibilities.
- The AAA has limited staff available, and the SUA does not feel that the AAA has the capacity to take on additional responsibilities.
- The SUA determines that the statement of work is outside the mission and vision of the OAA, the Area Plan, or the AAAs Vision and Mission.
- The contract amount is more than 20% of the proposed overall budget for the AAA.
- The AAA has not completed and uploaded the AAA Contracts and Commercial Relationships Checklist.
- The AAA or SUA has identified a conflict of interest that cannot be remedied or removed.
- The AAA has not put the proposed contracted program or service out for public comment for a minimum of 30 days. (If outside of the normal AAA Area Plan submission cycle.)
- The SUA finds the proposed contractor or grantor to not be in good standing with the Secretary of State.
- Other issues that may be identified during the contract review process.

However, the AAA shall be given the opportunity to tell the SUA how the items above shall not affect the work of the AAA in providing services to those with the greatest social or economic need or those at risk for institutional placement.

**AAA PROCEDURE**

The AAA shall have policies and procedures governing contracts and commercial relationships, which have been approved by the SUA. These policies and procedures must address, at a minimum, the following:

1. Promotion of fairness, inclusion, and adherence to the requirements of the OAA, including: (i) Meeting conflict of interest requirements; and (ii) Meeting financial accountability requirements.
2. With the approval of the State agency, allow use of funds for direct services under Title III to support provision of service via contracts and commercial relationships when: (i) All requirements for direct services provision are maintained, as set forth in this part and the OAA, or (ii) In compliance with the requirements of the OAA, as set forth in section 212 (42 U.S.C. 3020c), and all other applicable Federal requirements.
3. The AAA must receive approval from its board of directors, advisory council, and have put the issue out for public comment prior to entering into the agreement.

For all preapproved contracts, the AAA must submit the following information:

- The name of the entity with which it intends to establish an agreement;
- The nature of the agreement, including the specific service(s) or the types of services to be provided under the agreement;
- An estimate of the proposed costs incurred from all sources, including the estimated amount of OAA and state funds that will be used in implementing the agreement (e.g., administrative overhead, data systems, and/or staff time).

For all other contracts and commercial relationships, all following items must be uploaded to the Smartsheet. The AAA must submit a copy of the contract or agreement (MOU, etc.) for SUA consideration prior to entering into the contract or agreement. In addition, the AAA must submit a completed copy of the Contracts and Commercial Relationships Checklist and Conflict of Interest Attestation Form (Attachment F).

## Buildings, alterations or renovations, maintenance, and equipment

**POLICY**

**(Reference:** 45 CFR 1321.9(xv)**)**

Buildings and equipment, where costs incurred for altering or renovating, utilities, insurance, security, necessary maintenance, janitorial services, repair, and upkeep (including Federal property unless otherwise provided for) to keep buildings and equipment in an efficient operating condition, including acquisition and replacement of equipment, may be an allowable use of funds as long as long as the funds are used in accordance with 45 CFR 1321.9. For this policy and procedure, renovations shall be those major changes to buildings that require city/county code approval while maintenance involves normal upkeep of buildings such as replacing flooring, painting, plumbing, electrical, HVAC type work to keep the building functioning normally.

**SUA PROCEDURE**

The SUA shall review the AAA policy and procedure to determine that it meets the requirements below. The SUA shall review any purchases subject to this policy during annual monitoring to ensure that the AAA followed its approved policy.

**AAA PROCEDURE**

The AAA must have policies and procedures which include, at a minimum, the following:

(A) Costs are only allowable to the extent not payable by third parties through rental or other agreements.

(B) Costs must be allocated proportionally to the benefiting grant program.

(C) Construction and acquisition activities are only allowable for multipurpose senior centers. In addition to complying with the requirements of the OAA, as set forth in section 312 (42 U.S.C. 3030b), as well as with all other applicable Federal laws, the grantee or subrecipient as applicable must file a Notice of Federal Interest in the appropriate official records of the jurisdiction where the property is located at the time of acquisition or prior to commencement of construction, as applicable. The Notice of Federal Interest must indicate that the acquisition or construction, as applicable, has been funded with an award under Title III of the OAA, that the requirements set forth in section 312 of the OAA (42 U.S.C. 3030b) apply to the property, and that inquiries regarding the Federal Government's interest in the property should be directed in writing to the ASA; (**See Attachment H for a blank Example of the Notice of Federal Interest which will need to be filed in the county Recorder of Deeds.**)

(D) Altering and renovating activities are allowable for facilities providing direct services with funds provided as set forth in 45 CFR Sections 1321.85, 1321.87, 1321.89, and 1321.91 subject to Federal grant requirements under 2 CFR part 200 and 45 CFR part 75.

(E) Altering and renovating activities are allowable for facilities used to conduct area plan administration activities with funds provided as set forth in paragraph (c)(2)(iv)(B) of 45 CFR 1321.9, subject to Federal grant requirements under 2 CFR part 200 and 45 CFR part 75.

## Property Management Standards for Purchases over $5,000

**POLICY**

**(Reference:** 45 CFR 75.439 and 2 CFR 200.439**)**

The SUA and AAA shall submit a waiver for prior approval for purchasing equipment or capital investments for purchases of $5,000 or more.

**SUA PROCEDURE**

If the SUA wishes to purchase equipment or capital expenditures in an amount of $5,000 or more, the SUA must submit a request for prior approval to the Administration for Community Living (ACL) Administrator. The request must be emailed to the Administrator and contain the following information:

1. Grantee organization
2. Grantee contact name/email
3. The Grant number the purchase shall be made from, or multiples and the breakout.
4. Two to three bids from vendors for the equipment you are requesting, and which bid you are choosing.
    a. If you cannot obtain 2-3 bids from prospective vendors, describe why.
5. Describe the intended use of the equipment, and how it will benefit the program.
6. Identify what percent of the total cost of the equipment shall be paid for with Title III funds.
    a. For example, if the total cost is $10,000, and Title III shall pay $5,000, it's 50%.
7. Identify the estimated percentage of time the equipment shall be used by the Title III program/s.

8. Identify if the equipment can be purchased with other funding than federal grant funds.
9. If applicable, include a lease / purchase comparison alternative, and identify the most economical and practical procurement.

In addition, the SUA must follow 45 CFR 75.320 regarding the use, management and disposition of all items purchased under this request.

**AAA PROCEDURE**
The AAA shall complete the Waiver to Expend more than $5,000 on Equipment or Capital Expenditures form in the Area Plan (Attachment I – Waiver Request: Equipment and/or Capital Expenditures) and submit it to the SUA for prior approval of purchase with a total purchase price of $5,000 or more when using funding received from the SUA through the allotment table. In addition, the AAA must follow 45 CFR 75.320 regarding the use, management, and disposition of all items purchased under this request.

A. AAA shall follow all policies outlined in the 45 CFR 75.
B. The AAA shall follow all policies outlined in the Federal Register Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200.

AAA staff shall utilize documentation to maintain a physical inventory of equipment purchased with Title III funds in compliance with Federal regulations. The AAA may choose to use a hard copy or a computer-generated version of the inventory; however, the computer-generated format must include all the information pertinent to the AAAs reporting requirements.

## Supplement, Not Supplant

**POLICY**
(**Reference:** 45 CFR 1321.9(xvi))
To ensure funds awarded under the OAA are used to provide services that are in addition to the regular services normally provided for Long-Term Care Ombudsman and Elder Rights services, funds must be used to supplement, not supplant existing Federal, State, and local funds to support those activities. In addition, voluntary contributions must be used to expand services for which the contributions were received.

**SUA PROCEDURE**
To ensure funds are used to provide services that are in addition to the regular services normally provided for Long-Term Care Ombudsman and Elder Rights services, the SUA must ensure funds are used to supplement, not supplant existing Federal, State, and local funds to support those activities. In addition, the SUA must ensure voluntary contributions are used by the AAA to expand services for which the contributions were received.

**AAA PROCEDURE**
To ensure funds are used to provide services that are in addition to the regular services normally provided for Long-Term Care Ombudsman and Elder Rights services, the AAA must ensure funds are used to supplement, not supplant existing Federal, State, and local funds to support those activities. In addition, the AAA must ensure voluntary contributions are used by the AAA to expand services for which the contributions were received. Possible evidence may include agency budgets, and back-up documentation demonstrating funding is supplementing existing Federal, State, and local funds.

## Fixed Amount Subaward

**POLICY**
**(Reference:** 45 CFR 1321.9(c)(2)(xix) and 2 CFR 200.333**)**
The AAA shall follow all applicable Federal and State standards in awarding sub grants and contracts. Fixed amount subawards up to the simplified acquisition threshold are allowed. For a definition of "simplified acquisition threshold" see 2 CFR 200.1 and 45 CFR 75.2. Contracting procedures, including fixed amount subawards, shall incorporate free and open competition as intended by the OAA.

**SUA PROCEDURE**
The SUA shall follow the MDHS Procurement Policy and Procedure.

**AAA PROCEDURE**
1. AAA shall maintain a file of all current contracts with service-providing agencies or organizations. These files shall be made available for monitoring and assessment by the department.
2. A contract or agreement between an AAA and a provider of a specific service in the Planning and Services Area shall not restrict the AAA from contracting with other provider(s) of similar services.
3. Ensure that subgrantees are aware of requirements imposed upon them by Federal statutes and regulations.

## Advance Payment

**POLICY**
**(Reference:** 45 CFR 1321.9(xviii) and 2 CFR 200.305**)**
DAAS allows for cash advances once funds are allocated from the Administration for Community Living. For SUA and AAA policies and procedures, follow the current MDHS Subgrant Manual.

## Intrastate Funding Formula (IFF)

**POLICY**
(**Reference:** 45 CFR 1321.9)
Distribution of Title III funds via the intrastate funding formula (IFF) or funds distribution plan of NSIP funds as set forth in 45 CFR Sections 1321.49 or 1321.51 shall be maintained by the SUA where funds must be promptly disbursed. The SUA shall develop and maintain the IFF for distribution of Title III and certain state level funds, and a funds distribution plan for NSIP and other state level funds. This funding formula shall be included in the most recent ACL approved State Plan on Aging.

**SUA PROCEDURE**
The SUA shall maintain the IFF and funds distribution plans for funding distributed to the AAA network. The SUA will update the population data periodically using the most current Census population estimate as it becomes available. All other funds distribution plan(s) shall be updated as data is finalized.

**AAA PROCEDURE**
N/A

## Non-Federal Share (Match)

**POLICY**

**(Reference:** 45 CFR 1321.9**)**

The SUA shall maintain statewide match requirements. Statewide match requirements include:

A. The match may be made by State and/or local public sources except as set forth in paragraph 1321.9(c)(2)(ii)(C) of this section.

B. Non-Federal shared costs or match funds and all contributions, including cash and third-party in-kind contributions, must be accepted if the funds meet the specified criteria for match. The SUA may not require only cash as a match requirement.

C. State or local public resources used to fund a program which uses a means test shall not be used to meet the match.

D. Proceeds from fundraising activities may be used to meet the match if no Federal funds were used in the fundraising activity. Fundraising activities are unallowable costs without prior written approval, as set forth in 2 CFR 200.442.

E. The SUA may use State and local funds expended for a non-Title III funded program to meet the match requirement for Title III expenditures when the non-Title III funded program:
   (1) Is directly administered by the State or area agency.
   (2) Does not conflict with requirements of the OAA.
   (3) Is used to match only the Title III program and not any other Federal program; and
   (4) Includes procedures to track and account expenditures used as match for a Title III program or service.

F. Match requirements for area agencies are determined by the SUA.

G. Match requirements for direct service providers are determined by the State and/or area agency.

H. A State or area agency may determine a match in excess of required amounts.

I. Other Federal funds may not be used to meet required match unless there is specific statutory authority.

J. The required statewide match for grants awarded under Title III of the OAA is as follows:
   (1) Administration. Federal funding for State, Territory, and area plan administration may not account for more than 75 percent of the total funding expended and requires a 25 percent match. As set forth in 2 CFR 200.306(c), prior written approval is hereby granted for unrecovered indirect costs to be used as match.
   (2) Supportive services and nutrition services.
      (i) Federal funding for services funded under supportive services as set forth in 45 CFR 1321.85, less the portion of funds used for the Ombudsman program, may not account for more than 85 percent of the total funding expended, and requires a 15 percent match;
      (ii) Federal funding for services funded under nutrition services as set forth in 45 CFR 1321.87, less funds provided under the NSIP, may not account for more than 85 percent of the total funding expended, and requires a 15 percent match;
      (iii) One-third (1/3) of the 15 percent match must be met from State resources, and the remaining two-thirds (2/3) match may be met by State or local resources.
      (iv) The match for supportive services and nutrition services may be pooled.
   (3) Family caregiver support services. The Federal funding for services funded under family caregiver support services as set forth in 45 CFR 1321.91 may not account for more than 75 percent of the total dollars expended and requires a 25 percent match.
   (4) Services not requiring match. Services for which no match is required include:
      (i) Evidence-based disease prevention and health promotion services as set forth in 45 CFR 1321.89;

(ii) The NSIP; and
(iii) The portion of funds from supportive services used for the Ombudsman program.

**SUA PROCEDURE**
The SUA shall ensure the match for Title III State Plan Administration funds expended is met. In addition, the SUA shall ensure one-third of the 15 percent match required for Title III Supportive and Nutrition services is properly documented and reported. The SUA shall also ensure through the monitoring and auditing process each AAA has documented and reported the required non-federal share matching funds for Title III services.

**AAA PROCEDURE**
The AAA shall meet non-federal share matching requirements as set forth in the OAA. The amount of match for federal funds shall be reported monthly into Smartsheet to the SUA. At the end of the FFY, the amounts reported in the Smartsheet shall reconcile to the AAA's audited financial statements. The non-federal share, or required match, can be met through other non-federal cash sources not being used to match other federal funding or In-Kind contributions. The match requirements for the AAAs are as follows:

- Title III funding used for Administration shall have a 25 percent match requirement.
- Title III funding used for Supportive Services, Congregate Meals and Home Delivered Meals shall have a 15 percent match requirement, of which, the AAA shall be required to meet two- thirds of the 15 percent. The match for these services may be pooled.
- Title III funding used for Family Caregiver Services shall have a 25 percent match requirement.

## Transfers

**PURPOSE**
This policy estaishes guidelines for the transfer of funds among Title III programs by Area Agencies on Aging (AAAs) and outlines the State Unit on Aging's (SUA) authority and procedures regarding waiver requests that exceed standard transfer limits.

**POLICY**

1. **Required Funding Maintenance**
    a. Each AAA must maintain adequate funding the the following allotments to ensure the provision of required services:
        **i.** Title III-B: Home and Community Based Supportive Services
        **ii.** Title III-C1: Congregate Nutrition Services
        **iii.** Title III-C2: Home-Delivered Nutrition Services
2. **Transfer of Funds**
    a. AAAs may request to transfer funds among Title III allotments within limits established by the SUA. Any transfer must not compromiste the AAA's ability to deliver required services under each program
3. **Transfers Between Title III-B and Title III-C**
    a. AAAs **may transfer up to 30 percernt** between Title III Parts B and C, pursuant to Section 308(b)(5)(A) of the Older Americans Act (42 U.S.C. 3028(b)(5)(A)) and 45 CFR 1321.9(c)(2).
    b. An additional transfer of up to 10 percent may be approved through a Waiver Request.

c. Percentages eligible for transfer are calculated based on the total original Title III award allotted.
d. Waiver Request must include a letter of justification and supporting documentation demonstrating the need for the increased transfer. Supporting documentation should include **needs assessments, surveys, and other relevant evidence of community need.**

4. **Transfers Between Title III-C1 and Title III-C2**
    a. AAAs **may transfer up to 40 percent** between Title III Parts C1 and C2, pursuant to Section 308(b)(4)(A) of the Older Americans Act (42 U.S.C. 3028(b)(4)(A)) and 45 CFR 1321.9(c)(2).
    b. An additional transfer of up to 10 percent may be approved through a Waiver Request.
    c. Percentages eligible for transfer are calculated based on the total original Title III award allotted.
    d. AAAs must direct limited nutrition resources to the greatest community need, as evidenced by needs assessments and other supporting documentation.
    e. Waiver Request must include a letter of justification and supporting documentation demonstrating the need for the increased transfer. Supporting documentation should include **needs assessments, surveys, and other relevant evidence of community need.**
5. **Waiver Requests**
    a. AAAs seeking to exceed established transfer limits must submit a formal Waiver Request to the SUA.
    b. A Waiver Request is required annually with the submission of all new budgets on July 15.
    c. If transfer amounts change at any time prior to or during submission of the Final Request to Transfer, a new Waiver Request is required.
    d. The SUA reserves the right to approve or deny any waiver request.
    e. Approval is contingent upon verification that adequate funding remains in each
    f. allotment to ensure required services are delivered.
    g. Requests that result in insufficient funding for required services will be denied.
    h. Waiver Request must be submitted on organization letterhead requesting the specific transfer percentages and must include a letter of justification and supporting documentation demonstrating the need for the increased transfer. Supporting documentation should include **needs assessments, surveys, and other relevant evidence of community need.**

**Submission**

Transfer requests for AAA transfers shall be sent in writing to Aging.MagicClaims@mdhs.ms.gov using the DAAS Request to Transfer Form.

**Authority**

This policy is issued under the authority of the State Unit on Aging in accordance with the Older Americans Act and applicable state regulations.

**Effective Date**

This policy is effective immediately and remains in force until amended or rescinded by the SUA.

## State and Area Plan Administration

**POLICY**
**(Reference:** 45 CFR 1321.9**)**
The SUA shall determine the maximum Title III administration allocation requirements allowed.

**SUA PROCEDURE**
The SUA shall set aside five percent of the total Title III awards for State Plan Administration functions. The five percent allowance shall be applied to all parts of the Title III awards. The SUA shall also determine the maximum amount of total Title III funding which can be used for Area Plan Administration, which shall not exceed ten percent of the Title III funding remaining after deducting the State Plan Administration from the Title III award.

**AAA PROCEDURE**
The AAA shall submit budgets within the area plan documents showing the amount of total DAAS funding needed for Area Plan Administration, which shall not exceed the maximum amount of administration available from Title III and General Revenue funding sources.

## Minimum Adequate Proportion

**POLICY**
(**Reference:** 45 CFR 1321.9)
The SUA shall meet expectations for the minimum adequate proportion of funds expended by each AAA and SUA to provide the categories of services of access services, in-home supportive services, and legal assistance, as identified in the approved State plan as set forth in 45 CFR 1321.27(i). The SUA shall determine the minimum adequate proportion of Title III-B funding required by each AAA for access services, in-home supportive services, and legal services in coordination with the AAAs and other aging network stakeholders during the development of the State Plan on Aging.

**SUA PROCEDURE**
The SUA shall determine the minimum adequate proportion of Title III-B funding to be required of each AAA for access services, in-home supportive services, and legal services in coordination with the AAAs

and other aging network stakeholders during the development of the State Plan on Aging and set these proportions in the State Plan. These amounts shall be communicated and updated via the allotment table(s) for each SFY and included in the annual contract with each AAA.

The following minimums are in effect:
- Access Services – 30%
- In-Home Services – 20%
- Legal Services – 1% or what was budgeted the previous FFY

**AAA PROCEDURE**
The AAA shall submit this information within the area plan showing the amount of expenditures for the prior year for access services, in-home supportive services, and legal services, which shall agree to the

most recently completed audited financial statements. The AAA shall meet each of the above area minimum requirements annually.

## Rural Minimum Expenditures

**POLICY**
(**Reference:** 45 CFR 1321.9)
The SUA shall maintain minimum expenditures for services for older individuals residing in rural areas, where:

(A) The SUA shall establish a process and control for determining the definition of "rural areas" within its State.
(B) For each fiscal year, the SUA must spend on services for older individuals residing in rural areas the minimum annual amount that is not less than the amount expended for such services, as required by the OAA; and
(C) The SUA must project the cost of providing such services for each fiscal year (including the cost of providing access to such services) and must specify a plan for meeting the needs for such services for each fiscal year.

**SUA PROCEDURE**
The SUA shall use the State's definition of "rural area" which was determined by the SUA and AAAs. For this requirement, the SUA has defined "rural areas" consistent with the definition provided in the Mississippi State Rural Health Plan and in alignment with guidance from the Administration for Community Living (ACL). The SUA shall ensure that it spends on services for older individuals residing in rural areas the minimum annual amount that is not less than the amount expended for such services, as required by the OAA. The SUA annually shall project the cost of providing such services for the upcoming fiscal year and make a plan for meeting the needs of such services. The appropriate level of funding shall be allocated to the AAAs.

**AAA PROCEDURE**
The AAA shall ensure that the funds spent on services for individuals residing in rural areas meet the minimum required amounts.

## Maintenance of Effort

**POLICY**
(**Reference:** 45 CFR 1321.9)
The SUA shall meet expectations regarding maintenance of effort for Title III funding.

**SUA PROCEDURE**
The SUA shall expend at least the average amount of state funds reported and certified as expended under the State plan for the following activities for the three previous fiscal years for Title III:

- The amount certified must at least meet the minimum match requirements from State resources.
- Any amount of State resources included in the Title III maintenance of effort certification that exceeds the minimum amount mandated becomes part of the permanent maintenance of effort; and
- Excess State match reported on the Federal Financial Report (FFR) does not become part of the maintenance of effort unless the SUA certifies the excess.

**AAA PROCEDURE**
N/A as the SUA expends these funds.

## Reallotment

**POLICY**
(**Reference:** 45 CFR 1321.9)
The SUA shall maintain requirements for reallotment of funds.

**SUA PROCEDURE**
The SUA shall review Title III and Title VII funding awards received and awarded to the AAAs on an annual basis to identify any funding that shall not be expended within the grant period and shall release this funding back to the ASA for reallotment to other States. Concurrently, the SUA may review funding awards received and awarded to the AAAs on an annual basis to notify the ASA of the SUA's ability to receive and expend any released Title III or Title VII funding from other States for reallotment. Any funds received by the SUA shall be distributed to the AAAs via the IFF.

**AAA PROCEDURE**
The AAA shall review Title III funding balances on an annual basis and identify any funding that shall not be expended within the grant period and shall release this funding back to the SUA to be distributed via funding formula to the remaining AAAs.

## Indirect Cost Rate

**Policy**

**(Reference: 2 CRF Part 200 and 45 CFR Part 1321)**

**AAA PROCEDURE**
All AAAs and PDDs must submit a current, approved NICR issued by the U.S. Department of the Interior. The documentation must include:

- The signature of the appropriate representative from the cognizant agency; **and**
- The authorized signature from your organization.

If your previous cognizant agency contact (e.g., Stacy Frost) has changed, it is your responsibility to identify and contact the appropriate individual within the Department of the Interior to obtain updated documentation.

**Note:** This documentation must be submitted **prior to subgrant approval**.

**Submission Instructions**
NICR documentation must be submitted via email to: **Aging.MagicClaims@mdhs.ms.gov**

**Implementation Timeline**
A grace period was provided during the last program year to support the transition to this requirement.

**Effective beginning in 2026**, only official NICRs will be accepted. **Self-certified or unsigned rates will not be accepted.**
Please refer to Mr. Anderson's memo dated **September 5, 2025**, for additional background and guidance.

**SUA PROCEDURE**
This requirement will be formally added to the **State Unit on Aging Indirect Cost Policy** to ensure consistency, compliance, and transparency across all AAAs and PDDs.

**Importance of Compliance**
Timely and accurate submission of NICR documentation ensures:

- Compliance with federal and state regulations;
- Proper allocation of administrative and programmatic costs;
- Prevention of delays in subgrant execution and funding availability;
- Alignment with federal audit expectations.

**Annual Requirement and Deadline**
This process will be required **annually** and will be effective for **one year**.

If a NICR is **not submitted by the deadline**, no subgrant will be processed with an indirect cost rate exceeding **15%**.

**Deadline for NICR submission: March 15**

## *Monitoring*

## AAA Oversight and Monitoring of Contracted Service Providers

**POLICY**
**(Reference:** 45 CFR 1321.73, MDHS Subgrant Agreement Manual, Part 8**)**
The AAA and/or service provider shall ensure the development and implementation of policies and procedures in accordance with SUA policies and procedures, including those required as set forth in 45 CFR 1321.9. The SUA may allow for policies and procedures to be developed by the subrecipient(s), except as set forth at 45 CFR Sections 1321.9(a) and 1321.9(c)(2)(xi) and where otherwise specified.

The AAA and/or service provider shall provide the SUA in a timely manner with statistical and other information which the SUA requires to meet its planning, coordination, evaluation, and reporting requirements established by the SUA under 45 CFR 1321.9.

The AAAs must develop an independent qualitative and quantitative monitoring process ensuring the quality and effectiveness of services regarding meeting participant needs and preferences, the goals described within the State and/or area plan, and State and local requirements, as well as conflicts of interest policies and procedures. Quality monitoring and measurement results are encouraged to be made available to the public in plain language format designed to support and provide information and choice among persons and families receiving services.

**SUA PROCEDURE**
SUA staff shall evaluate the AAA's contracts, monitoring documents, and other supporting documents for selected contractors as part of annual programmatic monitoring to ensure that the AAA follows this section.

**AAA PROCEDURE**
Each AAA shall:

A. Develop an independent qualitative and quantitative monitoring process for all of its contracted service providers in accordance with 45 CFR 1321.73(c) and 45 CFR 1321.59(b).
    a. Qualitative monitoring can include the review of satisfaction surveys, focus groups, town halls, or other methods to collect feedback about the quality of services.
    b. Quantitative monitoring can include the review of service provider data or other methods of describing the quantity of services provided.
B. Conduct monitoring and risk assessments for all its contracted service providers at least annually.
    a. Starting in FFY2026, each AAA shall use the monitoring checklist provided by the SUA. The SUA shall provide the updated monitoring checklist before July 1 of each FFY, starting with FFY2026. The AAA may use additional monitoring tools along with the monitoring checklist provided by the SUA.
    b. Training on and examples of risk assessments can be provided by DAAS.
C. Develop monitoring and risk assessment methods and instruments appropriate for each of the services it provides.
D. Have written policies and procedures that address monitoring and risk assessments for all contracted service providers.
E. Complete on-site monitoring of all contracted service providers in its PSA.
F. Provide requested documentation to the SUA for annual monitoring.

## AAA Oversight and Monitoring of Services Provided Directly by the AAA

**POLICY**
**(Reference:** 45 CFR 1321.73, MDHS Subgrant Agreement Manual, Part 8**)**
Each AAA shall maintain documentation, including written policies and procedures, demonstrating that all services provided directly by the AAA meet the requirements in this Manual and 45 CFR 1321.73(c) and 45 CFR 1321.59(b).

**SUA PROCEDURE**
SUA staff shall evaluate the AAA's documentation for selected services that are provided directly by the AAA as part of annual qualitative and quantitative programmatic monitoring.

**AAA PROCEDURE**
Documentation maintained by the AAA for services provided directly by the AAA shall include at least:

A. Procedures manuals (both operational and fiscal), including procurement processes (if applicable) and conflict of interest policies and procedures.
B. Quality of services and client satisfaction.
C. Efforts to reach targeted populations, including those in greatest need.
D. Case files.
E. Service data entry records for reconciliation with billing documentation.
F. Accounting processes for service units delivered and supporting documentation for billing.

G. Cash handling processes, including appropriate requests for voluntary contributions.
H. Tracking program income, including expenditure.
I. Fiscal audits (as appropriate).
J. Service provider staff interviews.
K. In-kind contribution valuation documentation (e.g. donated space/equipment; utilities).
L. Personnel changes, including assurance that new staff have requisite qualifications, background checks (if appropriate), etc.
M. Capital expense and disposition (control) of property (if appropriate).
N. Verification of routine notification to consumers regarding their rights in the complaint/appeal process.
O. Complaint tracking mechanisms or logs and verification of availability and retention of these records; and
P. Compliance with State of Mississippi statutes, CFRs, and the OAA.

## SUA Programmatic Monitoring

**POLICY**
**(Reference:** 45 CFR 1321.9(a)(1) and 45 CFR 1321.73**)**
The SUA shall perform programmatic monitoring monthly for each AAA in Mississippi. Each AAA director shall have access to the checklist used by SUA staff to evaluate documents submitted for annual monitoring.

The following table provides service category descriptions, examples of activities for each category, and, when necessary, supporting documentation required by the SUA. Supporting documentation provides extra information that you must attach to the Cost Report in Smartsheet to substantiate expenditures.

Failure to comply by not providing services as defined or not providing the required documentation will result in corrective action. The first incident of noncompliance will result in the issuance of an Informal Corrective Action Plan (CAP) that will be monitored by the Program Manager/Director monthly. The informal plan will remain in effect for 90 days.

A second incident of noncompliance will result in a Formal CAP. The AAA must provide a written plan detailing how the agency will come into compliance. The plan must be submitted on your agency's letterhead and signed by the agency's executive director. Funds will be held until the CAP is received and approved by the Program Manager/Director, Director of Programs, and SUA Director. The CAP will remain in effect for 180 days. Notice of the CAP will be provided to the Division of Monitoring and Executive leadership at MDHS.

If non-compliance continues after the second incident, a finding will be made, and the Area Agency on Aging will have to reimburse the State of Mississippi for noncompliance with current rules and regulations for each activity that is non-compliant.

| Service Category | Description of Services |
|---|---|
| Adult Day Care | Personal care for dependent older adults in a supervised, protective, and congregate (group) setting during some portion of the day. Services provided typically include social and recreational activities, training, counseling, and services such as rehabilitation, medication assistance, and home health aide services for adult day health. |

| | |
|---|---|
| | Examples of Supporting documentation: Sign-in sheets and invoices from the provider |
| Assisted Transportation | Assistance and transportation, including escort, for a person who has difficulties (physical or cognitive) using regular transportation.<br><br>Examples of Supporting documentation: Invoices from the provider |
| Transportation | Transportation from one location to another (e.g., to a medical appointment, or grocery store). Does not include any other activity.<br><br>Examples of Supporting documentation: Invoice from the provider |
| Case Management | Assistance with access or care coordination for an older person who has diminished functioning capacities, personal conditions, or other characteristics and so needs to receive services from formal service providers or family caregivers. Activities of case management include assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment as required.<br><br>Examples of Supporting documentation: Log of completed assessments/reassessments, care plans, and follow-up calls, timesheet for staff |
| Chore Services | Assistance with activities such as heavy housework, yardwork, or sidewalk maintenance.<br><br>Examples of Supporting documentation: Invoice from the service provider |
| Health Promotion & Disease Prevention | Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of a person 60 or older.<br><br>Examples of Supporting documentation: Signed contact log that includes the number of health screenings and assessments, attendance at activities, flyers for activities, pictures of activity space, copy of educational materials, documentation for evidence-based programs |
| Homemaker | A service assisting a consumer with routine tasks to achieve and maintain a clean, safe, and healthy environment-e.g., preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.<br><br>Examples of Supporting documentation: Invoice from the provider |
| Information & Assistance | A service that provides individuals with information on services available within communities; links individuals to services and |

| | |
|---|---|
| | opportunities available within communities; and, as much as possible, establishes adequate follow-up procedures.<br><br>Examples of Supporting documentation: Monthly call log, timesheet for staff |
| Legal Assistance | Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.<br><br>Examples of Supporting documentation: Monthly log that includes number of clients served and type of service provided |
| Outreach | Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging them to use existing services and benefits.<br>Activities: Participation in outreach events, health fairs, conferences, presentations, etc. Providing educational/informational brochures, flyers, etc. in places accessible to older adults and their loved ones or media/social media campaigns.<br><br>Examples of Supporting documentation: Event flyers, sign-in sheets, outreach materials, data on the penetration rate of media/social media campaigns, pictures of event venues, verification that outreach is provided in all AAA service counties |
| Personal Care | Service that helps a consumer to achieve optimal functioning with ADL and/or IADL-e.g., personal assistance, stand-by assistance, supervision, or cues. |
| Self-Directed Care | An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which<br>• the services (including the amount, duration, scope, provider, and location of those services) are planned, budgeted, and purchased under the direction and control of the person served;<br>• the service recipient is given the appropriate information and assistance necessary to make informed decisions about his or her care<br>• options; and<br>• The AAA (or AAA-designated agency) assesses the service needs, capabilities, and preferences of the individual to be served as well as that<br>• individual's ability to direct and control the receipt of services.<br><br>Examples of Supporting documentation: Participant guide, monthly log of contacts, staff member timesheet |
| Congregate Meals | Meals provided to an eligible individual in a group setting (e.g., senior center, senior housing sites, restaurant programs, faith-based locations). |

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| | Activities include opening/efforts to open new congregate sites to include all counties in the AAA service area.<br><br>Examples of Supporting documentation: Invoices from the provider, quarterly reports on efforts to open new sites beginning October 1, 2024. |
| Home-Delivered Meals | A meal is provided by a qualified nutrition project provider to an eligible individual and consumed in his or her place of residence. Meals may be provided via home delivery, pick-up, carry-out, or drive-through.<br><br>Examples of Supporting documentation: Invoices from the provider |
| Nutrition Counseling | A standardized service as defined by the Academy of Nutrition & Dietetics that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medications, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal.<br><br>Examples of Supporting documentation: Monthly log of clients and caregivers who received counseling, staff member time sheet. |
| Nutrition Education | An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans, is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.<br><br>Examples of Supporting documentation: Materials used for nutrition education, sign-in sheets, staff member time sheets |
| Evidence-based Disease Prevention & Health Promotion | Funds are provided for evidence-based disease prevention and health promotion services, including programs related to physical fitness, medication management, chronic disease self-management education, psychosocial behavioral health interventions, HIV, arthritis, brain health, diabetes, falls prevention, depression, and chronic pain.<br><br>Examples of Supporting documentation: Name of evidence-based program, sign-in sheets, materials used to provide information/education on all topics listed in the Description of Services, and staff timesheets |
| Information for Caregivers about Available Services | A service for caregivers that provides them with information on resources and services available within their communities. |

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| | Examples of Supporting documentation: Monthly call logs, copies of printed materials, sign-in sheets, flyers for events, pictures of event venues, staff time sheets |
| Assistance to Caregivers in Gaining Access to Services | A service that assists caregivers in obtaining access to the services and sources available to them within their communities. As much as possible, it ensures that individuals receive the services needed by establishing adequate follow-up procedures.<br><br>Examples of Supporting documentation: Monthly call logs, copies of printed materials, sign-in sheets, flyers for events, pictures of event venues, staff time sheets |
| Caregiver Training/Education, Individual Counseling, Support Groups | Counseling caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (for individual caregivers and families). These services help caregivers better manage their responsibilities and cope with the stress of caregiving.<br><br>Examples of Supporting Documents: Monthly call logs, copies of printed materials, sign-in sheets, flyers for events (groups and training), pictures of event venues, staff time sheets, support group dates and times, sign-in sheets for groups (include facilitator name), training dates, times, and locations, agendas for support groups and training, training materials, and staff timesheets |
| Respite Care | Services that offer temporary, substitute support, or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. Respite Care includes in-home respite (personal care, homemaker, and other in-home respite); respite provided as the care recipient attends a senior center or other nonresidential program; institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and, for grandparents caring for children, summer camps.<br><br>Examples of Supporting documentation: Invoices from the provider |
| Supplemental Services | Services are provided on a limited basis to complement the care provided by caregivers (e.g., transportation, home modifications, medical equipment, assistive technologies, and emergency response systems).<br><br>Examples of Supporting documentation: Log of clients and services provided, staff timesheets |
| SHIP Medicare Counseling | SHIP offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits 12 months per year.<br><br>Examples of Supporting documentation: Log of one-on-one assistance and counseling contacts will be verified in STARS, education |

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| | materials, location where materials are disseminated, flyers and sign-in sheets for educational sessions, and staff timesheets |
| SHIP/MIPPA Outreach | SHIP conducts outreach by providing presentations, distributing information, conducting enrollment events, and participating in health fairs, senior fairs, and other community events. SHIP outreach helps to inform groups and individuals about Medicare benefits, coverage rules, written notices, forms, appeal rights and procedures, and more. The MIPPA program helps Medicare beneficiaries with limited income and assets learn about programs that may save them money on their Medicare costs. The funding is provided to support targeted outreach and education to eligible Medicare beneficiaries, especially those who are:<br>• Low-income with limited resources<br>• Residents of rural areas<br>• Members of American Indian, Alaskan Native, and Native Hawaiian communities<br>• People with disabilities under age 65<br>• Speakers of English as a secondary language<br><br>Examples of Supporting documentation: Event flyers, sign-in sheets, outreach materials, data on the penetration rate of media/social media campaigns, pictures of event venues, verification that outreach is provided in all AAA service counties and targeted to reach identified beneficiaries as stated above |
| SHIP Volunteer Recruitment | SHIP recruits and trains both volunteer and in-kind team members to provide program services. SHIP team members are highly trained and certified to assist people in obtaining coverage through options such as Original Medicare (Parts A & B), Medicare Advantage (Part C), Medicare Prescription Drug Coverage (Part D), and Medicare Supplement (Medigap).<br><br>Examples of Supporting documentation: Monthly reports that outline volunteer recruitment efforts that include names of potential volunteers and dates of contact, materials printed to recruit volunteers |

**SUA PROCEDURE**

SUA will conduct programmatic and fiscal monitoring of the AAAs monthly. The specific procedures for monitoring AAAs shall be as follows:

A. SUA staff shall work with each AAA director to schedule a date for annual monitoring. This monitoring visit shall take place at the AAA office or a senior center in the AAA's PSA.

B. At least thirty days before the monitoring, SUA staff shall have a virtual document request call with the AAA director and any other applicable staff to review which documents the AAA needs to submit for the annual monitoring. The document request file shall be sent to aging.programs@mdhs.ms.gov for the AAA director and relevant staff to access. The document request file and any notes from the call shall also be emailed to the AAA director. These documents should be submitted to the SUA by the assigned due date.

C. SUA staff shall evaluate the documents, including AAA policies and procedures, that are submitted for monitoring. SUA staff shall email a second document request (if needed) to the AAA director or other designated staff. These documents should be submitted to the SUA by the assigned due date.
D. On the day of the monitoring, SUA staff shall ask questions and review comments related to the programs and services being monitored.
E. Within three business days of the monitoring, SUA staff shall send a follow-up email with any documents that are still needed and/or any questions that have not yet been answered. All documents and/or answers should be provided by the assigned due date.
F. SUA staff shall use all information submitted by the AAA to complete a contractor risk assessment and monitoring summary letter.
G. Once SUA staff complete the monitoring summary letter, it shall be reviewed by the DAAS Director for approval. Once the letter is finalized, it shall be emailed to the AAA director, chair/president of the board of directors, and chair/president of the advisory council. If an AAA is determined to be a high-risk contractor, the letters shall also be sent via certified mail.

**AAA PROCEDURE**

A. The AAA director shall work with SUA staff to schedule a date for annual monitoring.
B. At least thirty days before the monitoring, the AAA director and any other applicable staff shall attend the virtual document request call. During this call, AAA staff shall answer any questions about programs and services that will be monitored during annual programmatic monitoring. AAA staff shall submit all requested documents to aging.programs@mdhs.ms.gov by the due date listed on the first document request.
C. AAA staff shall submit all requested documents to aging.programs@mdhs.ms.gov by the due date listed on the second document request.
D. During monitoring, AAA staff shall respond to questions from SUA staff.

AAA staff shall submit all requested documents to aging.programs@mdhs.ms.gov and answer any questions by the due date listed on the third document request.

## SUA Fiscal Monitoring

**POLICY**

(**Reference:** 45 CFR 1321.5)

In addition to the programmatic monitoring, the SUA shall perform fiscal monitoring monthly, quarterly, and annually for each AAA in Mississippi to ensure that grant awards are used for the authorized purposes and in compliance with state and Federal statutes, regulations, and the terms and conditions of the grant award and contract.

### Monthly Fiscal Monitoring

**SUA PROCEDURE**

The SUA shall review the Smartsheet from each AAA for accuracy, reasonableness, and if the services being reported on are part of its approved area plan services.

**AAA PROCEDURE**

Each AAA shall submit via Smartsheet entries for monthly expenses with supporting documentation outlining the units of service provided, the number of persons served, and the expenditures by funding

source for all programs/services provided by the agency. The Smartsheet entry shall be submitted by the 15th of the month following the month of service unless SUA approval has been given for a later submission date.

## Quarterly Fiscal Monitoring

**SUA PROCEDURE**
The SUA shall provide the Missing Demographics OAAPS report for each AAA.

**AAA PROCEDURE**
Quarterly, the AAA shall receive the Missing Demographics OAAPS report and will have up to 14 days from date of receipt to make the corrections in the Aging Data System and complete and email the attestation to the SUA.

## Annual Fiscal Monitoring

**SUA PROCEDURE**
The Division of Monitoring is responsible for the fiscal monitoring of expenditures of MDHS awarded grants. The Division will conduct monitoring reviews to ensure compliance with laws and regulations applicable to Federal financial assistance programs, agency policies and in accordance with the terms of the subgrant agreement. Please refer to the Subgrant Manual, which has been prepared to provide uniform procedures and guidance for the administration of subgrants awarded by the Mississippi Department of Human Services (MDHS), for more detailed information regarding the monitoring process.

Additionally, Division of Monitoring will review the Single Audit report submitted by the AAA to ensure it was submitted timely to the Federal Audit Clearinghouse and to determine if any findings identified in the report require corrective action that should be reported to DAAS for further review and corrective action.

**AAA PROCEDURE**
The AAA shall provide all requested Detail Expenditure Reports, and supporting documentation requested by the MDHS Division of Monitoring staff.

## Annual Fiscal Monitoring of AAA Audit

**SUA PROCEDURE**
The Division of Monitoring is responsible for the fiscal monitoring of expenditures of MDHS awarded grants. The Division will conduct monitoring reviews to ensure compliance with laws and regulations applicable to Federal financial assistance programs, agency policies and in accordance with the terms of the subgrant agreement. Please refer to the Subgrant Manual, which has been prepared to provide uniform procedures and guidance for the administration of subgrants awarded by the Mississippi Department of Human Services (MDHS), for more detailed information regarding the monitoring process.

Additionally, Division of Monitoring will review the Single Audit report submitted by the AAA to ensure it was submitted timely to the Federal Audit Clearinghouse and to determine if any findings identified in the report require corrective action that should be reported to DAAS for further review and corrective action.

**AAA PROCEDURE**
Each AAA must be audited annually by a registered certified public accountant (CPA), if the Subgrantee expends $1,000,000 or more during the non-Federal entity's fiscal year in Federal awards. The audit must

be submitted within 30 calendar days after receipt of the auditor report(s) or no more than nine months after the end of the audit period.

The Federal Audit Clearinghouse is the repository of records for 45 Part 75 Subpart F reporting packages and the form. If audit findings are reported, the AAA is required to submit a corrective action plan related to the findings.

### Monitoring of Area Plan Goals

**POLICY**
**(Reference:** 45 CFR 1321.73(c)**)**
Each AAA shall develop and implement a monitoring process for the goals described within its Area Plan on Aging.

**SUA PROCEDURE**
The SUA staff shall review progress updates to each AAA's Area Plan on Aging goals at least annually.

**AAA PROCEDURE**
Each AAA shall submit its policy for monitoring progress on its Area Plan on Aging goals as part of annual monitoring. Each AAA shall submit updates to its Area Plan on Aging goals at least annually, in accordance with this manual and the AAA's policy for monitoring progress.

# Section 2 – Planning and Providing Services

## Area Plans

**POLICY**
**(Reference:** 45 CFR 1321.9(4))
Every four years, each AAA shall submit all area plan forms in compliance with the area plan instructions. These forms shall be submitted by August 1st in the calendar year before the plan shall take effect. For example, all forms for the four-year area plan and annual area plan updates that begin on October 1st each federal fiscal year shall be submitted to the SUA by August 1st.

**SUA PROCEDURE**

A. By March 15th of the calendar year, before the four-year area plan is due, the SUA shall provide each AAA with the Area Plan Instructions, Area Plan Template, Area Plan Appendices, and the Allotment Table. All information shall be accessible to the AAAs in a designated Box folder.
B. Once the AAA Area Plan public comment period has ended and any updates are made, the AAA shall submit the Area Plan to the SUA no later than July 31st
C. Each AAA shall submit its final budgets, programs and services list, and contractor list no later than August 1st

**AAA PROCEDURE**

A. The AAA shall receive the Area Plan Instructions, Area Plan Template, Area Plan Appendices, and the Allotment Table no later than March 15th

B. The AAA shall compile its Area Plan utilizing the provided template and including information about the organization and PSA, identified needs, strategies for serving eligible individuals in the PSA, goals and objectives, and a high-level overview of programs and services, contractors, and the budget.
C. At the end of the public comment period, the AAA shall update the plan as needed and submit it to the SUA no later than August 1st
D. In July, the AAA shall provide an Area Plan overview to MDHS/DAAS via Teams. Comments from the SUA shall be sent to the AAA and Advisory Council.
E. The AAA shall finalize its budget, programs and services list, and contractor list and provide it to the SUA no later than August 1st
F. The AAA shall receive Area Plan approval prior to the start of the FFY on October 1st
G. The AAA shall make the approved Area Plan publicly available on the AAA website with printed copies available upon request.

## Area Plan Objectives

**POLICY**

The Area Plan submitted by the AAA shall detail a cohesive plan to provide, through a comprehensive and coordinated system, supportive services, nutrition services, and senior centers throughout the PSA. Area Plans shall incorporate services which address the incidence of hunger, food insecurity, and malnutrition; social isolation; and physical and mental health conditions. Services identified in the Area Plans should be self-directed, where feasible, by the individuals' receiving services. Objectives outlined in the Area Plan shall be coordinated with and reflect the Mississippi State Plan on Aging goals for services.

**SUA PROCEDURE**

The SUA shall provide AAAs with an Area Plan template, which shall provide a uniform mechanism to detail plan requirements. As part of Area Plan review, the SUA shall check the plan to identify services provided and alignment with State Plan on Aging goals.

**AAA PROCEDURE**

In the creation of the Area Plan, AAAs shall offer services which address identified issues facing older adults. The AAA shall align efforts to State Plan goals.

## Area Plan Contents

**POLICY**

The SUA has developed an Area Plan Template, which shall be used by the AAAs to ensure that each AAA Area Plan addresses all requirements and is similar in content, duration, and format. The Area Plan shall include:

- Identification of populations within the PSA who have the greatest economic and greatest social need as defined in the Area Plan Instructions.
- Assessment and evaluation of unmet needs substantiated by data in the areas of supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluation of these services should occur regardless of the funding type.

- Public participation component to obtain views of older individuals, family caregivers, service providers, and the public with a focus on greatest economic need and greatest social need. This includes a minimum of a 30-day public comment period on the plan and the inclusion of all comments received from said comment period in the final Area Plan document.
- Services provided in the PSA including the definition of each type of service, the number of individuals to be served, the type and number of units provided, and corresponding expenditures for the service.
- Plans for how direct service funds shall be distributed within the PSA, addressing those individuals with greatest economic need and greatest social need.
- Process for determining direct provision of services.
- Minimum adequate proportions requirements of Title III B funds as identified in the Mississippi State Plan on Aging.
    - 30% percent access services
    - 20% percent in-home services
    - 1% percent legal services or what was budgeted the previous FFY
- Requirements for program development and coordination activities.
    - The SUA shall not fund program development and coordination services under supportive services until the AAA has first spent ten percent of its total combined allotment under Title III on administration of area plans.
    - Expenditure by the SUA and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older individuals and family caregivers in the PSA.
- Initial submission and all amendments
- Approval by the SUA
- Appeals regarding area plans on aging.

**SUA PROCEDURE**

The SUA shall provide AAAs with an Area Plan template, which shall provide a uniform mechanism to ensure plan requirements are met. The SUA shall review each AAA Area Plan and identify all requirements. If required items are not included, the SUA shall return the plan to the AAA requesting correction. The AAA shall need to resubmit and gain approval prior to sending the plan out for public comment.

**AAA PROCEDURE**

The AAA shall utilize the SUA-provided Area Plan Template to complete the Area Plan. The AAA shall submit the plan to the SUA for review prior to sending out for public comment. The AAA shall make updates as necessary to ensure that all required area plan items are included.

## Submitting an Annual Update to an Area Plan (Years Two, Three, and Four)

**POLICY**

During years two, three, and four of a four-year area plan, each AAA shall submit an updated version of the area plan in compliance with the area plan instructions. These forms shall be submitted by August 1st in the calendar year before the updated area plan shall take effect. For example, all forms for the area plan that shall be updated on October 1, 2025, shall be submitted to the SUA by August 1, 2025.

**SUA PROCEDURE**

A. By March 15th of the calendar year prior to when the area plan annual update is due, the SUA shall provide each AAA with the Area Plan Instructions, Area Plan Template, Area Plan Attachments, and a preliminary Allotment Table.
B. Once the AAA Area Plan public comment period has ended and any updates are made, the AAA shall submit the Area Plan to the SUA no later than August 1st.
C. Each AAA shall submit its final budgets, programs and services list, and contractor list no later than August 1st.
D. The SUA shall review a final time and approve prior to the FFY beginning on October 1st.

**AAA PROCEDURE**

A. The AAA shall receive the Area Plan Instructions, Area Plan Template, Area Plan Appendices, and the Allotment Table no later than March 15th.
B. The AAA shall compile its Area Plan utilizing the provided template and including information about the organization and PSA, identified needs, strategies for serving eligible individuals in the PSA, goals and objectives, and a high-level overview of programs and services, contractors, and the budget.
C. At the end of the public comment period, the AAA shall update the plan as needed and submit to the SUA no later than August 1st.
D. In July, the AAA shall provide an Area Plan overview to MDHS/DAAS. Comments from the SUA shall be sent to the AAA and Advisory Council.
E. The AAA shall finalize its budget, programs and services list, and contractor list and provide it to the SUA no later than August 1st.
F. The AAA shall receive Area Plan approval prior to the start of the FFY on October 1st.
G. The AAA shall make the approved Area Plan publicly available on the AAA website with printed copies available if requested.

## Amendments to the Area Plan

**POLICY**

Amendments to the Area Plan shall fall into two categories. Amendments with Approval are those changes made to the area plan based on new or revised statutes that change regulations, changes in area plan goals, objectives, strategies, activities, or Area Plan Assurances, addition of programs offered by the AAA, and requests for waivers of OAA or area plan requirements. Amendments under these categories shall be submitted to the SUA for initial review, go out for public comment for a minimum of 30 days, and then be submitted to the SUA for final review and approval. Any comments received must be considered by the AAA, and any changes needed based on the comments shall be incorporated into the Area Plan Amendment.

Area Plan Amendments with Notification are updates that can be made without going through the approval process. These changes do not alter the goals or objectives of the AAA. Changes can be submitted to the SUA as needed. Once reviewed by the SUA, the AAA can make the amendments with notification publicly available on the AAA website, with printed copies available upon request. Amendments with notification include the removal of programs; budget changes based on the update of allotment tables; changes in contractors or rates; opening, closing, or relocation of senior centers; change in AAA director or program lead staff; change in AAA office address; or change to the Advisory Council rosters.

**SUA PROCEDURE**

The SUA shall review AAA Area Plan amendments requiring approval prior to the public comment period to provide any feedback needed prior to sharing publicly to avoid having to put out for public comment multiple times. After the public comment period, the AAA shall review public comments and incorporate the feedback as applicable prior to submitting the final amendment to the SUA. Amendments shall be reviewed and approved within 15 business days.
The SUA shall review AAA Area Plan amendments requiring notification within 15 business days providing feedback as necessary. Once reviewed and approved, the AAA shall make the amended Area Plan publicly available with a printed copy available upon request.

**AAA PROCEDURE**

A. For amendments requiring approval, the AAA shall compile its Area Plan amendment and submit it to the SUA for review. After SUA review, the AAA shall make any necessary changes and put the amendment out for public comment for no less than 30 days.
B. At the end of the public comment period, the AAA shall update the plan amendment as needed and submit it to the SUA.
C. The SUA shall review the final plan amendment and provide approval within 15 business days.
D. For amendments requiring notification, the AAA shall submit updated forms or attachments to the SUA. The SUA will review and provide feedback within 15 business days.
E. Once the SUA has approved the amended forms or attachments, the AAA shall update their website, making the latest version of the Area Plan publicly available.

## Ensuring Services for Priority Groups

**POLICY**
**(Reference:** 45 CFR 1321.83**)**
The SUA and AAAs shall ensure service to those identified as members of priority groups through assessment of local needs and resources. The SUA and AAAs shall establish criteria to prioritize the delivery of services under Title III, parts B (except for Ombudsman program services which are subject to provisions in 45 CFR part 1324), C, and D, in accordance with the OAA; services under Title III, part E, in accordance with the OAA, to include: (1) Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); (2) Caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and (3) If serving older relative caregivers, older relative caregivers of children or adults with severe disabilities.

The OAA Section 306 (4)(A)(i) specifies the following as priority groups to be served by the state and AAAs: low-income minority individuals, older individuals with LEP, and older individuals residing in rural areas in the area served by the provider.

In providing services under OAA Title III part E, for family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the SUA shall give priority to caregivers who provide care for older individuals with such disease or disorder. In providing services under this part, the SUA, in addition to giving the priority described in OAA section 372(b), shall give priority— (A) to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and (B) to older relative caregivers of children or adults with severe disabilities.

**SUA PROCEDURE**

Each program year, during annual monitoring, the SUA shall review the AAAs area plans for its strategy to meet the service needs of the priority populations outlined above. The SUA shall also review the AAA service data to ensure that the AAA is targeting the priority populations. If not, the AAA shall be asked to provide a written explanation of how they shall attempt to provide services to low-income minority individuals, older individuals with LEP, and older individuals residing in rural areas in the area served by the provider at least in proportion to the number of low-income minority older individuals, older individuals with LEP, and older individuals residing in rural areas, and family caregivers in the population serviced by the provider.

During annual monitoring the SUA shall ensure that the AAA has included the required service contractor language in their contracts and monitored their contractors to ensure that they have implemented the contract requirements as listed below in AAA procedure.

**AAA PROCEDURE**
The AAA shall have policies and procedures to ensure service to those identified as members of priority groups through assessment of local needs and resources. The AAA shall ensure that all services are entered into the AAA data system. The AAA shall determine a schedule to regularly review service data to ensure that priority populations are being served.

Additionally, the AAA shall have policies and procedures to ensure that service providers for the AAA specify how the service provider:

a. Intends to satisfy the service needs of those identified as in greatest economic need and greatest social need, with a focus on low-income minority individuals in the area served, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider.
b. Provide recipients with an opportunity to contribute to the cost of the service as provided in OAA 45 CFR 1321.9(c)(2)(x) or (xi);
c. Pursuant to OAA section 306(a)(16) of the OAA (42 U.S.C. 3026(a)(16)), provide, to the extent feasible, for the furnishing of services under this OAA through self-direction;
d. Bring conditions or circumstances which place an older person, or the household of an older person, in imminent danger to the attention of adult protective services or other appropriate officials for follow-up, provided that: (1)The older person or their legal representative consents; or (2) Such action is in accordance with local adult protective services requirements, except as set forth at 45 CFR 1321.93 and part 1324, subpart A, of this chapter;
e. Where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
f. Assist participants in taking advantage of benefits under other programs; and
g. Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

## Targeting of Services

**POLICY**
**(Reference:** OAA Section 306(a)**)**
The SUA and each AAA shall assure compliance with Federal and State requirements to target the following special populations of older adults and caregivers:

i. Greatest economic need.
ii. Greatest social need.
iii. Individuals at risk of institutional placement, to permit such individuals to remain in HCBS settings.
iv. Low-income minority.
v. Older adults residing in rural areas.
vi. Mississippi specific factors may be added statewide if agreed upon by all ten AAAs and the SUA. Specific factors shall be added to the above list if agreed upon by all required entities.

**SUA PROCEDURE**
The SUA shall review the AAA's data during annual monitoring to ensure that services are being appropriately targeted to the populations outlined above. The SUA shall review the AAA service contracts to ensure they include language requiring the targeting of these populations and monitor annually to ensure service contractors are using appropriate targeting through data review.

**AAA PROCEDURE**
Each AAA shall develop policies and procedures to ensure that services are provided to the target populations. These shall include services directly provided by the AAA or through contracts with service providers. Policies and procedures shall include:

A. Developing a plan in cases where appropriate targeting has not occurred or requesting a plan from the service provider, identifying how targeting requirements shall be met in a specified period.
B. Provide narrative in the AAA Area Plan that outlines specific steps to target consumers of the greatest economic and social need, individuals at risk of institutional placement, low-income minority, frail, and rural consumers.

For contracts with service providers, the AAA shall include the following:
Include requirements for targeting in each RFP package.

1. Contract with service providers to include provisions assuring the required targeting of consumers; and,
2. Evaluate the targeting of consumers by service providers at a minimum on an annual basis.

## Program Definitions

**POLICY**
**(Reference:** 45 CFR 1321.9**)**
The SUA shall provide a listing and definition of services that may be provided in the State with funds received under the OAA in the annual Area Plan Instructions.

**SUA PROCEDURE**
The SUA shall update the SFY Area Plan Definitions document annually, prior to the AAAs preparation of Area Plans.

**AAA PROCEDURE**
AAAs shall refer to the SFY Area Plan Definitions when expanding service offerings. If planning to implement a new program or service, the AAA will send in a request to the SUA on AAA letterhead detailing the plans for the Program Development.

## Provision of Direct Services

**POLICY**
**(Reference:** 45 CFR 1321.9(1)(c)**)**
The AAA shall use subgrants or contracts with service providers to provide supportive services, nutrition services, and/or in-home services under all OAA funding sources. For waiver of this requirement, the AAA shall submit a written request that thoroughly documents that direct provision of service, using its own employees, is necessary (A) To assure an adequate supply of the service; (B) Where those services are directly related to the AAA's administrative functions; or (C) Where those services of comparable quality can be provided more economically by the AAA.

The SUA has determined the following services to be directly related to the administrative function of a AAA: Information and Assistance, Public Information, Ombudsman, Advocacy, Supplemental Services, Congregate Meals, Home Delivered Meals, III D Services, III E National Family Caregiver Services, and Case Management.

The AAA may request a waiver to provide services directly if the projected expenditures are in excess of $30,000. The SUA must approve waiver requests. Waivers can be approved for a term of no more than one year.

**SUA PROCEDURE**
Upon submission of the area plan, the SUA shall review the Priority Service Relinquishment Waiver. The SUA shall approve or deny the request. During AAA monitoring and data reporting, the SUA shall review services being provided to ensure that the AAA is providing needed services.

**AAA PROCEDURE**
Annually, the AAA must complete the Priority Service Relinquishment Waiver within the Area Plan template and submit it to the SUA. AAAs shall submit Priority Service Relinquishment Waiver, indicating programs provided directly. For any OAA funded program or service that is provided directly, the AAA must obtain a waiver.

Programs and services expending in excess of $30,000 must complete a Priority Service Relinquishment Waiver. This waiver addresses how the AAA shall meet the requirements of direct service provision.

Any amendment to the waivers shall be considered an amendment with approval, which requires SUA initial approval, a 30-day public comment period, and final SUA approval.

# Wait Lists

## Development and Use of Wait Lists

**POLICY**
**(Reference:** 45 CFR 1321.9(1)(c) - in coordination with Private Pay Programs**)**
The AAAs shall develop and use waitlists for any programs funded through the allotment table based on the criteria below. The waitlist process shall ensure that OAA targeted populations are a priority and that

people in emergencies where the health, safety, and welfare of the applicant is in jeopardy shall be given priority.

CRITERIA:

A. Waitlists shall be established only after all measures to increase service delivery have been reviewed and implemented, where possible.
B. Waitlist procedures must be consistent for all eligible consumers.
C. AAAs shall develop a process to prioritize consumers for services based on an established priority-screening tool approved by the SUA.
D. The screening tool should reflect and appropriately screen the consumers based on the service being requested.
E. Only those consumers meeting the eligibility requirements for the service shall be put on a waitlist.
F. Consumers should not be put on a waitlist if:
    1. The consumer is approved for a service, and the service shall begin within two weeks.
    2. Services being requested are outside the providers/AAA's service delivery area. These services shall be tracked under Services Unavailable.
    3. If the consumer is currently receiving a level of service but would like or need a higher level of service; and,
    4. The consumer needs a service on a specific date, and it is not available on that date. These services shall be tracked under Services Unavailable.
G. For services where clients are not placed on a waitlist, due to the reasons above, the provider shall track the total number of individuals for whom services were unavailable by service type.
H. If a consumer is on a waitlist for six months, the consumer needs to be contacted to determine if the service is still needed or desired. The consumer shall either be removed from the waitlist or reprioritized on the waitlist.

**SUA PROCEDURE**

The SUA shall review the waitlist policy during annual monitoring of each AAA. During the annual monitoring, the SUA shall review the waitlist for any services that currently have them to ensure the AAA is following its own policies and procedures.

**AAA PROCEDURE**

A. The AAAs shall ensure that:
    1. Contractors are informed of and provided with the waitlist policies.
    2. Contracts contain stipulations requiring waitlists to be developed, maintained, and readily available for review by the AAAs or SUA.
    3. AAA on-site provider monitoring includes a waitlist review; and,
    4. Waitlist information and services unavailable are entered into Aging Information System, Mon Ami, or any other system the AAAs are using to track data monthly, and all numbers are accurate and finalized quarterly.
B. Waitlist Consumer Information to be included:
    1. Name of the AAA, service provider, or contractor.
    2. Date placed on the list.
    3. Service requested.
    4. Consumer name.
    5. Consumer telephone number.

6. Reason for being placed on the waitlist.
7. Follow-up contact dates.
8. Date and the reason the individual was removed from the waitlist; and,
9. Total number of days on the wait list (from initial date to service delivery).

C. The supporting wait list documentation may be kept via hard copy or electronic means; however, electronic copies must be printable.

## Removal of Persons from Wait Lists

**POLICY**

**(Reference:** 45 CFR 1321.9(1)(c) - in coordination with Private Pay Programs**)**

AAAs shall define and develop a process to ensure consumers are removed from the waitlist on an equitable basis.

**SUA PROCEDURE**

The SUA shall review the policy for removing individuals from the waitlist during each annual monitoring of each AAA. During the annual monitoring, the SUA shall review the waitlist for any services which currently have them to ensure the AAA is following its own policies and procedures.

**AAA PROCEDURE**

A. The criteria for removal may include the following:
   1. Placed in services. The person is receiving services.
   2. The person requests removal. The person no longer desires the service.
   3. Service needs to change. The person no longer needs the particular service for which they have been waiting.
   4. Loss of Contact. The person or family is unable to be contacted after a reasonable number of attempts (e.g. telephone number is disconnected, and/or the alternate contact person does not know the whereabouts of the person).
   5. No longer eligible. The person is no longer eligible for services (e.g., no longer a caregiver).
   6. Death.
   7. Service is no longer offered. The AAA, through established processes, decides that the service shall no longer be offered; and,
   8. When a consumer is removed from a waitlist, include documentation as to the reason for removal.

# Program Development

**POLICY**

**(Reference:** 45 CFR 1321.27(h)**)**

Any program development and coordination activities funded by dollars received through the allotment table shall meet the following requirements:

(1) The SUA shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans.

(2) Program development and coordination activities must only be expended as a cost of State plan administration, area plan administration, and/or Title III, part B supportive services.

(3) State agencies and AAAs shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the public for review and comment; and
(4) Expenditure by the SUA and area agency on program development and coordination activities is intended to have a direct and positive impact on the enhancement of services for older individuals and family caregivers in the PSA.

**SUA PROCEDURE**
SUA program development and coordination activities funded under the OAA shall meet the requirements of 45 CFR 1321.24(h). These activities may only be funded with State Plan Administration funds as identified in the Mississippi State Plan on Aging. Any updates to services funded through the OAA must be submitted to and approved by the U.S. Administration on Community Living through a State Plan amendment if the State plans to enact a new program during the four-year area plan period already approved by ACFC. This shall include the amendment being put out for a minimum of 30 days for public review and comment. Expenditures on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older individuals and family caregivers in the PSA.

SUA shall review AAA requests to develop and coordinate activities in its PSA through the AAAs submission of a Request to Develop and Coordinate a New Program or Service form as part of the annual Area Plan review process. The SUA shall review the submitted form to ensure that all questions are answered, and that the AAA has met the requirements of 45 CFR 1321.27(h). The SUA shall review the form and approve the form or provide feedback to the AAA within 14 business days.

**AAA PROCEDURE**
If an AAA wishes to fund new program development and coordination in the PSA, the AAA should submit the Request to Develop and Coordinate a New Program or Service form as part of its annual Area Plan submission. The form must be completed in order to ensure that all parts of 45 CFR 1321.27(h) have been met. If the AAA wishes to fund a program during the period after area plans have been approved, the AAA shall submit the Request to Develop and Coordinate a New Program or Service along with updating its Area Plan.

## Comprehensive and Coordinated Community-Based System

**POLICY**
**(Reference:** 45 CFR 1321.55(a)**)**
The OAA intends that each AAA shall be the lead on all aging issues on behalf of all older adults and family caregivers in the PSA. The AAA shall proactively carry out, under the leadership and direction of the SUA, a wide range of functions, including advocacy, planning, coordination, inter-agency collaboration, information sharing, monitoring, and evaluation. The AAA shall lead the development or enhancement of comprehensive and coordinated community-based systems in or serving each community in the PSA. These systems shall be designed to assist older adults and family caregivers in leading independent, meaningful, healthy, and dignified lives in their own homes and communities.

**SUA PROCEDURE**
The SUA shall evaluate whether each AAA is meeting the requirements of 45 CFR 1321.55 (see details below) during annual programmatic monitoring.

**AAA PROCEDURE**

Each AAA shall have a comprehensive and coordinated community-based system that meets the requirements of 45 CFR 1321.55(b). Each AAA shall:

- Have a point of contact where anyone may go or contact for help, information, and/or referral on any aging issue.
- Provide information on a range of available public and private long-term care services and support options.
- Assure that these options are readily accessible to all older individuals and family caregivers, no matter what their income.
- Include a commitment of public, private, voluntary, and personal resources committed to supporting the system.
- Involve collaborative decision-making among public, private, voluntary, faith-based, civic, and fraternal organizations, including trusted leaders of communities in greatest economic need and greatest social need, and older individuals and family caregivers in the community.
- Offer special help or targeted resources for the most vulnerable older individuals, family caregivers, and those in danger of losing their independence.
- Provide effective referral from agency to agency to assure that information and/or assistance is provided, no matter how or where contact is made in the community.
- Evidence of sufficient flexibility to respond with appropriate individualized assistance, especially for vulnerable older individuals or family caregivers.
- Be tailored to the specific nature of the community and the needs of older adults in the community.
-

The resources made available to the AAA under the OAA shall be used consistent with the definition of area plan administration as set forth in 45 CFR 1321.3 to finance those activities necessary to achieve elements of a community-based system set forth above and consistent with the requirements for provision of direct services as set forth in 45 CFR 1321.85 through 1321.93(d).

## Coordination with Other Service Providers in the Planning and Service Area

**POLICY**

The AAAs shall perform activities that shall maximize the availability of services to older adults residing in the PSA and avoid duplication.

**SUA PROCEDURE**

During annual monitoring each year, the SUA shall review each AAA's answers to questions about the activities the AAA has undertaken to coordinate with other service providers in its PSA.

**AAA PROCEDURE**

Each AAA shall answer questions during annual monitoring explaining how it does the following:

A. Identify Federal, State, and local programs that could impact persons in the PSA.
B. Research and obtain alternative funding that will support existing program services and/or the development of new services that will impact older adults within the PSA.
C. Participate in joint information sharing and planning with interagency organizations.

D. Extend AAAs sponsored training opportunities for local health and social service agencies that serve and advocate for older adults.
E. Extend AAAs sponsored training opportunities for businesses and other private entities.

## Responsibilities of Service Providers

**POLICY**
**(Reference:** 45 CFR 1321.79(a-g)**)**
As a condition of receiving OAA funds, the SUA and each AAA shall assure that service providers fulfill the responsibilities listed in the final rule. Responsibilities may be split between the AAA and contracted service providers.

a) Specify how the service provider intends to satisfy the service needs of those identified as in greatest economic need and greatest social need, with a focus on low-income minority individuals in the area served, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider.
b) Provide recipients with an opportunity to contribute to the cost of the service as provided in 45 CFR 1321.9(c)(2)(x) or (xi).
c) Pursuant to section 306(a)(16) of the OAA (42 U.S.C. 3026(a)(16)), provide, to the extent feasible, for the furnishing of services under the OAA through self-direction.
d) Bring conditions or circumstances which place an older person, or the household of an older person, in imminent danger to the attention of adult protective services or other appropriate officials for follow-up, provided that:
    1) The older person or their legal representative consents; or
    2) Such action is in accordance with local adult protective services requirements, except as set forth at 45 CFR Section 1321.93 and 45 CFR part 1324, subpart A, of this chapter.
e) Where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
f) Assist participants in taking advantage of benefits under other programs; and
g) Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

Service providers shall promote the rights of each older individual who receives services, including the right to confidentiality of their records as required by all state and federal requirements.

**SUA PROCEDURE**
The SUA shall include the assurances listed in 45 CFR 1321.79(a-g) in the State Plan on Aging. The SUA shall include the assurances listed in 45 CFR 1321.79(a-g) in each OAA contract between the SUA and an AAA.

During annual monitoring, the SUA shall assess how the AAA and contracted service providers are meeting the responsibilities listed in 45 CFR 1321.79(a-g). This will include reviewing contracts, monitoring documents, and the AAA's answers to monitoring questions.

**AAA PROCEDURE**

Each AAA shall include the assurances listed in 45 CFR 1321.79(a-g) in the Area Plan on Aging. Each AAA shall include the assurances listed in 45 CFR 1321.79(a-g) in each contract between the AAA and a service provider to provide OAA-funded services. Each AAA shall monitor each OAA-funded service provider to ensure that the responsibilities listed in 45 CFR 1321.79(a-g) were met. If a contracted service provider will not be meeting these responsibilities, the AAA only needs to include and monitor for the responsibilities that the contracted service provider is responsible for. For example, if the AAA will complete the initial intake where the AAA staff discusses self-direction, 45 CFR 1321.7(c) would not need to be included in the contract or monitored for.

Each AAA shall submit documentation, in accordance with the document request, demonstrating that the AAA and contracted service providers are meeting the responsibilities listed in 45 CFR 1321.79(a-g). If a contracted service provider is not meeting all the responsibilities, the AAA shall explain how the AAA is ensuring that the responsibilities are being met. The AAA may meet these responsibilities directly.

## Consumer Information Form Policy

The Consumer Information Form (CIF) is designed to serve three basic functions:
(1) To establish eligibility for various services based upon socioeconomic data and functional impairment;
(2) to ensure that service recipients are placed in an appropriate level of service; and
(3) to develop a database of service recipients.

**POLICY**
**(Reference:** 45 CFR 1321.81(a)**)**
Clients must meet the program eligibility requirements set in the OAA to receive OAA-funded services. Clients shall undergo an initial assessment to establish need and determine eligibility. A reassessment shall occur annually. Where applicable, the client shall be an active partner in the planning and coordination of services.

An individual must be age 60 or older at the time of service to be eligible to participate in services under the OAA, unless the OAA otherwise provides an explicit exception. Exceptions are limited to the following specific services:

(1) Nutrition services:
(i) Services shall be available to spouses of any age of older individuals.
(ii) Services may be available to:
(A) A person with a disability who lives with an adult age 60 or older or who resides in a housing facility that is primarily occupied by older adults at which congregate meals are served; and
(B) A volunteer during meal hours.
(2) Family caregiver support services for:
(i) Adults caring for older adults and adults caring for individuals of any age with Alzheimer's or a related disorder.
(ii) a caregiver who is 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;
(iii) 1. In the case of caregiver for a child is: (i) the grandparent, step-grandparent or other relative (other than the parent) by blood, marriage, or adoption of the child; (ii) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising

the child informally; and 2. In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.

(3) Services such as information and assistance and public education, where recipients of information may not be age 60 or older, but the information is targeted to those who are age 60 or older and/or benefits those who are age 60 or older.

The CIF will be used to determine, through the scoring mechanism, if the potential client will be placed in Level I, Level II, or Level III. Services should not be provided until the form is completed; however, services may begin in emergencies without the form.

- **Non-Urgent / Routine Assessments:**
  - **Timeframe:** Not to exceed **7 to 14 calendar days** from referral or initial contact.
    - **Context:** This applies to general requests for services like home-delivered meals, personal care, case management, or homemaker services.
- **Emergency/Routine Assessments**
  - **Timeframe:** Not to exceed **7 to 14 calendar days** from referral or initial contact.
    - **Context:** This applies to emergency services (examples are medical equipment and emergency food assistance)

All participants, regardless of funding source, must have a completed CIF on file, and eligibility must be re-established annually. This ensures that services can continue or new ones can be added. Under the updated scoring criteria, clients currently receiving Older Americans Act (OAA) services are considered 'grandfathered.' They will continue receiving services until their next reassessment. At that time, they must meet the updated eligibility threshold of 30 points or higher for their services to continue. Applicants on the waiting list are not grandfathered. They must meet the new eligibility threshold before services can begin. If a current client's reassessment score falls below 30, they will no longer be eligible to receive services.

Information from all CIFs will be maintained and updated annually through the state-approved data management system at the Area Agency on Aging level.

**ELIGIBILITY AND LEVELS OF SERVICES**
**SUA PROCEDURE**

A. Basic Eligibility
Eligibility for service funded through the Division of Aging and Adult Services (DAAS) will be determined by using the CIF for the service (s) requested.

- Each service has a set of standards that define the minimum eligibility level for that particular service. All standards must be met for the service, not just attaining the minimum score represented here. These standards are maintained by the DAAS and delivered through the AAA.
- There are three levels of service eligibility. Any potential service recipient who is eligible for a particular service is automatically eligible for services at a lower level of eligibility; however, there may not be a duplication of services.
- Existing service recipients must meet the appropriate level of eligibility, at a minimum, on an annual basis for continuation of service(s) or addition of new services. Some programs in the Aging Policy and Procedures may require more frequent reassessments. Eligibility will no longer continue.

- In providing services to new recipients, or if funding allocations are reduced, creating a reduction in service availability, priorities must be considered. Persons with a higher level of service eligibility **must receive priority as services are available.** AAAs are responsible for having additional established criteria for service priority in the event services are limited, in the form of a current waiting list policy included in their area plan.
- If changes in a service recipient's functional ability status or socioeconomic status would qualify this person for a higher level of service eligibility, a new CIF may be completed prior to the annual evaluation.
- Under no circumstances may there be a duplication of services, regardless of the funding source, including Medicaid Waiver Services.

B. National Family Caregiver Support Program (NFCSP):
In the NFCSP, the caregiver is the client. Fill out a CIF for the caregiver if:

a) The caregiver is any age caring for someone sixty (60) years or older;
b) The caregiver is a grandparent or relative sixty (60) years or older, caring for someone eighteen (18) or younger;
c) Or, if the caregiver is a relative (not parents) fifty-five (55) years and older, providing care to an adult aged nineteen (19) to fifty-nine (59), with disabilities.

**AAA PROCEDURE**

**CIF Scoring Criteria**
As part of the intake process, the AAA shall conduct an assessment to establish need and determine program eligibility. Factors to consider are the greatest economic need and greatest social need. The AAA shall refer to its policies and procedures for prioritization, target populations, and wait listing to ensure that the eligible clients with the greatest need are served first. After the initial assessment, reassessments shall be conducted annually.

The CIF (Client Information Form) scoring system aims to streamline access to services, particularly those with existing waiting lists, and to prioritize individuals with the greatest social and economic needs.

**Scoring Tiers:**
- **Level I:** 1–29
- **Level II:** 30–48
- **Level III:** 49–66

***Note:*** In cases where an AAA does not currently have a waiting list for services, they must consult with the State Unit on Aging (SUA) for guidance. Under such circumstances, consideration may be given to serve older adults scoring between **25–29**, based on available resources and service needs.

**Phased Plan**
Upon implementation of the revised CIF scoring criteria:
- Older adults currently on service waiting lists will remain in place until their scheduled reassessment, based on the requirement that participants must be reassessed annually.
- During reassessment, individuals whose scores no longer meet the updated eligibility thresholds will be removed as active participants from the waiting list.

- New individuals, in alignment with the updated scoring system, will be added and prioritized accordingly.

This change is intended to ensure a more equitable distribution of services and better alignment with federal priorities for serving those with the greatest need.

**Levels of Services**

**Level I (1 – 29 Points)** These services are available to any person sixty years (60) or older.
**Level II (30-48 Points)** These services require a minimum score based on a current CIF.
**Level III (49-66 Points)** These services require a separate evaluation by the AAA Director of Program Coordinator based on criteria designated in the Program's Quality Assurance Standards.

| Eligibility Level I | Eligibility Level II | Eligibility Level III |
|---|---|---|
| Information, Assistance & Referral | Adult Day Care | All other services are available that may exceed the scope of services in Level II |
| Congregate Meal | Case Management | |
| Legal Assistance | Residential repair | |
| Arts & Crafts | Chore Maintenance | |
| Education Activities | Special Needs | |
| Outreach | Home Companion | |
| Senior Center | Home Delivered Meals | |
| Elder Abuse Prevention | Homemaker | |
| Telephone Reassurance | Respite- Title III-B and SSBG (Title XX) | |
| Ombudsman | Emergency Services | |
| Transportation and Assisted Transportation | | |
| Insurance Counseling (SHIP) | | |
| Emergency Response | | |
| **NFCSP | | |

**A client must be home-bound to be eligible for Home Delivered Meals.**

****A Client in the National Family Caregiver Support Program (NFCSP) does not have to meet a level of care to be eligible for the services in the NFCSP. The scoring on the CIF is to help with priorities on the waiting list and to help determine the greatest need for the services requested.**

**TRAINING**

A CIF is to be completed only by persons trained in its use. It is the responsibility of the cognizant AAA to ensure that all personnel in the Aging network who complete the forms are trained. Each AAA must have a person on staff trained in the use of the CIF.
It is the responsibility of the AAA Director or designated person to monitor the correct use of the CIF and provide follow-up training and/or request training as needed.

## RETENTION OF RECORDS

All CIFs and client information in the state-approved data management system are to be retained for at least three (3) years. If there are pending audits, investigations, etc., that may include information contained in these forms, the CIFs must be retained until such investigations are resolved. Where possible, electronic backup copies of CIFs should be maintained in a safe place.

## GENERAL INSTRUCTIONS

The CIF will be used as an intake and referral tool for services funded through DAAS.
If a potential service recipient requests a service, the trained worker will complete the CIF. A referral may be used to make an appropriate referral or an e-referral.

A copy of the CIF will be maintained at the service's location for documentation, and at the AAA for audit purposes,

Each CIF must be signed by the individual who completes the form and by the consumer, caregiver, or person on behalf of the consumer.

Consumer Ethnicity, Nationality, and Race must be indicated on all forms. Ethnicity and nationality must be asked of the consumer. **DO NOT MAKE ASSUMPTIONS ABOUT RACE AND NATIONALITY!**

Attach additional sheets if more information is needed.

## CIF SPECIFIC INSTRUCTIONS:

**FRONT PAGE:**

### 1. CLIENT IDENTIFICATION:

*Indicates fields that are mandatory for NAPIS Report

**Prefix**- Fill in the appropriate information: Mr., Mrs., Ms., etc.
**Client's Last Name**- Fill in the appropriate information.
**First Name**- Fill in the appropriate information.
**Middle Initial**- Fill in the appropriate information.
**Suffix**- Fill in the appropriate information.
**Client also known as/Nickname**- Fill in the appropriate information.
***Date of Birth**- Enter the month, day, and year of birth.
**E-Mail Address**- Enter the email address of the client (if applicable).
**Homeless**- Indicate whether the client is homeless.
**Requires Assistance in an Emergency**- Indicate whether the Client requires assistance in emergency situations.

**Case Manager**- Write in name of the client's Case manager (if applicable)
**Family members/relationship**- List family members in the home and their relationship to the client.
**Address of Client**- Fill in the Client's city, state, zip code, and county. If the mailing address is different from
the physical address, write in mailing address.
**Directions to the Home**- Write the directions to the client's home. If they live in a remote area not easily
found.
**Phone number(s)**- Phone (1); fill in the client's primary phone number and type. Phone (2); fill in section if there is an additional phone number where the client can be reached.
**Types** – Home, Cell, Work, Fax, Main, Neighbor, Other.

## 2. ADDITIONAL CONTACT INFORMATION

**Type of Contact**- if completed manually, write in; if completed on screen, use options found in the drop-down menu.
Enter the name of the person/organization that is the guardian.
GUARDIAN/CONSERVATORSHIP TYPE- Please select the most appropriate answer from the options provided and entered on the CIF.

- Estate
- Person
- Both
- Dementia Power
- Medical Authority

Is there a Durable Power of Attorney? Please select the most appropriate answer from the options provided and entered on the CIF.

- Unknown
- No
- Yes
- Yes, Limited
- Yes, Health
- Yes, Both

**Name of Contact**- Enter name of contact.
**Address of contact**- Enter the city, State, and zip code of the contact.
**Phone number(s)**- Phone (1); fill in the contact primary phone number and type, phone (2); fill in the section if there is an additional phone number where the client can be reached.
**Types** – Home, Cell, Work, Fax, Main, Neighbor, Other.
**Backup Phone (2) #-** Enter additional phone number(s) of the contact. (if applicable)
**E-Mail Address**- Enter the email address of the contact (if applicable).
**Physician Contact #-** Enter the number of the primary care physician.
**Name of physician**- List the name of the physician.

## 3. DEMOGRAPHICS OF CONSUMER

***Client's Gender**- Enter the client's gender.
If less than sixty (60), reason for service- Please select the most appropriate answer from the options provided and entered on the CIF.

- Spouse
- Meal Volunteer
- Disabled
- Lives with Client
- Lives with elder housing
- Other

***Client's Race-** Enter the race of the client as stated by them.

- **White**
- **Black/ African American**
- **American Indian/ Alaskan Native**
- **Asian**
- **Native Hawaiian/ Other Pacific Islander**
- **Other**
- **Multiple**
- **Unknown**
- **Not Stated**

***Ethnicity**- is the client Hispanic or non-Hispanic

## 4. MINORITY STATUS

**If the client is a minority, the Score is three (3) for scoring purposes. (Please check box) Definition of minority: All non-white persons are minority clients.**

## 5. CLIENT'S PRIMARY LANGUAGE

**Primary language**- Enter the client's primary language; please select the most appropriate answer from the options provided and entered on the CIF.
**English Fluency**- Please select the most appropriate answer from the options provided and entered on the CIF.

- English
- Limited English
- Needs Translation

**Literacy-** Please select the most appropriate answer from the options provided and entered on the CIF.

- In English

- In Primary Language
- In Both
- Needs Translation

## 6. RELATIONSHIP STATUS

Check the appropriate box on the CIF.

## 7. EMPLOYMENT STATUS

Please select the most appropriate answer from the options provided and entered on the CIF.

- Full-Time
- Part-Time
- Retired
- Unemployed
- Volunteer
- Disabled

## 8. VETERAN STATUS

Check the appropriate box on the CIF.

## 9. RURAL ADDRESS STATUS

**Rural Address**- Check yes if the consumer does not live within the city limits of Biloxi, Columbus, Greenville, Gulfport, Hattiesburg, Jackson, Meridian, Pascagoula, Southaven, or Tupelo.

**If the address is rural, Score** (3) for scoring purposes. (Please check the box.)

## 10. HOUSING TYPE

Check the appropriate box on the CIF.

## *11. CLIENT'S CURRENT LIVING ARRANGEMENT

Check the appropriate box on the CIF that indicates the client's living arrangements.

## 12. REFERRAL SOURCE

Please select the most appropriate answer from the options provided and entered on the CIF.

- Self
- Friend/Family
- AAA/Provider
- DAAS
- Agency

- Public Health
- Doctor/Hospital
- Public Housing
- Nursing Home
- Church
- Other
- Unknown

## 13. SOURCE OF SUPPORT

Please select the most appropriate answer from the options provided and entered on the CIF.

- Family
- Friend/Neighbor
- Paid Help
- Has Help but Unsure Who
- N/A
- None
- Unknown

## 14. PRIMARY TRANSPORTATION

Please select the most appropriate answer from the options provided and entered on the CIF.

- Owns Car
- Friend
- Public Transport
- Senior Transport
- Family
- Other
- None
- Unknown

## 15. CLIENT'S/FAMILY MONTHLY INCOME

Write in the stated/given monthly income.

## 16. IS CLIENT'S/FAMILY INCOME BELOW THE NATIONAL POVERTY LEVEL

Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services. The most recent guidelines must be used in answering this question. The Division of Aging and Adult Services (DAAS) will issue an information Bulletin annually with the updated guidelines.
If the client's/FAMILY INCOME IS BELOW THE POVERTY LEVEL. Score
= (3) for scoring purposes.
(Please check box)

## 17. SOCIAL SECURITY

Check the appropriate box on the CIF.

## 18. MEDICARE

Indicate whether the client receives Medicare, if so, write in the client's Medicare # and circle all the coverage parts.

## 19. MEDICAID

Indicate whether the client receives Medicaid, if so, write in the client's Medicaid #.

## 20. ACTIVITIES OF DAILY LIVING (ADL)

The following ADL questions are to be asked of the client. Enter the information by checking the appropriate box.
Use the check boxes to indicate the score.

**BATHING**- Rate the client's ability to bathe.
**DRESSING**- Rate the client's ability to dress self.
**TOILET USE**- Rate the client's ability to use the toilet.
**TRANSFER MOBILITY**- Rate the client's ability to transfer.
**EATING**- Rate the client's ability to eat.
**WALKING IN HOME**- Rate the client's ability to walk in the home. List other observations of ADL's

Total ADL scores and enter in total (ADL) score box.

## 21. INSTRMENTAL ACTIVITIES OF DAILY LIVING (IADL)

During the last seven days and considering all episodes, how would you rate the client's ability to perform the following?
Use the check boxes to indicate a score.
**MEAL PREPARATION**- Rate the client's ability to prepare meals.
**MANAGING MEDICATIONS**- Rate the client's ability to manage their medications.
**ABILITY TO MANAGE MONEY**- Rate the client's ability to manage their money.
**ABILITY TO DO HEAVY HOUSEWORK**- Rate the client's ability to do heavy housework.
**ABILITY TO DO LIGHT HOUSEKEEPING**- Rate the client's ability to perform light housekeeping.
**SHOPPING**- Rate the client's ability to shop.
**TRANSPORTATION**- Rate the client's ability to manage their transportation.

**USING THE TELEPHONE**- Rate the client's ability to use the telephone. Total IADL's score and enter in the total IADL score box

## 22. NUTRITION RISK ASSESSMENT

These are questions to ask of the client. Check the appropriate box: Yes or No, depending on the client's response. A response of unknown means the question was not asked. It does not mean the client does not know.

**Scores are only given for yes answers. The score for each answer is listed in parentheses.** For example, if the answer to question 1 is yes, the score = 1. Total all yes answers and compare to the scoring scale provided on the CIF. Assign a nutritional risk score of (0-low or 10 high) in the designated blank. Also, circle this in section 25, under nutrition risk, which will contribute to the total consumer's score.

## 23. SERVICES REQUESTED

Enter the services requested by the client. Also, enter the start date, if applicable.

## SIGNATURES

**Signature or Mark of client**- You must read the certification notice to the client and have them sign and date it.

**Signature of person completing the form**- You must sign your name and date the form on the date the interview was conducted.

**Date entered state-approved data management system -** Enter the date that information from this form is entered into the state-approved data management system client tracking system at the AAA.

## 24. CONSUMER SCORE

Circle the scores from questions 4,9,16, and 23 ADL's and IADL's scores for total consumer score.

## FAMILY CAREGIVER ASSESSMENT

**Family Caregiver Support Program Assessment**- Complete this section only if the client is a caregiver.

- **Check the type of assessment.**
- **Enter the assessment dates.**
- **Check where the caregiver lives.**
- **Check appropriate boxes.**

Does the Caregiver assist with the following services for the recipient? Check the appropriate response. If the care recipient can take a bath or shower, dress, go to the toilet, transfer, eat, and walk without assistance, that individual is considered independent, and one (1) is assigned. If the individual requires supervision or some assistance, that individual is assigned a rate of two (2). If the individual requires assistance most of the time, the individual is assigned a rate of three (3). If the individual is mostly dependent or dependent, the individual is assigned a rate of four (4).

Check the appropriate response under the Instrumental Activities of Daily Living headings. If the recipient can prepare meals, manage medicine, manage their money, shop, do light and heavy housework, drive or access transportation, and use the telephone independently, that individual is assigned a rate of one (1). If the individual requires supervision or some assistance, that individual is assigned a rate of two (2). If the individual requires assistance most of the time, the individual is assigned a rate of three (3). If the individual needs assistance all of the time, the individual is assigned a rate of four (4).

As a result of caregiving, has the caregiver had any of the following challenges? If the answer is yes to any of the questions in this section, give the assigned rate in parentheses. Total each of the above sections under the caregiver assessment and enter the score in the total score box.

**Glossary of Terms**

**Abuse-** the willful infliction of physical pain, injury, mental anguish on a vulnerable adult, the unreasonable confinement of a vulnerable adult, or a willful deprivation by a caretaker of services which are necessary to maintain the mental or physical health of a vulnerable adult.
“Abuse” shall not mean conduct which is a part of the treatment and care of, and in furtherance of the health and safety of a patient or resident of a care facility.

**Consumer**- a person who uses goods or services.

**Client**- a customer, seeker, or receiver of goods or services.

**Caregiver-** a person who cares for someone requiring support due to a disability, Frailty, mental health problem, learning disability or old age. A person who is responsible for the well-being of an Individual. Generally, a family member or close companion.

**Disability**- means (except when such term is use in the phrase “sever disability” “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities” or “physical disability”) A disability attributable to mental or physical impairments, that results in substantial functional limitation in 1 or more of the following areas of major life activity: (A) Self-care, (B) receptive and expressive language (C) learning. (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.

**Exploitation-** the illegal or improper use of a vulnerable adult or his resources for another's profit or advantage. A new Consumer Information Form(CIF) must be completed annually to reflect continuation or discontinuation of service(s) or addition of new services. CIF's are active for a twelve-month period.

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

**Neglect**- either the inability of vulnerable adult who is living alone to provide for himself the food clothing shelter health care or other services which are necessary to maintain his/her mental and physical health or failure of a caretaker to supply the vulnerable adult with the food clothing shelter health care supervision or other services which are necessary to maintain his mental and physical health.

**Service recipient-** one who receives goods or services. Each service recipient must meet the service level defined in the appropriate service standards and must have a current CIF completed and on file.

**A state-approved data management system** is the system through which information from all CIFs will be maintained, updated annually at the Area Agency on Aging level.

## Program Limitations

**POLICY**
**(Reference:** 45 CFR 1321.9(c)(iii)**)**
The AAA shall have a policy in place outlining limitations on the frequency, amount, or type of OAA funded service provided.

**SUA PROCEDURE**
The SUA shall annually monitor the AAA program limitations policy and request documentation ensuring compliance with the policy.

**AAA PROCEDURE**
The AAA shall set program limitations for all programs in the PSA through its policies and procedures; these policies and procedures can be developed to accommodate for the ebb and flow of funding and services.

## Greatest Economic Need and Greatest Social Need

**POLICY**
**(Reference:** 45 CFR 1321.3, 45 CFR 1321.9, 45 CFR 1321.27, 45 CFR 1321.29 and 45 CFR 1321.49**)**
When providing services, the AAA shall give preference to older individuals with the greatest economic need and the greatest social need, paying particular attention to low-income older individuals, including low—income minority individuals, individuals with LEP, and older individuals living in rural areas.
"Greatest economic need" means the need resulting from an income level at or below the current Federal poverty level and, and/or other local and individual factors, including geography and expenses.

"Greatest social need", means the need caused by noneconomic factors, which include:
(1) Physical and mental disabilities.

(2) Language barriers.
(3) Cultural, social, or geographical isolation that:
(A) Restricts the ability of an individual to perform normal or routine daily tasks; or
(B) Threatens the capacity of the individual to live independently;
(4) Barriers to technology (broadband, telephone access).
(5) Loss of primary caregiver; or
(6) Living alone.

**SUA PROCEDURE**
The SUA shall annually monitor AAA service provision to ensure that service units, unduplicated persons, and program expenditures align with the percentage of clients identified as having the greatest economic need and greatest social need.

**AAA PROCEDURE**
The AAA shall prioritize services to individuals with greatest economic need and greatest social need, paying particular attention to low-income older individuals, including low-income minority individuals, individuals with LEP, and older individuals living in rural areas. The AAA shall draft a policy defining greatest economic need and greatest social need that aligns with the SUA definition. These definitions shall serve as the guide for the provision of services. In targeting populations with greatest social and economic, AAAs shall adhere to the following:

- If AAAs would like to augment either or both definitions of greatest social need or greatest economic need, the AAA should do so as part of the Area Plan process by describing additional priority populations to be served and data supporting the inclusion of additional priority populations.
- As part of the Area Plan development and review process, AAAs should consult with their Advisory Councils and community partners about where gaps exist in the planning and service area to serve these populations and how OAA funding may be used to supplement existing services or fund services where none exist. AAAs must also solicit input on gaps as part of their public comment processes related to review of the draft area plan.
- Allowable services should be carefully and completely defined within the AAAs Area Plan.

## Access to Services

**POLICY**
**(Reference:** 45 CFR 1321.53, 19 CSR 15-4.240**)**
The AAA shall have a program in place to facilitate access to supportive, nutrition, disease prevention health promotion, and family caregiver services, nutrition services, or other services provided by the AAA following local, state, and federal regulations.

**SUA PROCEDURE**
Through Area Plan review, the SUA shall ensure that the AAAs have implemented programming to facilitate access to supportive, nutrition, disease prevention health promotion, family caregiver services and other services available through the AAA.

**AAA PROCEDURE**
Every fourth year, the AAA shall submit an Area Plan for its PSA, which details the supportive services provided. Information shall be updated as programs and contractors change, with a thorough review annually.

## General Requirements for All Service Providers

**POLICY**
**(Reference:** 45 CFR 1321.79**)**
All service providers (AAAs or their service contractors) must be in compliance with the Final Rule and the Mississippi Department of Human Services/Division of Aging and Adult Services Policy and Procedure Manual.

As a condition for receipt of funds under the OAA, each SUA and/or AAA shall assure that service providers shall:

(a) Specify how the service provider intends to satisfy the service needs of those identified as in greatest economic need and greatest social need, with a focus on low-income minority individuals in the area served, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider.
(b) Provide recipients with an opportunity to contribute to the cost of the service as provided in 45 CFR 1321.9(c)(2)(x) or (xi).
(c) Pursuant to section 306(a)(16) of the OAA (42 U.S.C. 3026(a)(16)), provide, to the extent feasible, for the furnishing of services under the OAA through self-direction.
(d) Bring conditions or circumstances which place an older person, or the household of an older person, in imminent danger to the attention of adult protective services or other appropriate officials for follow-up, provided that:
    1. The older person or their legal representative consents; or
    2. Such action is in accordance with local adult protective services requirements, except as set forth at 45 CFR 1321.93 and 45 CFR part 1324, subpart A, of this chapter.
(e) Where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
(f) Assist participants in taking advantage of benefits under other programs; and
(g) Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

**SUA PROCEDURE**
Annually, during monitoring of AAA Direct Services, the SUA will ensure that the AAA complies with the above requirements as well as the OAA final rule, the OAA, and the AAA contracts and assurances through review of documentation and data.

Annually, during monitoring, the SUA will review a sample of contracts from each service type to ensure that the contracts contain all of the specific information above along with requirements to be in compliance with the OAA final rule, OAA, and the AAA contracts and assurances. In addition, the SUA will select random samples of the monitoring completed by the AAA to ensure that the AAA is monitoring its service providers for these requirements.

As part of the Contract and Commercial Relationships review, the SUA will review each service provider contract along with the completed Conflict of Interest forms and completed Contracts and Commercial Relationships Checklist to ensure that the above information is in the bid, contracts or other such

documents. The SUA will determine upon review if the contract monitoring completed by the AAA will need to be reviewed by the SUA during annual monitoring the following year.

**AAA PROCEDURE**
If the AAA is providing services directly, they must have a preapproved waiver or an approved waiver to do so. In addition, the AAA shall ensure that the services provided directly are in compliance with the OAA final rule, the OAA, and the AAA contracts and assurances.

If the AAA is bidding out the services to service providers, the above requirements along with the OAA final rule, the OAA, and the AAA contracts and assurances shall be included in the bid document. Once a service provider is selected, the bid document and the winning bid proposal shall become the official contract which the provider must follow.

The AAA shall annually monitor service providers to ensure compliance with all contract requirements including at least the following: OAA final rule, the OAA, and the AAA contracts and assurances.

## Contracted Services

**POLICY**
Services secured through a contract between the AAA and a service provider shall meet all applicable requirements.

**SUA PROCEDURE**
During annual monitoring, the SUA shall ensure that the AAA has met the applicable requirements through reviewing the AAA contracts and monitoring documents.

**AAA PROCEDURE**
The AAA shall ensure that all contracts with service providers contain all applicable requirements and shall annually monitor each contractor to ensure that each requirement is being met. The SUA shall monitor each AAA annually to confirm this process has been completed. Applicable requirements for all contracted service providers include the OAA final rule, the OAA, and 49 CFR Part 38, Subpart B (transportation only).

## Consumer-Directed Services

**POLICY**
**(Reference:** Older Americans Act Section 306(a)(16) and OAA Section 307(a)(26)**)**
AAAs employing a consumer-directed services model for services shall ensure that all OAA and Mississippi Department of Human Services/Division of Aging and Adult Services requirements are in place.

**SUA PROCEDURE**
During annual monitoring the SUA shall review the AAAs Consumer Directed Services program to ensure that participants are receiving all applicable information, and the AAA is meeting all OAA (defined in OAA Section 102(47).

**AAA PROCEDURE**
AAAs must ensure that each of the following is provided to the participant:

A. AAA (or other designated representative) works with the participant to plan, budget, and purchase supportive services.
B. Participants are provided with such information and assistance as is necessary, and appropriate, to enable the individual to make informed decisions about options.
C. AAA (or other designated representative) assesses the needs, capabilities, and preferences of the participant concerning such services, and the individual's ability to direct and control the receipt of such services.
D. Based on the assessment in (C), the AAA (or designated representative) develops the plan with

the participant and the participant's family, caregiver, or legal representative.

The AAA shall provide oversight of the participant's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of OAA funds.

# Person-Centered, Trauma-Informed, and Culturally Sensitive Services

## Person-Centered Approach

**POLICY**
**(Reference:** 45 CFR 1321.77)
Services should, as appropriate, provide older adults and family caregivers with the opportunity to develop a person-centered plan that is led by the individual or, if applicable, by the individual and the individual's authorized representative. Services should be incorporated into existing person-centered plans, as appropriate.
**SUA PROCEDURE**
The SUA shall provide guidance on implementing a person-centered approach, ensuring compliance with federal regulations.

The SUA shall ensure that AAAs have access to person-centered training resources and materials.

**AAA PROCEDURE**
AAAs shall design and deliver services that reflect the individual's choices, facilitating their ability to live independently and maintain their preferred lifestyle. Area agencies and service providers should provide training to staff and volunteers (Level 2 or 3 in the chart) on person-centered and trauma- informed service provision.

AAAs must ensure all frontline staff receive training in the provision of person-centered services.

## Trauma-Informed Care

**POLICY**
Services must be delivered with awareness of past trauma, creating a safe environment that fosters healing and avoids re-traumatization.

**SUA PROCEDURE**
The SUA shall support AAAs in accessing and completing trauma-informed care training.

**AAA PROCEDURE**

AAAs shall implement trauma-informed practices in all interactions, ensuring sensitivity to past experiences and promoting emotional well-being.

AAAs must have all frontline staff complete some form of trauma-informed care training.

## Community and Family-Centered Services/Cultural Sensitivity

**POLICY**
**(Reference:** 45 CFR 1321.77)
Services should integrate community and family-centered approaches, respecting traditions, practices, beliefs, and cultural norms of those served. AAAs should offer services responsive to the cultural, linguistic, and social needs of older adults and family caregivers, incorporating cultural norms, values, and traditions in service delivery. Older adults and family caregivers should be involved in the development of services and programs.

**SUA PROCEDURE**
The SUA shall support AAAs in developing services that incorporate community and family values, have culturally sensitive service frameworks, including training and resource materials. and include input from older adults and family caregivers in the community.

**AAA PROCEDURE**
AAAs should engage with local communities and families to tailor services that reflect cultural and familial expectations. AAAs should ensure that services are culturally competent and include language accessibility, with interpretation and translation services available as needed. AAAs should gather input from older adults and family caregivers in the community when developing programs and services.

## Equitable Access to Services

**POLICY**
**(Reference:** 45 CFR 1321.53**)**
The SUA and AAAs shall ensure that all services are accessible to diverse populations, including those from marginalized or underserved communities. Special efforts shall be made to identify and remove barriers to access.

**SUA PROCEDURE**
SUA will monitor that AAA intake processes assess cultural, linguistic, and accessibility needs of participants, and that service plans are tailored to address the unique needs of each participant.

**AAA PROCEDURE**
AAAs shall conduct culturally sensitive assessments and develop individualized service plans.

## Addressing Discrimination and Harassment

**POLICY**
**(Reference:** 45 CFR 92.101**)**
The SUA and AAAs have a zero-tolerance policy for discrimination, harassment, or bias based on any protected characteristic. Incidents shall be promptly investigated, and appropriate actions shall be taken.

**SUA PROCEDURE**
The SUA will ensure through program monitoring that a clear and confidential process is in place for reporting complaints and that all complaints shall be promptly and fairly investigated.

**AAA PROCEDURE**
AAAs shall establish a clear and confidential process for reporting complaints and ensure that all complaints are promptly and fairly investigated.

## Compliance with Section 504 of the Rehabilitation Act of 1973

The SUA and AAAs are required to comply with Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The regulations set forth under 45 CFR Part 84 have been updated to ensure that individuals with disabilities have equal access to medical treatment, services in the most integrated settings, accessible medical equipment, and digital platforms. These updates align with recent Supreme Court decisions, such as Olmstead v. L.C., and the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA standards.

Section 504 of the Rehabilitation Act of 1973 is a federal law that protects people with disabilities from discrimination in programs and activities that receive federal funding. This includes programs run by the U.S. Department of Education (ED) and programs that receive financial assistance from the Department of Housing and Urban Development (HUD).

Section 504 protects people with disabilities from being excluded from programs or activities, denied benefits, or required to accept lesser services than others. It also prohibits organizations from requiring people with disabilities to participate in separate programs or services from those available to people without disabilities.

**POLICY**
**(Reference:** Section 504 of the Rehabilitation Act of 1973; 45 CFR Part 84 and Americans with Disabilities Act (ADA): Title II**)**
The SUA and AAAs must ensure compliance with the updated Section 504 regulations, which include specific provisions regarding discrimination in medical treatment, community integration, accessibility of medical equipment, web and mobile accessibility, and value assessment methods. This policy provides the framework for implementing these regulations across all SUA and AAA operations, ensuring that services are delivered equitably and without discrimination based on disability.

**SUA PROCEDURES**
The SUA shall provide ongoing training and technical assistance to AAAs and service providers on the updated regulations, focusing on areas such as medical treatment, community integration, and digital accessibility.

The SUA shall ensure through monitoring that AAA contracts and purchases of medical equipment, kiosks, websites, and mobile applications comply with the final rule.

**AAA PROCEDURES**
AAAs shall ensure that medical treatment decisions are free from discrimination and bias.

AAAs shall ensure that all contracts with vendors, especially those related to medical equipment, web services, and kiosks, include provisions that require compliance with the final rule.

AAAs shall provide training to staff and service providers on the updated Section 504 regulations, focusing on ensuring accessibility in medical treatment, community integration, and digital platforms, including practical guidance on implementing the WCAG 2.1 standards and using accessible medical equipment.

AAAs shall establish internal monitoring mechanisms to track compliance with the final rule, including regular reviews of service delivery practices and digital accessibility.

# Section 3 – Title III B Supportive Services

## Defining Supportive Services

**POLICY**
**(Reference:** 45 CFR 1325.85**)**
The SUA must approve any program or service carried out with OAA funds. Supportive services, as listed in 42 U.S.C. 3030d, are allowable uses under Title III B. Any service listed in 42 U.S.C. 3030d and not defined in the Area Plan Definitions may only be offered if approved by the SUA.

All funds provided under Title III part B of the Act must be distributed within a State pursuant to 45 CFR 1321.49 or 45 CFR 1321.51.

**SUA PROCEDURE**
Annually, the SUA updates the Area Plan Definitions, which includes all approved programs and services that can be funded with OAA funds. If the AAA desires to offer a program outside the list approved by the SUA, the AAA can complete a Request to Develop and Coordinate a new Program or Service. This written request shall provide the rationale for the new program data to support the need for such a program. The SUA shall review the request and approve or deny the request.

For those Title III, part B services intended to benefit family caregivers, such as those provided under sections 321(a)(6)(C), 321(a)(19), and 321(a)(21) of the OAA (42 U.S.C. 3030d(a)(6)(C), 3030d(a)(19), and 3030d(a)(21)), State and area agencies shall ensure that there is coordination and no inappropriate duplication of such services available under Title III, part E.

**AAA PROCEDURE**
For any program outside of those listed in the Area Plan Definitions, the AAA shall complete a written Request to Develop and Coordinate and New Program or Service Form. This written request shall detail the program explanation, target audience, data supporting need, estimated expenditures accompanying the program, and estimated units and unduplicated persons served by the program.

For those Title III, part B services intended to benefit family caregivers, such as those provided under sections 321(a)(6)(C), 321(a)(19), and 321(a)(21) of the OAA (42 U.S.C. 3030d(a)(6)(C), 3030d(a)(19), and 3030d(a)(21)), State and area agencies shall ensure that there is coordination and no inappropriate duplication of such services available under Title III, part E.

# Title III B Legal Assistance

The provisions and restrictions in this section apply to legal assistance funded by and provided pursuant to the OAA. Legal assistance means legal advice and/or representation provided by an attorney to older adults with economic or social needs, per section 102(33) of the OAA. Legal assistance may include, to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney, and counseling or representation by a non-lawyer as permitted by law.

## Selection of Legal Assistance Providers

**POLICY**
**(Reference:** 45 CFR 1321.93(a)**)**
Each AAA shall select and procure through contract the legal assistance provider or providers best able to provide legal assistance in accordance with 45 CFR 1321.93(c-f).

**SUA PROCEDURE**
As part of annual programmatic monitoring, the SUA shall evaluate the procurement process, procurement documentation, contract(s), and monitoring documents for legal assistance for compliance with the requirements in 45 CFR 1321.93(c-f).

**AAA PROCEDURE**
Each AAA shall provide the procurement process, procurement documentation, contract(s), and monitoring documents for any contracted service providers that provided legal assistance using Title III of the OAA.

## Standards for Legal Assistance Provider Selection

**POLICY**
**(Reference:** 45 CFR 1321.93(c)(2))
The AAA shall select the legal assistance provider(s) that best demonstrate the capacity to conduct legal assistance, which means having the requisite expertise and staff to fulfill the requirements of the OAA and all applicable Federal requirements for the provision of legal assistance.

**SUA PROCEDURE**
The SUA shall evaluate the procurement process and procurement documentation provided by the AAA to ensure that the selected legal assistance provider meets the standards provided in 45 CFR 1321.93(d). See AAA PROCEDURE below for specific standards.

**AAA PROCEDURE**
The AAA shall provide procurement documentation that demonstrates that the selected legal assistance provider meets the standards provided in 45 CFR 1321.93(d). The selected provider shall exhibit the capacity to:

- Retain staff with expertise in specific areas of law affecting older individuals with economic or social need, including the priority areas identified in the OAA.
- Demonstrate expertise in specific areas of law that are given priority in the OAA, including income and public entitlement benefits, health care, long-term care, nutrition, consumer law, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship, prioritizing focus from among the areas of law based on the needs of the community served (See 45 CFR 1321.93(d)(2)(i-ii) for further detail about defense of guardianship).

- Provide effective administrative and judicial advocacy in the areas of law affecting older individuals with greatest economic need or greatest social need.
- Support other advocacy efforts, for example, the Long-Term Care Ombudsman Program, including requiring a memorandum of agreement between the State Long-Term Care Ombudsman and the legal assistance provider(s) as required by section 712(h)(8) of the OAA; and
- Effectively provide legal assistance to older adults residing in congregate residential long-term settings as defined in the OAA in section 102(35), or who are isolated as defined in the OAA in section 102(24)(c), or who are restricted to the home due to cognitive or physical limitations.

## Standards for Contracting Between AAAs and Legal Assistance Providers

**POLICY**
**(Reference:** 45 CFR 1321.93(e)(1)**)**
Each AAA shall enter into a contract(s) with the selected legal assistance provider(s) that demonstrate(s) the capacity to deliver legal assistance.

**SUA PROCEDURE**
The SUA shall evaluate the legal assistance service provider(s) contract(s) provided by the AAA to ensure that the contract meets the standards provided in 45 CFR 1321.93(e). See AAA PROCEDURE below for specific standards.

**AAA PROCEDURE**
The AAA shall provide the legal assistance service provider(s) contract(s) that meets the standards provided in 45 CFR 1321.93(e).

The contract(s) shall specify that legal assistance service provider(s) shall demonstrate the capacity to:

- Retain staff with expertise in specific areas of law affecting older individuals with economic or social need, including the priority areas identified in the OAA.
- Demonstrate expertise in specific areas of law that are given priority in the OAA, including income and public entitlement benefits, health care, long-term care, nutrition, consumer law, housing, utilities, protective services, abuse, neglect, age discrimination, and defense of guardianship, prioritizing focus from among the areas of law based on the needs of the community served (See 45 CFR 1321.93(d)(2)(i-ii) for further detail about defense of guardianship).
- Prioritize representation and advice that focus on the specific areas of law that give rise to problems that are disparately experienced by older adults with economic or social need.
- Maintain staff with the expertise, knowledge, and skills to deliver legal assistance as described in this section.
- Engage in reasonable efforts to involve the private bar in legal assistance activities authorized under the OAA, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
- Ensure that attorneys and personnel under the supervision of attorneys providing legal assistance shall adhere to the applicable Rules of Professional Conduct, including, but not limited to, the obligation to preserve the attorney-client privilege.

The contract shall include provisions:

- Describing the duty of the AAA to refer older adults to the legal assistance provider(s) with whom the AAA contracts. In fulfilling this duty, the AAA is precluded from requiring a pre-screening of

older individuals seeking legal assistance or from acting as the sole and exclusive referral pathway to legal assistance.

- Requiring the contracted legal assistance provider(s) to maintain capacity to provide legal assistance in the preferred language used by older individuals seeking and/or receiving legal assistance who are LEP, including in oral and written communication, and to ensure effective communication for individuals with disabilities, including by providing appropriate auxiliary aids and services where necessary. For additional detail, see 45 CFR 1321.93(e)(3)(ii)(A-C).
- Providing that the AAA shall provide outreach activities that shall include information about the availability of legal assistance to address problems experienced by older adults that may have legal solutions, such as those referenced in sections 306(a)(4)(B) and 306(a)(19) of the OAA. Specific populations to provide outreach are listed in 45 CFR 1321.93(e)(3)(iii) (A-B).
- Providing that legal assistance provider attorney staff and non-attorney personnel under the supervision of legal assistance attorneys must adhere to the applicable State Rules of Professional Conduct.
- Requiring that if the legal assistance provider(s) contracted by the AAA is located within a Legal Services Corporation grantee entity, the legal assistance provider(s) shall adhere to the specific restrictions on activities and client representation in the Legal Services Corporation Act (42 U.S.C. 2996 et seq.). See 45 CFR 1321.93(e)(3)(v)(A-C) for exemptions.

## Legal Assistance Provider Requirements

**POLICY**

Each AAA shall monitor at least annually to ensure that the legal assistance provider that it enters into a contract with to provide legal assistance under section 307(a)(11) of the OAA is meeting the requirements outlined in the contract and the requirements outlined in 45 CFR 1321.93(f) when the legal assistance provider is providing service that is funded by the OAA Title III B funds.

**SUA PROCEDURE**

The SUA shall evaluate the monitoring documents provided by the AAA to ensure that the AAA is monitoring at least annually for the contractual requirements listed in 45 CFR 1321.93(e) and the legal assistance provider requirements listed in 45 CFR 1321.93(f). See AAA PROCEDURE below for specific requirements.

**AAA PROCEDURE**

The AAA shall provide the documents that demonstrate that the AAA monitored the legal assistance service provider(s) for the standards provided in 45 CFR 1321.93(e) and the requirements listed in 45 CFR 1321.93(f).

Legal assistance providers under contract with the AAA shall adhere to the following requirements:

- Provide legal assistance to meet complex and evolving legal needs that may arise involving a range of private, public, and governmental entities, programs, and activities that may impact an older adult's independence, choice, or financial security.
- Maintain the capacity for and provision of effective administrative and judicial representation. See 45 CFR 1321.93(f)(2)(ii)(A) for a definition.
- Conduct administrative and judicial advocacy as necessary to meet the legal needs of older adults with economic or social need, focusing on such individuals with the greatest economic need or greatest social need. See 45 CFR 1321.93(f)(2)(iii)(A-B) for definitions.

- Maintain the expertise required to capably handle matters related to the priority case type areas specified under the OAA, including income and public entitlement benefits, health care, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination and defense of guardianship.
- Maintain the expertise required to deliver any matters in addition to priority case types listed above that are related to preserving, maintaining, and restoring an older adult's independence, choice, or financial security.
- Maintain the expertise and capacity to deliver a full range of legal assistance, from brief service and advice through representation in hearings, trials, and other administrative and judicial proceedings in the areas of law affecting such older individuals with economic or social need.
- Maintain the capacity to provide effective legal assistance and legal support to other advocacy efforts, including, but not limited to, the Long-Term Care Ombudsman Program serving the PSA, as required by section 712(h)(8) of the OAA, and maintain the capacity to form, develop and maintain partnerships that support older adults' independence, choice, or financial security.
- Maintain and exercise the capacity to effectively provide legal assistance to older adults regardless of whether they reside in community or congregate settings, and to provide legal assistance to older individuals who are confined to their home, and older adults whose access to legal assistance may be limited by geography or isolation.
- Maintain the capacity to provide legal assistance in the preferred language used by older individuals seeking and/or receiving legal assistance who are limited-English proficient (LEP), including in oral and written communication. See 45 CFR 1321.93(f)(2)(ix)(A-C) for additional details.
- Maintain staff with knowledge of the unique experiences of older adults with economic or social need and expertise in areas of law affecting such older adults.
- Meet the following legal assistance provider requirements:
    - A legal assistance provider may not require an older person to disclose information about income or resources as a condition for providing legal assistance under this part.
    - A legal assistance provider may ask about the person's financial circumstances as a part of the process of providing legal advice, counseling, and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.
    - A legal assistance provider and its attorneys may engage in other legal activities to the extent that there is no conflict of interest nor other interference with their professional responsibilities under the OAA.
    - Legal assistance providers that are not housed within Legal Services Corporation grantee entities shall coordinate their services with existing Legal Services Corporation projects to concentrate funds under the OAA in providing legal assistance to older adults with the greatest economic need or greatest social need.
    - Nothing in this section is intended to prohibit any attorney from providing any form of legal assistance to an eligible client, or to interfere with the fulfillment of any attorney's professional responsibilities to a client.
    - Legal assistance provider attorney staff and non-attorney personnel under the supervision of legal assistance attorneys must adhere to the applicable Rules of Professional Conduct
- Restrictions on legal assistance listed in 45 CFR 1321.93(f)(3).
- Legal assistance provider prohibited activities listed in 45 CFR 1321.93(f)(4).

## Attorney-Client Privilege

**POLICY**
**(Reference:** 45 CFR 1321.75(c)**)**
AAAs and the SUA shall not require any provider of legal assistance to reveal any information that is protected by the attorney-client privilege.

**SUA PROCEDURE**
The SUA shall not require the AAAs or their Legal Service Providers to provide any information that connects the identity of the participant to the type of legal assistance that the participant received.
The SUA shall not require any data reports that connect the identity of the participant to the type of legal assistance that the participant received. Data for the SPR shall be aggregated following ACL guidelines and include all required data elements.

**AAA PROCEDURE**
AAAs shall not require any data reports that connect the identity of the participant to the type of legal assistance that the participant received. Data for the SPR shall be aggregated per ACL guidelines and include all required data elements.

## Priority Legal Assistance Case Types

**POLICY**
**(Reference:** 45 CFR 1321.93(d)(1) and Older Americans Act Section 307(e)**)**
AAAs shall contract with legal assistance providers that 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.

**SUA PROCEDURE**
The SUA shall evaluate case type data during annual programmatic monitoring to ensure that at least 51% of legal assistance units are in the priority legal assistance categories.

**AAA PROCEDURE**
AAAs shall implement procedures at the local level to ensure that at least **51%** of legal assistance units are in the priority legal assistance categories.

# Title III B Access Services

The provisions and requirements in this section apply to Access Services funded under the Older Americans Act (OAA). Access Services are designed to support older adults, particularly those with economic or social needs, by facilitating their ability to obtain needed services. In accordance with Section 102(33) of the OAA, Access Services may include activities such as information and assistance, case management, and transportation services. These services help connect older individuals to available resources and ensure they receive the support necessary to maintain independence and well-being. To the extent feasible, Access Services may also involve the coordination of efforts by trained professionals or volunteers acting under appropriate supervision, consistent with federal, state, and local laws.

## Case Management

**POLICY**

**Case Management** provides support and assistance in accessing or coordinating care for older individuals with diminished functional abilities, health conditions, or other factors that necessitate services from formal service providers or family caregivers. This service involves conducting needs assessments, creating care plans, authorizing and coordinating services across providers, and offering follow-up and reassessments as necessary.

**SUA PROCEDURE**

- **Service Availability Plan:** Confirm that each AAA has a comprehensive plan to deliver the case management service within its PSA.
- **Statewide Access:** Ensure that case management services are available to all eligible participants across Mississippi.
- **Data Monitoring:** Review reports and unduplicated service unit data during annual monitoring to verify compliance with program limits and definitions.
- **Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Case Management program and who provide direct services under this initiative.
    - Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

- **Service Delivery Plan:**
    - Case management services include assessing needs of the older adults, creating a care plan, authorizing and coordinating services across providers, and conducting follow-ups and reassessments as necessary.
    - Develop and implement a plan that provides for direct delivery, contracted services, or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.
- **Eligibility Assessment:** Use the Consumer Information Form (CIF) to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental supports.
- **Documentation and Reporting:** Maintain detailed records of all activities and submit sufficient supporting data and documentation.

**Eligibility for Case Management Services**

To qualify for Case Management Services, individuals must meet the following criteria:

1. Be aged 60 or older and have a Level II score of 30 or higher on the DAAS Consumer Information Form.
2. Spouses of case-managed clients under 60 may also be eligible if they are disabled.

During the assessment process, individuals must meet at least four (4) of the following criteria:

1. The individual is at risk of inappropriate nursing home placement without intervention.

2. The individual's need for assistance with Activities of Daily Living (ADLs) exceeds the support available from their natural support system.
3. The individual requires three or more services or has multiple disabling conditions.
4. The individual has limited access to transportation or is homebound due to physical or medical conditions.
5. The individual has a limited or non-existent support system.

**Units of Service**

A "unit of service" is defined as one (1) case management hour, which includes all activities performed by the case manager related to a client's case. This includes travel time related to the client or their case record.

**Case Management Program Requirements**

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

1. **Client Tracking System:** All clients must be entered into the State Approved Client Tracking System within 10 working days.
2. **Service Activities:**
    - **Phase I: Entry**
        - **Screening:** Initial procedures to determine eligibility for services, appropriateness of service level, and to maintain a service recipient database. Screening must be completed for hospital patients within one working day and within three working days for community referrals, or within 24 hours in emergencies.
        - **Intake:** The process by which the program commits to serving the individual, including informing the client about their rights and responsibilities, service provision, and case manager contact details.
    - **Phase II: Assessment**
        - The CIF must be completed within 10-15 working days after screening to gather the necessary information for the care plan and address the client's needs.
    - **Phase III: Client Goal Setting and Services Planning**
        - Goals and objectives are developed with the client to ensure active participation in addressing their needs. The care plan should address the client's specific needs, such as ADLs, counseling, socialization, and resource coordination.
    - **Phase IV: Plan of Care Implementation**
        - Implementation of the plan of care, based on the client's assessed needs and available resources.
    - **Phase V: Review and Evaluation**
        - Annual reassessment to evaluate the effectiveness of the care plan and determine whether modifications or termination of services are necessary.
3. **Termination of Case Management Services*** A client may be terminated from case management services for the following reasons:
    - The client or their legal representative requests termination.
    - The client no longer meets eligibility requirements.
    - The client refuses to accept services.
    - The client is unavailable for services after 30 days.

**Clients will be notified in writing at least 10 working days prior to termination. If necessary, clients will be referred to appropriate services, including the local ombudsman for long-term care facility transitions.*

**Service Delivery and Documentation**

1. **Service Location and Access**
    - Case management services are provided in the client's home. Clients can enter the system through appropriate referrals at any time.
2. **Service Hours**
    - Case management services are available Monday through Friday, from 8:00 a.m. to 5:00 p.m.
3. **Documentation Requirements**
    - All client records must be maintained in the case manager's office and include specific forms such as DAAS screening (CIF), assessments, plans of care, and progress notes. Documentation should be completed within 48 hours of service activities.
4. **Case Record Retention**
    - Client records will be stored securely and retained for three (3) years following termination from the program. Records will be disposed of in a manner that protects client confidentiality.

**Staffing and Qualifications**

1. **Case Management Supervisor (if applicable)**
    - Responsibilities include overseeing case management staff, ensuring adherence to quality standards, and evaluating the effectiveness of services. Supervisors must have at least two (2) years of supervisory experience working with older adults and the disabled.
2. **Case Manager**
    - Case managers assess clients, develop care plans, coordinate services, and monitor progress. They are responsible for maintaining case records, coordinating informal and community resources, and ensuring service delivery. Case managers are required to have a relevant degree (in social work, psychology, public health or related field) and have a minimum of two (2) years of related experience. They are also able to maintain an active caseload of approximately 60 clients, or 50 if serving as a supervisor.

## Information and Assistance

**POLICY**

**Information & Referral/Assistance (I&R/A)** is a service established to assist older adults and their caregivers by evaluating individual needs, identifying suitable services, and coordinating access to appropriate community-based providers. Support is offered through telephone and online inquiries. The I&R/A service shall ensure individuals are informed about available community resources, are effectively linked to relevant programs and opportunities, and, where feasible, receive follow-up to promote service continuity and sustained engagement. The AAA shall have staff who serve as Information and Assistance/Referral Professionals. While any staff affiliated with the AAA can provide general I&A/R services, staff who are designated as I&A/R Professionals must have undergone additional training that will allow them to provide more in-depth assistance and an enhanced referral process. I&A/R staff shall be composed of competent, ethical, qualified individuals, whether paid or volunteer. I&A/R staff shall provide current information on

services available to individuals within their communities and assess problems and capacities.

**SUA PROCEDURE**

- **Service Availability Plan:** Confirm that each AAA has a comprehensive plan to deliver Information & Referral Assistance services. During annual monitoring, the SUA will ensure that the AAA has dedicated I&A/R staff that meet these requirements or has contracted with a provider whose staff meet these requirements.

- **Statewide Access:** Ensure that Information & Referral Assistance services are available to the needed counties across Mississippi.
- **Data Monitoring:** Review reports and supportive documentation, along with reviewing service unit data during annual monitoring to verify compliance with program limits, requirements and definitions.
- **Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the I&R/A services and who provide direct services under this initiative.
    - Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

- **Service Delivery Plan:** Develop and implement a plan that provides direct delivery, contracted services, and/or shared service arrangements to ensure that all eligible older adults have access to the full range of services.
- **Documentation and Reporting:** Document calls using the approved data management system and call logs. Maintain detailed records of all activities and submit sufficient supporting data and documentation.

The purpose of Information and Referral/Assistance is to:

1. Provide older individuals with information about available community programs, services, and opportunities.
2. Assist older individuals in identifying their needs and determining the types of assistance required.
3. Support older individuals in maintaining independence and remaining in their communities by connecting them with necessary services and informing them of relevant eligibility-based programs.
4. Enhance awareness and understanding among older adults about available public and private resources.
5. Facilitate timely and appropriate referrals to services that meet identified needs.
6. Conduct follow-up calls to ensure services have been accessed and are meeting the individual's needs.

**A. Eligibility**

Eligibility for I&R/A services includes:

- Individuals aged 60 or older, or those inquiring on their behalf, including disabled older adults.

- Family members and caregivers of older individuals may also access I&R/A services to identify needed support.

**B. Unit of Service**

A unit of service is defined as one contact with an older adult or a person acting on their behalf.

**C. Minimum Program Requirements**

1. The I&A/R shall be sufficient in number to carry out administrative and service responsibilities. Service responsibilities shall include:

- Maintaining an up-to-date resource file which shall be updated periodically.
- Records shall be maintained of all transactions. Reports shall be prepared in a manner that identification of the caller using the I&A/R service is not revealed or accessible to anyone other than staff members assisting them.
- Providing information to all persons making inquiries.
- Providing referral and follow-up as needed.
- In the event a referral is made which requires follow-up, a client intake form shall be started. Client intake instruments shall have the capacity to gather at least the following information:
- Family name, address, apartment, street, city or town, county, zip code, and telephone number.
- Name of primary inquirer for which services are sought (if other than caller);
- Problem(s).
- Service needs: organizations to which inquiry was referred.
- Nature of request (information or referral, or both); and
- Means of contact (letter, telephone, walk-in).
- If follow-up is provided, the results of the follow-up shall indicate the final disposition and a notation shall be made as to whether the service is:
- Completed.
- Ongoing; or
- Incomplete because of, but not limited to:
    1. Insufficient availability of service.
- Inquirer's refusal to accept available service.
- Inquirer's refusal or unwillingness to contact service; or
- Inquirer does not meet eligibility requirements (income, residence, or age).
- Conducting public information and educational activities; and
- Collecting data on inquirers and maintaining confidential, accurate, and up-to-date records.

Training shall be provided to all I&A/R staff, paid and volunteer, to ensure adequate delivery of information and assistance services. Training shall consist of the following components:

- The role, purpose, and function of the information and assistance service.
- Skills training in the areas of interviewing techniques, attitudes, listening, communications, proper telephone usage, assessment techniques, information and assistance procedures, follow-up, data reading, maintenance of records, and use of resource files.
- Recognizing abuse/neglect and exploitation of older adults and procedures for reporting to the division's hotline.
- On-the-job training which should consist of a program of increasing levels of involvement in handling inquiries, beginning with observation, and ending with full responsibility for handling inquiries; and

- In-service training provided regularly, which should include the refinement and updating of the staff's understanding and knowledge of appropriate topics, including the operation of human service systems (legal, health, aging, welfare, governmental, education, advocacy, and the like), and shall address techniques that assist staff with maintaining professionalism.

## Outreach

**POLICY**

**Outreach** is a proactive strategy undertaken by The Area Agency on Aging and the SUA to identify and engage potential clients—namely older adults and their caregivers—with the goal of connecting them to available services and benefits. Outreach efforts may include participation in community events such as health fairs, senior expos, and educational conferences, as well as delivering presentations to targeted audiences. Activities may also involve distributing informational materials (e.g., flyers, brochures) in locations frequented by older adults and caregivers. Additionally, outreach may encompass the use of media and social media platforms to raise awareness and promote access to aging-related services and support.

**SUA PROCEDURE**

- **Service Availability Plan:** Confirm that each AAA has a comprehensive plan to deliver outreach services, whether in-house or contracted out.
- **Statewide Access:** Ensure that outreach services are available to all four eligible subgroups across Mississippi.
- **Data Monitoring:** Review reports and supportive documentation, along with reviewing service unit data during annual monitoring to verify compliance with program limits, requirements and definitions.
- **Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Outreach program and who provide direct services under this initiative.
    - Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

- **Service Delivery Plan:**
    - Develop and implement a plan that provides direct delivery, contracted services, and/or shared service arrangements to ensure that all eligible older adults have access to the full range of services.
- **Eligibility Assessment:** Develop and utilize standardized tools to assess the functional impairment of care recipients, ensuring eligibility for specific services, follow-up forms, and referral forms.
- **Documentation and Reporting:** Maintain detailed records of all older adults' activities attended by outreach staff, and submit sufficient supporting data as required during SUA monthly and annual monitoring.

**Purpose**

The purpose of the Outreach Program is to:

1. Locate and inform older adults with the greatest economic and social needs of available services and programs in the community.
2. Promote and encourage the use of existing services and resources by older adults in the community.
3. Assist older adults in obtaining access to needed services.
4. Collect and record data on the service needs of older adults within communities.

**Eligibility**
Individuals **60 years of age or older** are eligible to receive outreach services.

**Unit of Service**
One unit of service is defined as **one client contact**.

**Minimum Program Requirements**
**1. Service Activities**
Outreach workers (paid or volunteer) shall:

a. Provide information on services and resources to older adults.
b. Assess potential recipients and make referrals to appropriate services.
c. Refer clients to case management as appropriate.
d. Always display proper identification (name tags, ID cards, or photo badges) while attending events.
e. Follow up on all referrals made.
f. Serve in full-time or part-time roles (paid or volunteer).
g. Coordinate with Information and Referral (I&R) and Case Management services to provide adequate referrals.
h. Be knowledgeable about community resources and services.
i. Receive leads from family, community contacts, organizations, hospitals, senior centers, and agencies.
j. Utilize effective outreach materials (ads, brochures, pamphlets, etc.) to promote services.
k. Promote the use of volunteers in the outreach program (if applicable).
l. Be familiar with nearby neighborhoods and communities to identify potential clients.
m. Maintain confidentiality of client information.
n. Document all service activities in the client case record.
o. Obtain signed Release of Information forms needed for referrals.

**2. Location of Service**
Services may be provided in public settings or other appropriate locations.

**3. Access to Service**
Clients may access outreach services through valid referrals from an appropriate source.

**4. Delivery Characteristics**

a. Clients must provide basic information (name, address, directions, phone number) for outreach.
b. Client case records should include, where applicable:
    1. Screening/intake form
    2. Client assessment form
    3. Client care plan
    4. Documentation of services provided

5. Referral form
6. Follow-up documentation
7. Authorization releases
8. Confidentiality agreement
   a. Outreach methods could include **direct mail, telephone contact**, or **face-to-face visits**.

**5. Staffing**

a. Adequate qualified staff (paid or volunteer) must be available to meet program goals.
b. A managing program supervisor must oversee outreach activities.
c. All staff must be trained in outreach objectives and operations.
d. Staff must be knowledgeable about community resources.
e. Staff must be physically and emotionally capable of fulfilling outreach duties, including regular travel.
f. Staff must have reliable transportation.
g. Staff should be trained to be able to communicate with visually or hearing-impaired clients.
h. Any persons working with outreach services are required to attend technical assistance sessions sponsored by the Aging & Adult staff when presented, whether in-person or virtually. If virtually, each individual's camera must be on at all times, and the face must be shown.
i. Outreach workers must be high school graduates with the ability to complete forms and understand program goals.
j. Staff must be willing to travel throughout their assigned communities.

## Senior Center

**POLICY**

A senior center is any location where congregate meals and supportive services are provided. These include multipurpose centers (offering a broad spectrum of services), satellite centers (offering partial services), and other facilities with designated supportive service functions. Individuals, 60 years of age and older, come to socialize, develop skills, engage in activities, and learn new roles which enhance their dignity, support their independence, and encourage their involvement in and with the community.

The purpose of Senior Center is to help older persons:

1. Adjust to the changes in roles;
2. Use old skills;
3. Learn new skills and new social roles;
4. Engage in active decision-making within both the center and community;
5. Prevent isolation;
6. Feel useful, self-confident, and worthy;
7. Gain access to various services, programs, and resources in the community.
8. Build relationships, meet friends;
9. Enjoy life while aging; and,
10. Obtain information.

**SUA PROCEDURE**

**Service Availability Plan:** Confirm that each AAA has a comprehensive plan to make Senior Centers available throughout their assigned PSA.

**Data Monitoring:** Review reports and unduplicated service unit data during monitoring to verify compliance with program limits and definitions.

**Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Senior Center program.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

**Service Delivery Plan:** Develop and implement a plan that provides for direct delivery, contracted services, or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.

**Eligibility Assessment:** Use the Consumer Information Form (CIF) to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental supports**.**

**Documentation and Reporting:** Maintain detailed records of all activities and submit sufficient supporting data and documentation**.**

**Plan Inclusion:** List every senior center within the AAA's Program Service Area (PSA) in the area plan with a clear description of the services provided.

**Change Reporting:** Submit an amendment to the area plan whenever a senior center is opened, closed, or undergoes significant changes.

**Eligibility**

1. Qualification - Persons age 60 and older with a score ranging from Level I through Level III on the screening instrument, with priority for service being given to those individuals with a Level III score.
2. Contributions – Clients shall be allowed to contribute to the service cost. The Center shall ensure that no one is denied service because he/she does not voluntarily contribute to the program.
3. Unit of Service - One unit of service equals participation in activities at the Center by a client for at least four hours during a 24-hour period.

**Program Requirements**

Each service provider of Senior Center activities under Title III of the Older Americans Act or other funds through contractual agreement with an Area Agency on Aging must adhere to the following requirements developed by the Division of Aging and Adult Services:

A Senior Center must provide at least three services daily within the following service components:

1. Health Promotion: assisting participants in achieving and maintaining the highest possible degree of physical and emotional well-being.

2. Transportation: the provision of vehicles to accommodate older persons to and from needed resources. Some participants may need transportation to the Senior Center.
3. Creative Arts: instruction and facilities for self-expression through activities such as woodworking, clay work, weaving, leather work, water and oil painting, sketching, ceramics, sewing, music, and dance.
4. Education: discussion groups and speakers on current issues, classes in language skills, the humanities, consumer affairs, vocational skills, leadership training and group awareness programs, workshops, and conferences.
5. Nutrition: (congregate meals) providing food and fellowship in a group setting.
6. Safe Haven: The Senior Center may provide a safe, secure option for seniors during times of inclement weather, natural or other disasters.

A Senior Center facility must:

1. Have a telephone readily available for staff and participants to use in emergencies
2. Have adequate space to allow for large group meetings, for small activities, for privacy in which individual counseling can take place
3. Use rooms that are appropriately ventilated and have proper lighting;
4. Have furniture within the Center that is safe and comfortable
5. Have a heating and cooling system that is kept at a comfortable temperature and adequately secured so that participants do not come in direct contact with the system
6. Have drinking water from a source approved by the State Board of Health, supplied by sanitary means, and must be located in or near the room(s) usually occupied by participants
7. Have adequate bathroom facilities, including hand washing equipment; must be readily accessible from the area where most of the center activities occur; (Paper towels must be available in all bathrooms)
8. Meet and be approved by local, state, and federal laws and regulations regarding fire, safety, health, sanitation, zoning, and other building code specifications
9. Be located in an area that is accessible to a cross-section of older persons, rather than a targeted group;
10. Have adequate parking facilities, including handicapped accessible parking;
11. Keep floors and walls clean and free of dampness and odors
12. Have available a private space in which a sick or upset participant can be cared for temporarily
13. Facilities erected, renovated, or restructured after May 2006 must include a kitchen, bathroom facilities, shower facility, alternate energy sources, and comply with universal building design concepts, and safe construction code features designed to withstand severe weather conditions.

**Cost Sharing**

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

**Location of Service**

A Senior Center should be in the community, or a neighborhood which is accessible to the population it is to serve. The center should be convenient to available transportation. The Center should be clearly marked by a large sign or logo which identifies it as a Senior Center in the community.

Senior Centers begun after May 2006 must incorporate universal building design concepts and safe construction code features designed to withstand severe weather conditions. Senior Center can be housed or located in the following:

1. Renovated school building

2. Markets, shopping centers/malls
3. Newly constructed facilities
4. Libraries
5. Community centers
6. Churches
7. Convents
8. Public and private housing
9. Public buildings

**Access to Service**

A client may enter the service system at any point through an appropriate referral and be assessed before gaining access to Senior Center services.

**Delivery Characteristics**

Each client shall have a case record that must include:

1. Consumer Information Form
2. Documentation of services received
3. Approval/termination notice
4. Contact name and number for at least one emergency contact in case of emergency

**Hours of Operation**

Senior Center services and activities shall be provided a minimum of five days per week, Monday through Friday, for at least four hours per day between 8:00 a.m. and 5:00 p.m.

## *Annual Fire Inspections*

**POLICY**

Each senior center (multipurpose, satellite, and other – even if meals are only served once or twice a week) shall have an annual fire inspection in accordance with 19 CSR 15-7.010 (5)(D). If the AAA contracts with a senior center to perform services, this requirement shall be specifically outlined in the contract.

**SUA PROCEDURE**

The SUA shall provide technical assistance to schedule fire inspections for senior centers if assistance is requested by the AAA.

The SUA shall request documentation that demonstrates that an annual fire inspection was conducted at the senior center(s) selected for annual programmatic monitoring.

**AAA PROCEDURE**

The senior center or AAA shall contact local fire services to determine if the local fire services can provide a fire inspection for the center. If local fire services are unable to provide a fire inspection, the senior center or AAA shall contact their local fire department. If the senior center or AAA is still unable to get a fire inspection scheduled, staff shall contact the SUA to explain what actions have been taken. The SUA shall provide technical assistance.

The AAA shall monitor each senior center to ensure that a fire inspection is conducted at each center at least annually.

## Transportation

**POLICY**
Transportation – Transporting eligible older individuals to and from community resources for the purpose of obtaining needed services or goods. Transportation is an essential part of the community infrastructure that individuals need to gain access to the goods, services, and social contacts that support their day-to-day existence and quality of life.

**SUA PROCEDURE**
**Service Availability Plan:** Confirm that each AAA has a comprehensive plan to make Transportation available throughout their assigned PSA.

**Data Monitoring:** Review reports and unduplicated service unit data during monitoring to verify compliance with program limits and definitions.

**Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Senior Center program.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**
**Service Delivery Plan:** Develop and implement a plan that provides direct delivery, contracted services, or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.

**Eligibility Assessment:** Use the Consumer Information Form (CIF) to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental supports**.**
**Documentation and Reporting:** Maintain detailed records of all activities and submit sufficient supporting data and documentation**.**

**Plan Inclusion:** Transportation Providers list within the AAA's Program Service Area (PSA) in the area plan with a clear description of the services provided.

**Change Reporting:** Submit an amendment to the area plan whenever a Transportation resource is added, removed, or undergoes significant changes.

**Eligibility**
Anyone 60 years of age and older who is not a resident in a long-term care facility is eligible for transportation services.

**Unit of Service**
A unit of service is a one-way trip to a designated location.

**Minimum Program Requirements**

All clients are to be entered into the State Approved Client Tracking System. If a client is screened using a paper form, that client should be entered into the system no later than 10 working days after the screening.

All service providers offering transportation services through a contractual agreement with an area agency on aging must adhere to the following requirements:

**Service Activities**
Transportation shall be provided for the following purposes:

- Transportation from one location to another (e.g., to a medical appointment, or grocery store). Does not include any other activity.

**Location of Service**
Transportation service is initiated at a client's location and transported to a designated location.

**Access to Service**
The client may enter the service system at any point through appropriate referral.

**Delivery Characteristics**
Each client record will contain the following information where appropriate:

1. Information indicating impairments
2. Screening/intake form
3. Documentation of services provided
4. Authorization releases, where appropriate

Transportation shall be available at a minimum of five days a week, preferably between the hours of 8:00 a.m. and 5:00 p.m.

**Safety Measures**

1. All drivers shall have a safe driver record, and commercial driver's license, as required by the Mississippi Safety Patrol
2. All vehicles must be maintained in safe and clean conditions.
3. Written policies and procedures regarding accidents, traffic violations and vehicle safety and maintenance shall be maintained
4. When utilizing the service, each older person shall be given an opportunity to voluntarily contribute to the cost of the service

**Staffing**

1. All transportation service providers must designate a person who is responsible for the day-to-day operation of the transportation service
2. There must be an adequate number of staff to accomplish the purpose of the service
3. All prospective transportation staff members shall obtain a signed statement from a licensed physician acting within the scope of the physician's practice that states that the driver has no medical or physical condition, including an incurable vision impairment, that may impair safe driving, passenger assistance, emergency treatment, or the health and welfare of a consumer or the public before providing the first service
4. The driver must take and pass a drug and alcohol test

5. Volunteers used in the transportation service shall be trained and meet minimum requirements established by the provider
6. All drivers must be trained in basic first aid, emergency procedures and defensive driving before being allowed to carry passengers

**Prohibited Service Activities**

- Operating a vehicle under the influence of any substance that impairs his/her ability to operate the vehicle.
- Personal use of vehicles.

# In-Home Services

The provisions and requirements in this section apply to in-home services funded by and provided pursuant to the Older Americans Act (OAA). In-home services refer to supportive services delivered to older adults with economic or social needs, as defined under Section 102(33) of the OAA, to help them remain safely and independently in their homes. These services may include, as appropriate and feasible, personal care, homemaker services, chore assistance, home health aide services, home-delivered meals, and in-home respite care. When applicable, these services may be delivered by trained aides, volunteers, or other qualified individuals acting under appropriate supervision, and must be provided in accordance with federal, state, and local laws and regulations.

## Adult Day Care

**POLICY**

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

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

**SUA PROCEDURE**

**Service Availability Plan:** Confirm that each AAA has a comprehensive plan to make Adult Day Care available throughout their assigned PSA.

**Data Monitoring:** Review reports and unduplicated service unit data during monitoring to verify compliance with program limits and definitions.

**Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Senior Center program.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

**Service Delivery Plan:** Develop and implement a plan that provides direct delivery, contracted services, or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.

**Eligibility Assessment:** Use the Consumer Information Form (CIF) to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental supports**.**

**Documentation and Reporting:** Maintain detailed records of all activities and submit sufficient supporting data and documentation**.**

**Plan Inclusion:** List every Adult Day Care within the AAA's Program Service Area (PSA) in the area plan with a clear description of the services provided.

**Change Reporting:** Submit an amendment to the area plan whenever an Adult Day Care is opened, closed, or undergoes significant changes.

**Eligibility**

Qualification -Persons age 60 and older with scores ranging from Level I through Level III on the screening instrument, with priority for service being given to those individuals with a Level III score.
Contributions – Clients shall be allowed to contribute to the service cost.

The Center shall ensure that no one is denied service because he/she does not voluntarily contribute to the program.
Unit of Service - One unit of service equals participation in activities at the Center by a client during a 24-hour period.

**Unit of Service**

One unit of service equals a client's attendance for at least four (4) hours but less than twenty-four hours at the center. The day begins when the client enters the facility and ends when he/she leaves unless the center provides transportation. If the center provides transportation, the unit starts when the client is picked up. It is recommended that participants be transported for more than sixty minutes without the opportunity for a rest stop. At a minimum, clients should be scheduled for a full day, two (2) to five (5) days a week, with scheduled attendance based on a full day of services.

For fiscal reimbursement purposes, unit cost can be prorated based on the number of hours the client is in attendance. (i.e., if the unit cost is $45 per client per day, and the client could not stay the full day, then the reimbursement for three hours would be $16.89 rounded up $17.00). If the fraction is less than .50, it would be rounded down to the next whole number.

**Minimum Program Requirements**

Each service provider of Adult Day Care under Title III of the Older Americans Act or through contractual agreement with an Area Agency on Aging must adhere to the following requirements:

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

**Service Activities**
Adult day care components include, but are not limited to:

**Personal care services -** Assistance with walking, grooming, eating and toileting.
The adult day care program shall provide assistance and supervision needed with activities of daily living.

**Nutrition services** - A minimum of one mid-morning snack, one nutritious noon meal and one mid-afternoon snack shall be provided at the center. Modified diets shall be provided to meet participants' needs. Snacks shall be offered as appropriate to meet the participants' nutritional needs. Fluids shall be available as needed by participants.

Nutrition education and counseling shall be an integral part of the day care program. The participant's total dietary intake is not the center's responsibility. The center is responsible only for meals served at the center.

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

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

The planning of activities shall reflect professional understanding of the recreational needs and abilities of the participants. Activities shall emphasize the individual participant's strengths and abilities rather than impairments and shall contribute to the participant's feelings of competence and accomplishment.

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

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

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

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

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

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

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

**Nursing Services** - Registered nurse (RN) services such as physical assessment, preparing and administering medications, observing drug reactions, carrying out treatments, changing dressings, and rehabilitative nursing shall be provided.

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

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

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

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

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

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

1. Review of intake information

2. Review of medical forms
3. ADL's/IADL's
4. Signing of all consent forms (release of information, emergency information)

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

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

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

**Individualized Plan of Care** - The goal of the plan of care is to increase the functioning of the participant to the optimum level and maintain it at that level. The written plan of care shall reflect the individual's strengths, needs, and challenges.

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

**Location of Service**

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

**Facility Requirements**

1. A telephone shall be readily available to staff in emergencies.
2. The center shall use rooms that are appropriately ventilated, with proper lighting.
3. The center must meet all applicable handicapped accessibility standards.
4. There must be adequate heating and cooling to maintain a comfortable temperature. All heating and cooling equipment must be adequately protected so that participants cannot come into direct contact with the equipment.
5. Drinking water from a source approved by the Mississippi State Department of the Health Department (MSDH) and supplied by sanitary means must be in or near the rooms usually occupied by participants.
6. Adequate bathroom facilities, including a hand washing basin, must be readily accessible from the areas where most of the center's activities take place. Paper towels must be available in all bathrooms.
7. Private space must be available in which a sick or upset participant can be cared for temporarily.
8. Floors and walls must be free from dampness and odors and must be kept clean.
9. The building must be approved by the local fire department to be free from fire hazards; the facility must also be approved by the MSDH for sanitation and for other health protective measures. Certification of approval must be visibly located in the center.

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

**Access to Service**
The client may enter the service system through an appropriate referral.

**Delivery Characteristics**
Each client record must include:

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

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

**Prohibited Service Activities**
Only a licensed health care professional can provide nursing care, medical services, or medication if these activities are part of the client's approved plan of care.

**Monitoring**
The Mississippi Department of Human Services, Office of Monitoring, shall monitor the Adult Day Care Program as outlined in the MDHS Subgrant Agreement Manual.

## Chore Services

**Chore Services**

Policy

**Chore Services** are non-routine, heavy-duty assistance to maintain a safe, sanitary living environment for older adults. These activities include yard work, sidewalk maintenance, and heavy housework.

**SUA Procedure**

**Service Availability Plan**: Confirm that each AAA has a comprehensive plan for delivering chore services, whether delivered in-house or through contracted providers.

**Statewide Access**: Ensure chore services are available in counties with the greatest social and economic need across Mississippi.

**Data Monitoring**: Review reports and supportive documentation, along with reviewing service unit data during annual monitoring to verify compliance with program limits, requirements, and definitions.

**Technical Assistance**: The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through Chore Services and who provide direct services under this initiative.

- Program Coordinators must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA Procedure**

**Service Delivery Plan**:

Develop and implement a plan that provides direct delivery, contracted services, and/or shared service arrangements to ensure that all eligible older adults have access to the full range of services.

Eligibility Assessment: Develop and use standardized tools to assess care recipients' functional impairment, ensuring eligibility for services, case management, and assistance with activities of daily living.

Documentation and Reporting: Document calls using the approved data management system and call logs. Maintain detailed records of all activities and submit sufficient supporting data and documentation.

**Eligibility**

Individuals aged 21 and older who experience functional, physical, or mental limitations preventing them from independently performing daily tasks and who lack an informal support network (such as family, friends, or neighbors) capable of meeting their needs are eligible for chore services.

**Units of Service**

One unit of service is defined as (1) hour of direct service provided to , for, or on behalf of the client.

**Minimum Program Requirements**

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

1. **Services Activities**

Chore services providers must possess knowledge of and/or perform the following activities:

- Heavy housecleaning (this is beyond regular homemaker tasks): Deep cleaning to address safety and sanitation concerns, non-professional, surface-level cleaning after pest infestations, moving of heavy furniture to reduce fall hazards or allow cleaning, packing, sorting, and organizing items related to safety access (this does not include remedying long-term hoarding).
- Yard clean up: Removing trash, debris, and fallen branches, heavy-duty sweeping or clearing of walkways, snow removal, and ice clearing for safety, limited lawn care needed for only safety concerns.
- Home safety and access tasks: Installing or removing simple safety devices such as grab bars, non-skid mats, raised toilet seats, minor accessibility assistance, clearing pathways, removing clutter that blocks entry/exit, and constructing a ramp for safe entry/exit for individuals with limited to no mobility, assisting with non- professional tasks after hospitalization or emergency cleanup.
- Safety: Ensure the client’s environment is free from hazards and knowledgeable of proper cleaning techniques and other safety practices.
- Substandard Housing: Be aware of housing codes and processes for referring clients in substandard living conditions.

<u>Chore services do not include skilled home repair or construction</u>.

2. **Location of services**

Chore services are primarily provided in the client’s home.

3. **Access to services:**

Clients may enter the service system at any point through an appropriate referral process.

Priority will be provided to the client with the greatest need for the service.

4. **Delivery Characteristics:**

- Voluntary Contribution: Clients may voluntarily contribute to the cost of services, but services will not be denied based on the client's ability to contribute.
- Service hours: Chore services should be available at least 5 days per week, ideally between 8:00 am and 5:00 pm.
- Case Records: The client's case record must include:
    - Referral Form
    - Consumer Information Form (with confidentiality form and authorization release)
    - Service Plan (for non-case managed clients)
    - Record of Contact (documentation of visits and client interaction)
    - Documentation of services requested and provided, and the client's behavior are to be reported accurately in the case record.
    - Approval/termination notice
    - Follow-up documentation
    - Contact name and number of at least one emergency contact in case of emergency.
- Reporting: Chore services providers must report any instances of abuse or unsafe situations to their direct supervisor and/or the Area Agency on Aging.
- Harassment: Chore service providers must not tolerate any form of sexual harassment or inappropriate behavior from clients. Such incidents should be reported to the immediate supervisor or the Area Agency on Aging.
- Liability: Chore Service providers are protected from liability when following the prescribed care plan, supervisor's instructions, and/or the Area Agency on Aging policy and procedure.
- Waiting Lists: Area Agencies on Aging must have policies in place to prioritize services for individuals with the greatest need who are on the waiting list.
- Termination of Clients: Services may be terminated in the following situations:
    - Death of the client
    - Relocation out of state or the planning and service area
    - Increased informal or formal support
    - Improved health status
    - Client becomes abusive or refuses services
    - Client reports no longer needing services
    - Client is placed in a long-term care facility
    - Duplicate services are being provided

      Any of the above situations must be reported to the chore services program coordinator and documented in the case record.

5. **Staffing**

- Adequately qualified staff must be available to meet program goals.
- A managing program coordinator must oversee Chore services.
- Chore workers should be 18 years or older and be able to pass a background check
- A chore worker must possess a valid driver's license.

- Chore workers must be able to perform physical labor, such as lifting, cleaning, and minor home tasks.
- Chore workers should be able to perform heavy housework, yard work, and minor maintenance tasks.
- Chore workers should possess a basic understanding of home safety.
- Chore workers should have the ability to identify and report potential hazards.

6. **Training**

- The provider agency is responsible for ensuring all workers and supervisors comply with the Policy and Procedures issued by the SUA.
- All chore service providers must receive orientation training, which includes:
    - Introduction to the agency and aging network.
    - Overview of community resources
    - Review of policies, procedures, and applicable regulations
    - Overview of the program's history, intent, and target population
    - Responsibilities and tasks of the chore services providers
- Employee background checks are mandatory.

7. **Case Record Retention**

- Client records must be retained for at least four (4) years after termination.
- If a client re-enters the program within four (4) years, the previous case record will be updated and used.
- All case records must be kept in a secure area to protect confidentiality.

8. **Monitoring, Evaluation, and Reporting**

- The MDHS Office of Monitoring will conduct annual reviews, with periodic evaluations as deemed necessary.
- Area Agencies on Aging will monitor service providers as needed.
- Chore services units and performance will be reported in the Program Performance Report submitted to the Division of Aging and Adult Services.

9. **Prohibited Service Activities**

Chore services are prohibited from engaging in the following activities:

- Personal Care services
- Homemaker services
- Medical tasks
- Major Home repairs or skilled trades
- Regular, routine, or ongoing housekeeping
- Cosmetic yard maintenance
- Services for household members who are not eligible clients
- Financial or legal tasks
- Transportation beyond task-related needs
- Using the client's phone for personal reasons
- Consuming the client's food or drink
- Discussing personal problems/religious/political beliefs with clients
- Breaching confidentiality

- Accepting gifts or tips
- Services that increase environmental or worker risk

## Homemaker Services

**Policy**

Homemaker services assist older adults with daily living activities such as light housekeeping, laundry, meal planning, and other household management tasks. Assistance with these activities helps to promote self-sufficiency and an improved quality of life.

**SUA Procedure**

**Service Availability Plan**: Confirm that each Area Agency on Aging has a comprehensive plan to deliver homemaker services, whether in-house or contracted out.

**Statewide Access**: Ensure that homemaker services are available to older adults across Mississippi.

**Data Monitoring**: Review reports and supportive documentation along with reviewing service unit data during annual monitoring, to verify compliance with program limits, requirements, and definitions.

**Technical Assistance**: The SUA shall provide technical assistance to Area Agencies on Aging (AAA) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Homemaker program and who provide direct services under this initiative.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA Procedure**

**Service Delivery Procedure**:
- Develop and implement a plan that provides direct delivery, contracted services, and/or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.

**Eligibility Assessment**: Use the Consumer Information Form (CIF) to assess care recipients' functional impairment and ensure eligibility for specific services, such as respite care and supplemental supports.

**Documentation and Reporting**: Maintain detailed records of all activities and submit sufficient supporting data and documentation.

**Eligibility**
Individuals aged 60 and older with a Level II score of 30 or higher on the Consumer Information Form who are unable to perform basic housekeeping tasks or require assistance with these activities are eligible for homemaker services. Additionally, individuals aged 60 and older who have functional, physical, or mental limitations that prevent them from performing these tasks independently and lack an informal support network capable of meeting their service needs also qualify for assistance.

Individuals 60 or older who are employed by, contracted by, or subcontracted through the Area Agency on Aging (AAA), including those employed by any entity receiving Older Americans Act (OAA) funds, are not eligible to receive OAA-funded services. This restriction is to prevent conflicts of interest, ensure the integrity of service delivery, and maintain equitable access for all eligible older adults. Once the individual

is no longer employed by, contracted by, or subcontracted through the AAA or any OAA-funded entity, they may become eligible for services, provided they meet all other eligibility requirements.

**Unit of Service**
A unit of service is defined as one hour of homemaker-related activity provided to, for, or on behalf of the client.

**Minimum Program Requirements**
Providers of homemaker services under Title III, SSBG, or other funds contracted with an Area Agency on Aging must comply with the following minimum program requirements:
All client information must be entered into the State Approved Client Tracking System within 10-14 working days.

**1. Service Activities**
A homemaker is an individual who provides non-medical household assistance designed to help clients maintain a safe, sanitary, and supportive living environment. Services do not include direct personal care.

The **homemaker** is responsible for the following tasks:

- Household Management- Assistance with Activities of Daily Living (ADLs) such as dusting, sweeping, dishwashing, laundry, bed making, and other basic housekeeping tasks to maintain a clean and healthy environment.
- Meal planning and preparation- Work with the client and caregiver to determine dietary needs, create shopping lists, plan meals, shop for groceries, prepare and serve meals, and store food.
- Consumer Education- Educate the client on making economical choices, such as selecting quality foods, clipping coupons, and recognizing sale opportunities.
- Shopping – Purchase of groceries, prescriptions, and essential household items required for daily living, including the purchase or pickup of food, medication, personal care products, cleaning supplies, and other necessary materials needed to support the health, safety, and general well-being of the individual.
- Routine household organization-include general tidying, decluttering, arranging household items, maintaining accessible and safe living areas, and supporting the individual in keeping their home environment orderly and functional for daily living.
- Monitoring home safety- Observe the living environment for potential risks such as tripping hazards, damaged equipment, or unsafe conditions, and promptly report concerns to the designated contact.
- Providing companionship and basic social interaction includes engaging in friendly conversation, offering emotional support, and helping reduce feelings of loneliness or isolation.
- Safety- Ensure the home is free from hazards. Responsibilities include maintaining awareness of:
    - Basic first aid and CPR
    - Safe and appropriate cleaning methods
    - Common medication effects that may impact safety
    - Fall, fire, and burn prevention strategies
    - Location and use of emergency contacts
    - Recognizing and reporting signs of abuse, neglect, and potential infections
- Substandard Housing- Identify signs of unsafe or inadequate housing conditions and refer clients to appropriate resources when needed.

**2. Location of services**
Homemaker services are delivered in the client's home.

**3. Access to services**

- Clients may enter the service system via an appropriate referral.
- Priority will be given to those with the greatest need for homemaker services.

**4. Service Delivery Standards**

- Volunteer contribution: Clients may choose to contribute voluntarily to the cost of services. However, the inability to contribute will not disqualify them from receiving services.
- Gloves and masks: Homemakers must use gloves and masks when necessary to prevent the spread of infections.
- Service Hours: Homemakers' services should be available five days a week, between 8:00 a.m. and 5:00 p.m.
- Uniform: Homemakers must wear a uniform designated by the agency, which should be consistent in color and style for all staff. The uniform should have a professional appearance to ensure the client's comfort and security.
- Identification (ID) Badge: Homemakers must wear an ID badge containing their name, title, and the agency's name.
- Confidentiality: Homemakers must ensure that the client's personal information is kept confidential as per the Consumer Information Form.
- Case Records: The case record for the individual receiving homemaker services must include the following:
    - Consumer Information Form with Confidentiality and Authorization Release
    - Service or Care Plan
    - Record of Contact
    - Homemaker Activity Sheet
- Back-up System: A system must be in place to provide services in the event of staff absence due to illness, vacation, or other reasons.
- Reporting: Homemakers must immediately report any suspected abuse or neglect to their supervisor and document it in t the client's case record.
- Harassment: Homemakers must report and refuse any sexual harassment or inappropriate advances by clients or family members.
- Jewelry: Homemakers should limit jewelry to a watch. Other jewelry should be avoided to prevent injury to the client or damage to the items.
- Liability: The provider agency assumes responsibility for the homemaker's actions as long as they follow the care plan and instructions provided by the supervisor.
- Documentation: Homemakers must document all interactions, tasks performed, and any notable changes in the client's condition. This documentation is critical for adjusting care plans for legal purposes.
- Waiting list: A waiting list will be maintained for eligible clients. Policies should ensure timely service provision for those on the list.
- Screening of No-Case Managed Clients: All non-case-managed clients must be screened.
- Transportation: Homemakers must have access to reliable transportation and maintain automobile insurance if using a personal vehicle.
- Coordination with Case Management: Homemaker staff must maintain regular communication with case managers to ensure coordinated care.
- Termination of Services: Homemaker services will be terminated under specific circumstances, such as death, relocation, improved health, client refusal, or if services are duplicated through another program.

- Cleaning Supplies: The provider agency will supply homemakers with cleaning supplies if the client is unable to afford them.

**5. Staffing**

- The provider agency must ensure sufficient staffing to cover the service areas.

**6. Training**

- Homemaker agencies must ensure that all staff receive appropriate training and maintain required certifications using an approved curriculum.
- Use free online training program: https://mahomecaretraining.org
- Ongoing training and supervision will occur, with an annual in-service training requirement. The SUA may request verification of training.

**7. Case Record Retention**

- Client records must be kept for three years after termination, with retrieval available if a client re-enters within that period.

**8. Monitoring, Evaluation, and Reporting**

- MDHS's Monitoring Unit will conduct annual program evaluations.
- Annual reviews of the providers must be conducted by the Area Agency on Aging.
- Documentation of the reviews must be provided to the SUA.

**9. Prohibited Service Activities**

Homemakers are prohibited from performing certain activities, including:

- Using the client's car, phone, or food.
- Discussing personal beliefs.
- Accepting gifts or tips.
- Engaging in non-service-related activities such as personal care or pet grooming.
- Consuming alcohol or smoking in the client's home.

**Personal Care Services**

**Policy**

Personal Care Services are non-medical, hands-on supportive services provided to an eligible older adult who requires assistance with Activities of Daily Living (ADLs). ADLs include but are not limited to bathing, dressing, grooming, eating, toileting, transferring, and mobility.

**SUA Procedure**

**Service Availability Plan**: Confirm that each AAA has a comprehensive plan to deliver Personal Care Services, whether in-house or contracted out.

**Statewide Access**: Ensure that Personal Care Services are available to older adults across Mississippi.

**Data Monitoring**: Review reports and supportive documentation, along with reviewing service unit data during annual monitoring to verify compliance with program limits, requirements, and definitions.

**Technical Assistance**: The SUA shall provide technical assistance to the Area Agency on Aging (AAA) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Personal Care Service program and who provide direct services under this initiative.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA Procedure**
**Service Delivery Plan**:

- Develop and implement a plan that provides direct delivery, contracted services, and/or shared service arrangements to ensure that all eligible older adults have access to the full range of services. This plan (and all revisions) must be provided to the SUA.

**Eligibility Assessment**
Use the Consumer Information Form (CIF) to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental services.

**Documentation and Reporting**: Maintain detailed records of all activities and submit sufficient supporting data and documentation.

**Eligibility**
Individuals aged 60 and older with a Level II score of 30 or higher on the Consumer Information Form who are unable to perform basic personal care tasks or require assistance with these activities are eligible for personal care services. Additionally, individuals aged 60 and older who have functional, physical, or mental limitations that prevent them from performing these tasks independently and lack an informal support network capable of meeting their service needs also qualify for assistance.

Individuals 60 or older who are employed by, contracted by, or subcontracted through the Area Agency on Aging (AAA), including those employed by any entity receiving Older Americans Act (OAA) funds, are not eligible to receive OAA-funded services. This restriction is to prevent conflicts of interest, ensure the integrity of service delivery, and maintain equitable access for all eligible older adults. Once the individual is no longer employed by, contracted by, or subcontracted through the AAA or any OAA-funded entity, they may become eligible for services, provided they meet all other eligibility requirements.

**Unit of Service**
A unit of service is defined as one hour of personal care-related activity provided to, for, or on behalf of the client.

**Minimum Program Requirements**
Providers of personal care services under Title III, SSBG, or other funds contracted with an Area Agency on Aging must adhere to the following minimum program requirements.

- All client information must be entered into the State Approved Client Tracking System within 10-14 working days.

1. **Service Activities**

A Personal Care Attendant provides hands-on assistance with activities of daily living (ADLs) and other essential personal care tasks that enable the client to remain safely at home. PCAs may also perform light housekeeping directly related to personal care.

A **personal care attendant** is responsible for the following tasks:

- Hands-on assistance with ADLs includes direct physical support to help the individual complete essential daily tasks that they cannot perform due to functional limitations.
- Assistance with dressing and undressing includes providing support that may include selecting appropriate clothing, helping the individual put on or remove garments, fastening buttons or

zippers, applying braces or non-medical supports, and ensuring clothing is comfortable and weather appropriate.

- Assistance with eating and drinking, including feeding when required, includes preparing simple foods, cutting food into manageable portions, opening containers, assisting with utensils, or directly feeding the individual when they are unable to eat independently.
- Assistance with toileting, continence care, and incontinence products includes assisting with getting to and from the toilet, transferring safely on or off the commode, cleansing after toileting, and supporting the use of incontinence briefs or pads.
- Support with transferring, ambulation, and mobility within the home includes helping the individual move safely from one position or surface to another, supporting walking or the use of mobility devices.
- Cueing, prompting, and supervision necessary to ensure the individual's safe completion of ADLs, particularly for those with cognitive impairment, including offering verbal reminders, step-by-step instructions, or oversight to help the individual complete tasks they physically can perform but may forget, misunderstand, or be unable to initiate due to cognitive limitations.
- Observation and reporting of changes in the individual's condition to the appropriate supervisory staff involves monitoring the individual's functional status, hygiene, mobility, behavior, or overall well-being, and promptly reporting significant changes. Staff must follow agency protocols for documentation and communication.
- Assistance with Oral hygiene includes assisting the individual with oral hygiene tasks necessary to maintain comfort, cleanliness, and overall health. This may involve brushing teeth, cleaning dentures, rinsing the mouth, and ensuring dentures are properly placed and removed.
- Assistance with bed making includes making the individual's bed and changing bed linens when necessary to maintain a clean, safe, and comfortable sleep environment. Staff shall perform these tasks in a manner that preserves the individual's dignity and promotes comfort and safety.
- Support with sleeping and rest habits includes assisting the individual in preparing for sleep or rest by helping them change into night clothing, ensuring personal hygiene and toileting needs are met, helping the individual get safely into or out of bed, and observing and reporting changes in sleep patterns, nighttime behaviors, restlessness, or safety concerns.
- Ensuring safety by knowing:
    - Basic first aid and CPR
    - Safe and appropriate cleaning methods
    - Common medication effects that may impact safety
    - Fall, fire, and burn prevention strategies
    - Location and use of emergency contacts
    - Recognizing and reporting signs of abuse, neglect, and potential infections
- Promotion of healthy daily living habits includes assistance with hygiene, nutrition, mobility, rest, and personal safety. A personal care attendant may encourage hydration and safe eating habits, reinforce handwashing, oral care, and routine hygiene practices, offer simple non-medical guidance to support comfort, safety, and independence, and encourage safe mobility techniques during transfers or ambulation.
- Substandard Housing- Identify signs of unsafe or inadequate housing conditions and refer clients to appropriate resources when needed.

2. **Location of Service**

Personal Care Services are provided in the client's home.

3. **Access to Service**

- A client may enter the service system via an appropriate referral.
- Priority should be given to those with the greatest need for personal care services.

4. **Service Delivery Standards**

- Voluntary Contribution: Clients shall be allowed to voluntarily contribute to the cost of the service. However, services will not be denied due to a client's inability to contribute.
- Gloves and masks: Personal Care Attendants must use gloves and masks when necessary to prevent the spread of infections or diseases.
- Service Hours: Personal care services should be available at least five days a week, between 8:00 a.m. and 5:00 p.m.
- Uniforms: Personal Care Attendants must wear uniforms designated by the agency, which should be consistent in color and style for all staff. The uniform should have a professional appearance to ensure the client's comfort and security.
- Identification Badge: Personal Care Attendants must wear an ID badge containing their name, title, and the agency's name.
- Confidentiality: Personal Care Attendants must ensure that the client's personal information is kept confidential as per the Consumer Information Form.
- Case Records: The case record for the individual receiving homemaker services must include the following:
    - Consumer Information Form with Confidentiality and Authorization Release
    - Service or Care Plan
    - Record of Contact
    - Personal Care Services Activity Sheet
- Back-up System: A system must be in place to provide services in the event of staff absence due to illness, vacation, or other reasons.
- Reporting: Personal Care Attendants must immediately report any suspected abuse or neglect to their supervisor and document it in t the client's case record.
- Harassment: Personal Care Attendants must report and refuse any sexual harassment or inappropriate advances by clients or family members.
- Jewelry: Personal Care Attendants should limit jewelry to a watch. Other jewelry should be avoided to prevent injury to the client or damage to the items.
- Liability: The provider agency assumes responsibility for the personal care attendant's actions as long as they follow the care plan and instructions provided by the supervisor.
- Documentation: Personal Care Attendants must document all interactions, tasks performed, and any notable changes in the client's condition. This documentation is critical for adjusting care plans for legal purposes.
- Waiting list: A waiting list will be maintained for eligible clients. Policies should ensure timely service provision for those on the list.
- Screening of No-Case Managed Clients: All non-case-managed clients must be screened.
- Transportation: Personal Care Attendants must have access to reliable transportation and maintain automobile insurance if using a personal vehicle.
- Coordination with Case Management: Personal Care staff must maintain regular communication with case managers to ensure coordinated care.
- Termination of Services: Personal Care services will be terminated under specific circumstances, such as death, relocation, improved health, client refusal, client becomes abusive and belligerent, including sexual harassment, or if services are duplicated through another program.
- Cleaning Supplies: The provider agency will supply homemakers with cleaning supplies if the client is unable to afford them.
- Services must be person-centered and based on an individual's care plan developed through assessment of the older adult's needs.

- Providers must respect the dignity, privacy, and cultural preferences of the individual.
- Services must be delivered in a manner that promotes independence and avoids creating unnecessary dependence.

**5. Staffing**

- The provider agency must ensure sufficient staffing to cover the service area.

**6. Training**

- Providers of Personal Care Services must ensure staff are trained and certified in accordance with state and federal requirements for personal care aid.
- Use free online training program: https://mahomecaretraining.org
- Ongoing training and supervision will occur, with an annual in-service training requirement. Verification of training may be requested by the SUA.

**7. Case Record Retention**

- Client records must be kept for three years after termination, with retrieval available if a client re-enters within that period.

8. **Monitoring, Evaluation, and Reporting**

- MDHS's Monitoring Unit will conduct annual program evaluations.
- Annual reviews of the providers must be conducted by the Area Agency on Aging.
- Documentation of the reviews must be provided to the SUA.

9. **Prohibited Service Activities**

Personal Care Attendants are prohibited from performing certain activities, including:

- Skilled nursing or medical procedures
- Administration of medications
- Wound care, catheter maintenance, injections, or other clinical tasks
- Using the client's car, phone, or food.
- Discussing personal beliefs.
- Accepting gifts or tips.
- Engaging in non-service-related activities such as personal care or pet grooming.
- Consuming alcohol or smoking in the client's home.

## Distribution of Funds

**(Reference:** 45 CFR 1321.82**)**

**POLICY**

The SUA shall distribute all Title III B funds within the state pursuant to 45 CFR Sections 1321.49 or 1321.51.

**SUA PROCEDURE**

The SUA shall utilize the IFF to allocate funds to each PSA to AAAs under Title III for supportive, nutrition, evidence-based disease prevention and health promotion, and family caregiver services prior to taking the steps as set forth in 45 CFR 1321.33.

**AAA PROCEDURE**

The AAA shall plan for, and budget funds based on the Allotment Table distributed each year (for the following fiscal year) on August 1st.

## Coordination of III B and III E Services

**POLICY**

**(Reference:** 45 CFR 1321.81(b)(8)**)**
The SUA and AAA shall ensure the coordination of Title III B services that benefit family caregivers so that there is no inappropriate duplication of services available under Title III E.

**SUA PROCEDURE**
The SUA shall review the unduplicated report during annual monitoring to ensure that units of service for family caregiver services have not been inappropriately duplicated.

**AAA PROCEDURE**
The AAA shall coordinate family caregiver services and ensure that units of service are coded appropriately to avoid duplication between Title III B and Title III E.

# Section 4 – Title III C Nutrition Services

## Congregate Meals

**POLICY**
**(Reference:** 45 CFR 1321.87(a)(1)**)**
Congregate meals are meals meeting the nutrition requirements (outlined in this manual) provided under Title III, part C-1 by a qualified nutrition service provider to eligible individuals and consumed while congregating in person. Congregate meals shall meet meal availability requirements and nutrition risk requirements.

**SUA PROCEDURE**
When reviewing the area plan submissions, the SUA shall confirm that congregate meals are included, and all necessary information is included. If any sections are incomplete or improperly completed, the area plan shall not be accepted.

During annual programmatic monitoring, the SUA shall confirm that congregate meals are included in the AAA's area plan.

During the monthly services and expenditure review, SUA staff shall ensure that if units reported as congregate meals are paid using OAA funding, the funding is from Title III C-1.

**AAA PROCEDURE**
Each AAA shall include congregate meals as a service in its area plan and include all congregate meal sites in its area plan. Congregate meal sites must be open for a minimum of four hours daily, five days a week. For congregate meals provided by a contracted services provider, the AAA shall include the contractor(s) in the area plan.

## Home-Delivered Meals

**POLICY**
**(Reference:** 45 CFR 1321.87(a)(2)**)**
Home-delivered meals are meals meeting the nutrition requirements provided under Title III, part C-2 by a qualified nutrition service provider to eligible individuals and consumed at the individual's residence or

otherwise outside of a congregate setting. Home-delivered meals shall meet meal availability requirements and nutrition risk requirements.

**SUA PROCEDURE**
When reviewing the area plan submissions, the SUA shall confirm that home-delivered meals are included, and all necessary information is included. If any sections are incomplete or improperly completed, the area plan shall not be accepted.

During annual programmatic monitoring, the SUA shall confirm that home-delivered meals are included in the AAA's area plan.

During the monthly services and expenditure review, SUA staff shall ensure that if units reported as home-delivered meals are paid using OAA funding, the funding is from Title III C-2.

**AAA PROCEDURE**
Each AAA shall include home-delivered meals as a service in its area plan and mark the congregate nutrition sites that also provide home-delivered meals in its area plan. For home-delivered meals that are provided by a contracted service provider, the AAA shall include the contractor(s) on the area plan. If home-delivered meals are delivered directly by individuals other than AAA staff, the AAA shall provide the list of pre-approved drivers and proof of insurance.

## Nutrition Education

**POLICY**
**(Reference:** 45 CFR 1321.87**)**
Nutrition education is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health education, as it relates to nutrition, information and instruction to participants and caregivers in a group or individual setting overseen by a registered dietitian or individual with comparable expertise. In addition, community nutrition resources and services shall be provided. Expenses, if any, should be included in the program budget.

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

Nutrition education shall be provided in accordance with the AAA policy and procedure and based on the needs of meal participants. If nutrition education is provided with OAA funding, the funding shall be through Title III B. The service unit shall be one session. Examples of one session include a specific handout (this is one unit, regardless of how many participants receive it), one group presentation (this is one unit, regardless of how many participants attend), or one virtual presentation (this is one unit, regardless of how many participants attend and/or watch the recording). An estimated audience size will be reported for Nutrition Education on an annual basis.

**SUA PROCEDURE**

During annual programmatic monitoring, the SUA shall review the AAA's Nutrition Education policy and procedure. SUA will review quarterly the receipts uploaded by the AAA into Smartsheet for nutrition education expenditures.

**AAA PROCEDURE**
Each AAA shall submit its Nutrition Education Policy and Procedure as part of annual programmatic monitoring. The policy and procedure shall explain how nutrition education shall be provided in the PSA (including how it shall be funded), how often it should be conducted, who should conduct it, and whether the AAA has established any additional requirements.

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

Documentation of the topic, presenter, number of attendees, and date of nutrition education shall be retained at the AAA and may be kept at the site as well and entered in the state approved client tracking system or other form of documentation, as one unit per attendee per presentation as a **nutrition education unit** for required OAAPS reporting.

All expenses (including anticipated expenses) shall be included in the program budget. AAAs shall quarterly upload receipts into Smartsheet for nutrition education expenditures. In addition, documentation of the topic, presenter, number of attendees, and date of nutrition education shall be uploaded to Smartsheet.

## Nutrition Counseling

**POLICY**
**(Reference:** 45 CFR 1321.87**)**
Nutrition counseling is a standardized service as defined by the Academy of Nutrition and Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal.

Each AAA shall have a policy and procedure explaining how it will provide access to nutrition counseling in its PSA.

- If nutrition counseling is provided by the AAA directly or through a contracted service provider, the method of provision shall be outlined in the AAA policy and procedure. If nutrition counseling is provided with OAA funding, Title III B shall be used.
- If nutrition counseling is not provided by the AAA directly or through a contracted service provider, the AAA policy and procedures shall explain how the AAA will provide access to nutrition counseling. This may be done through referrals, information and assistance, or other methods. The methods shall be outlined in the policy and procedure.
- Access to and provision of nutrition counseling shall be based on the needs of meal participants.

**SUA PROCEDURE**

During annual programmatic monitoring, the SUA shall review the AAA's Nutrition Counseling Policy and Procedure.

**AAA PROCEDURE**
Each AAA shall submit its Nutrition Counseling Policy and Procedure as part of annual programmatic monitoring. The policy and procedure shall explain how nutrition counseling shall be provided in the PSA and who shall provide it. Nutrition counseling may be provided directly, through a contracted service provider, or through a community referral.

**Formal Policy: Referral for Nutrition Counseling**
As part of ongoing compliance with the **Older Americans Act (OAA)** and to support the nutritional well-being of older adults, the following policy shall govern referrals for Nutrition Counseling services:
**Nutrition Risk Assessment and Referral Protocol**

1. **Assessment Tool**
   The **Nutrition Risk Score**, embedded within the **Client Information Form (CIF)**, shall be used to evaluate each participant's nutritional risk status. The assessment consists of standardized questions, each assigned a point value for affirmative responses.
2. **Scoring and Threshold**
   A **total score of six (6) or higher** indicates that the participant is at **high nutritional risk**.
3. **Referral Requirement**
   Any participant who scores **6 or above** shall be **formally referred for Nutrition Counseling** services provided by a qualified nutrition professional.
4. **Timing of Assessment**
   This assessment and referral process shall be conducted at the **time of each participant's reassessment**.
5. **Documentation and Tracking**
   All referrals for Nutrition Counseling shall be **documented and tracked** in the **state-approved tracking system** in accordance with program monitoring and reporting requirements.

# Menu Planning

## Nutrition Requirements for Meals

**POLICY**
Each Title III C meal provided by a nutrition services contractor shall meet the nutrition requirements in OAA Sec. 339(2)(A), 45 CFR 1321.87. This applies to home-delivered meals, congregate meals, and carryout meals.

Nutrition services providers shall demonstrate compliance with the nutrition requirements by using computer nutrient analysis software or a meal pattern.

Meals created using nutrient analysis shall meet the following requirements. Targets may be met as a monthly average, with the flexibility to be within the acceptable range specified.

| Nutrient | Target Value (1/3 DRI) |
|---|---|
| Calories | 600 calories |

| | |
|---|---|
| Protein | 17 g |
| Carbohydrate | 82.5 g |
| Fiber | 8 g |
| Fat | 20-35% of total calories |
| Saturated Fat | < 10% of total calories |
| Calcium | 400 mg |
| Sodium | 766 mg |
| Potassium | 1000 mg |
| Vitamin B-12 | 0.8 mcg |
| Vitamin D | 200 iu |

*Acceptable range based on AMDR 45-65%

Meals created with a meal pattern shall meet the following requirements. Each meal must meet the requirements on its own with no weekly or monthly averaging.

**SUA PROCEDURE**
A sample of this documentation shall be reviewed during annual monitoring conducted by the SUA.

**AAA PROCEDURE**
The nutrition professional retained by the AAA, if procuring their own contract, shall at least review and certify that all menus meet the DRI requirements. The nutrition professional shall use the nutrient analysis or meal pattern requirements provided in the Nutrition Requirements for Meals Policy. The AAA shall submit the method used for review, the nutrition professional's credentials, and the certified menus that are requested as part of annual monitoring. The same individual may create, review, and certify the menus.

# Meal Availability Requirements

## Congregate Meal Availability Requirements

**POLICY**
**(Reference:** 45 CFR 1321.87(b)**)**
AAAs shall provide congregate meals at least five days a week at each congregate meal site. If the congregate meal site does not provide meals at least five days a week, the AAA shall submit a waiver that explains why meals shall not be provided five days a week and how access to additional meals shall be provided.

**SUA PROCEDURE**
When the SUA reviews the area plan, SUA staff shall confirm that any congregate site that is not providing a congregate meal at least five days per week has an approved general waiver request.

**AAA PROCEDURE**
Each AAA shall provide information about the days per week that a congregate meal is provided at each congregate site in the area plan. If congregate meals are not provided at least five days a week at a congregate meal site, the AAA shall submit a general waiver request explaining why it is not feasible to provide congregate meals five days per week at that site and how participants can access additional meals if the participant needs additional meals.

## Home-Delivered Meal Availability Requirements

**POLICY**
**(Reference:** 45 CFR 1321.87(b)**)**
AAAs shall provide access to at least five home-delivered meals a week to participants in the home-delivered meal program. The number of deliveries each week is irrelevant if the participant has access to at least five meals per week. A participant may request fewer meals per week. The AAA may establish policies and procedures to provide additional meals based on need.

**SUA PROCEDURE**
The SUA shall review a sample of home-delivered meal data during annual monitoring.

**AAA PROCEDURE**
Each AAA shall submit a sample of home-delivered meal data during annual monitoring.

# Section 5 Title III D Evidence-Based Disease Prevention and Health Promotion Programs

**POLICY**
The objective of Title III-D is to promote better physical, mental, and social health for older adults, people with disabilities, and caregivers through the provision of the three tiers of evidence-based disease prevention and health promotion programs.

AAAs shall use OAA Title III D funding to provide evidence-based disease prevention and health promotion programs. A program is deemed evidence-based if it appears on the National Council on Aging's (NCOA) Evidence-Based Programs list or has received state approval through a formal application process. Programs not meeting these criteria shall not be funded under Title III D.

Through using Evidence-Based health and wellness programs, the broad objectives of Wellness Program implementation, which affect health and wellness at both the individual and community level, are:
(1) Reducing disease and disability
(2) To improve individuals' health literacy and understanding of diagnosed conditions
(3) To reduce the prevalence of risks to health or to increase behaviors known to reduce such risks
(4) To assist participants in developing behaviors and skills which are conducive to individual and community health
(5) To increase comprehensiveness, accessibility, and/or quality of health promotion and preventive services and interventions; and
(6) To promote empowered users of the health care system

**SUA PROCEDURE**
- **Area Plan Validation:**
    - Check each AAA's area plan to confirm that all proposed programs funded with Title III D dollars are evidence-based per the NCOA list or have an approved Application for State Approval.
    - During monitoring, verify that all reported evidence-based program units correspond to those listed in the area plan.

- **Approval Process:** For programs not on the NCOA list, review and process the Application for State Approval for Evidence-Based Programs, ensuring that all required documentation is complete before final approval by the designated SUA leadership.

**AAA PROCEDURE**

- **Area Plan Submission:**
  - Include all proposed evidence-based programs in the area plan with clear identification (either listed on the NCOA website or approved by state authorities).
  - For contracted services, list the service provider(s) in the area plan.
  - If adding a new mid-cycle program, submit an area plan amendment detailing the program specifics.
- **Application Assistance:** Work with SUA staff to complete and submit the Application for State Approval when required.

**SERVICE ACTIVITIES**

Evidence-based Wellness Program services are provided in community settings, and encompass both disease prevention and health promotion services, must include one or more of the following evidence-based activities:

1) Health Risk Assessments: To identify people at risk and refer them to the appropriate follow-up services. These services may be provided in senior centers, nutrition sites, with health professionals, individuals' homes, or other community settings. Assessments may include, but are not limited to the following:

a. Falls risk using the STEADI Toolkit
b. Medication management understanding, including:
    i. Assessment
    ii. Education to prevent incorrect use of medications; and
    iii. Prevention of adverse drug events.
c. Health literacy
d. Self-efficacy for self-care
e. Nutrition
f. Home safety:
    i. Assessments of high-risk home environments
    ii. Provision of educational programs and materials on injury prevention; and
    iii. Fall prevention education.
g. Cognition
h. Depression:
    i. Identifying older adults, persons with disabilities, and caregivers experiencing grief over personal losses; and
    ii. Related assistance may include the coordination of community mental health services, provision of education activities, and referral to appropriate psychiatric and psychological services.

2) Health Screenings/Services administered by trained and certified professionals including, but not limited to, one or more of the following evaluations:

a. Blood pressure
b. Hearing
c. Vision, to include glaucoma
d. Dental
e. Podiatry
f. Blood tests, including diabetes and cholesterol
g. Urinalysis
h. Bone density
i. Mammography
j. Prostate
k. Flu vaccination
l. Pneumonia vaccination; and

m. Abdominal aortic aneurysm screening.

3) Health Counseling may also include specific counseling services. Some types of counseling include, but are not limited to:

a. Gerontological
b. Caregiver
c. Social Services
d. Nutrition
e. Mental health
f. Depression Screening
g. Medication compliance; and
h. Psychological services

4) Nutrition Screening The process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.

5) Nutrition Counseling The provision of individualized guidance by a qualified professional on appropriate food and nutrient intakes for those with special nutrition needs, taking into consideration of health, cultural, socioeconomic, functional, and psychological factors. Nutrition counseling may include advice to increase, decrease, or eliminate nutrients in the diet, to change the timing, size, or composition of meals, to modify food textures, and/or to change the route of administration from oral to feeding tube to intravenous.

6) Nutrition Education The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status.

7) Health Promotion Programming including, but not limited to, programs relating to prevention and reduction of the effects of:

a. Chronic conditions (e.g., osteoporosis, arthritis, diabetes, cardiovascular disease, etc.)
b. Alcohol and substance abuse
c. Smoking
d. Obesity
e. Stress/anxiety

8) Physical Fitness Activities including, but not limited to:

a. Walking programs
b. Chair exercises
c. Arthritis exercise programs
d. Group exercises
e. Aquatic classes
f. Resistance programs; and
g. Other evidence-based low impact aerobics programs

9) Music, art, and dance movement activities or therapies

**TARGET GROUPS, ELIBILITY, AND PRIORITY FOR SERVICES**

People eligible for Wellness Programs are those:

1) Aged 60 and over, or a spouse (regardless of age) of a person aged 60 or older
2) Persons with disabilities (18 and older) who are residents of housing facilities occupied primarily by older adults at which congregate nutrition services are provided
3) Caregivers to people aged 60 and older

**AAAs shall give priority to areas within their region:**

1) Which are medically underserved
2) That have a large population of older adults the greatest economic need for such services.

**CONDITIONS FOR REFERRAL TO OTHER SERVICES**
When appropriate, service providers shall work with the AAA (or case management, if available) to refer participants to other service resources that may be able to assist with remaining independent and safe in the home, and/or to assist caregivers with maintaining their own health and well-being.

**PARTICIPANT RECORDS**

The service provider shall maintain files in a form and format approved/accepted by the AAA and MDHS, including information that, at a minimum, identifies participant demographics; documents individuals' eligibility for the program (based on program requirements); and contains instructions for emergency contacts and care preferences. All providers shall maintain any additional participant information as specified by MDHS program policies and procedures and as required by program developers.

All participant files are subject to review and monitoring by the AAA, MDHS, and any federal granting agencies

**WEATHER-RELATED EMERGENCIES, FIRES, AND OTHER DISASTERS**

The provider agency shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters, according to the established AAA regional emergency/disaster plan.

The provider agency shall develop a written continuity of operations plan for their agency which will include policies and procedures for operation during any type of emergency and/or disaster. Examples of emergencies include, but are not limited to, vehicle breakdowns, inclement weather, or program leader emergencies.

**MANAGEMENT AND OVERSIGHT OF THE WELLNESS PROGRAM**

The AAAs shall identify staff responsible for the overall management of wellness services and compliance with performance standards, requirements, and procedures.

If services are provided by a sub-contracted agency, the AAA is responsible for ensuring program adherence and fidelity in implementation as required.

**STAFF ORIENTATION AND TRAINING**
The service provider shall assure that orientation and ongoing training for administrative and direct service staff and volunteers shall be adequate for providing safe, appropriate, and efficient evidence-based wellness services to older adults, and compliance with all applicable requirements and procedures. Providers shall document and maintain records of all content and dates of orientation and training for monitoring purposes.

**RECORD KEEPING AND REPORTING**

Providers shall comply with all record keeping and reporting and retention requirements as prescribed by the AAA. Documentation requirements specific to wellness services include, but are not limited to:

1) Daily records documenting people who receive wellness services (units and people served)
2) Documentation of participant feedback, and the method used to obtain feedback on a routine basis.

To document and validate which evidence-based criteria level the selected Wellness Program meets AAAs must:

1) Retain documentation of the evidence behind their chosen Title IIID health promotion program(s) for AAA records and monitoring purposes.

- Depending on the program, this could be anything from a copy of an appropriately credentialed practitioner's certification (e.g., registered dietitian, pharmacist, dentist, CNA, LPN, etc.), to a peer-reviewed journal article, to dissemination products.

2) For a Title IIID evidence-based health promotion program meeting the minimal criteria such as blood pressure screenings, documentation could include a copy of the CNA, LPN, RN, or other performing practitioner's license number, along with information about the blood pressure screenings that were performed. In the event student volunteers are used, such as dental students, nutritionists or pharmacists, a letter or email from the faculty instructor could be retained as a record of the evidence-base of the health promotion program implemented with Title IIID funds.

3) Collect and report pre- and post-testing as required for specific program implementation (e.g., Chronic Disease Self-Management Education and Matter of Balance requirements found in the appendices).

**PROVIDER QUALITY ASSURANCE AND PROGRAM EVALUATION**
Each wellness program provider shall develop and implement an annual plan to evaluate and improve the effectiveness of operations and services to ensure continuous improvement in service delivery.

The evaluation process shall include:
- A review of the existing program
- Satisfaction survey results from participants, staff, and volunteers
- Program modifications made that responded to changing needs or interests of participants, staff, or volunteers
- Proposed program and administrative improvements

If not directly administered by the AAA, each sub-contracted provider shall prepare and submit to the AAA annually, a written report that summarizes the evaluation findings, improvement goals, and implementation plan for implementation.

**MONITORING BY SERVICE PROVIDER**

Each provider shall adhere to established fidelity guidelines and monitoring policies and procedures as published by the AAA or program developers.

**AAA RESPONSIBILITY FOR THE WELLNESS SERVICES PROGRM**

The AAA shall develop and implement any necessary additional policies and procedures for the following:
1) Compliance with the Older Americans Act Title IIID program implementation; and
2) Verification that all providers comply with licensing and fidelity guidelines for evidence-based programming

# Section 6 – Title III E National Family Caregiver Program

**POLICY**
**Family Caregiver Support Services (Respite Care)** include a range of community-based interventions designed to assist family caregivers. These services encompass public education, information and assistance, case management, caregiver training, respite care, and supplemental services (which shall not exceed 10% of federal funding per AAA).

Eligibility for certain services (e.g., respite care and supplemental services) requires that the care recipient be functionally impaired based on standardized criteria.

**SUA PROCEDURE**

**Service Availability Plan:** Confirm that each AAA has a comprehensive plan to deliver all categories of family caregiver support services within its PSA.

**Statewide Access:** Ensure that family caregiver services are available to all four eligible subgroups across Mississippi.

**Data Monitoring:** Review reports and unduplicated service unit data during annual monitoring to verify compliance with program limits and definitions.

**Technical Assistance:** The SUA shall provide technical assistance to Area Agencies on Aging (AAAs) through scheduled virtual training sessions. Attendance is mandatory for all individuals whose salaries are funded through the Family Caregiver Support Services (Respite care) and who provide direct services under this initiative.

- Participants must attend each scheduled session with their camera on, and they must remain visible on camera for the duration of the meeting to ensure active engagement and compliance.

**AAA PROCEDURE**

**Service Delivery Plan:**

- Develop and implement a plan that provides for direct delivery, contracted services, or shared service arrangements to ensure that all eligible family caregivers have access to the full range of services.
- Create a detailed policy and procedure defining “limited basis” for supplemental services and establish a tracking system to ensure compliance with the 10% funding limitation.

**Eligibility Assessment:** Develop and utilize standardized tools to assess the functional impairment of care recipients, ensuring eligibility for specific services such as respite care and supplemental supports.

**Documentation and Reporting:** Maintain detailed records of all family caregiver support activities and submit data as required during SUA monthly/annual monitoring.

**Definition and Purpose**

Family caregiver support services (Respite care) refers to the temporary relief provided to primary or regular caregivers of functionally impaired older adults, individuals with disabilities, or those suffering from conditions such as dementia, who require continuous in-home care. Also, providing caregivers with information and assistance and supporting family members and other persons providing voluntary care to older adults needing long-term care services.

The primary objectives of respite care are to:

1. Prevent, delay, or avoid unnecessary institutionalization.
2. Safeguard older adults and individuals with disabilities from potential abuse.
3. Reduce physical and emotional stress on family caregivers.
4. Provide caregivers with personal time away from their caregiving responsibilities.
5. Prevent caregiver burnout.

**Eligible Caregiver Populations**

The following groups of caregivers are eligible to receive respite services:

- Adult family members or informal caregivers aged 18 and older who are caring for individuals aged 60 and older.
- Adult family members or informal caregivers aged 18 and older caring for individuals of any age with Alzheimer's disease or related disorders.
- Older relatives (not parents) aged 55 and older providing care to children under 18 years of age.
- Older relatives, including parents, aged 55 and older caring for adults aged 18-59 with disabilities.

**Unit of Service**

One unit of service is equivalent to one (1) hour of relief provided to the caregiver.

**Minimum Program Requirements**

Providers of respite services must adhere to the following minimum program requirements:

1. **Service Activities**

   a. The respite care worker will provide essential services, including:
   - Feeding
   - Personal care assistance
   - Companionship
   - General supervision or support

   b. Respite services may be provided in one of the following settings:
   - The caregiver's or care recipient's home
   - A local senior center
   - Approved adult day care centers, licensed board and care homes, nursing homes, or hospitals for institutional respite.

   c. The total hours of respite service per month will not exceed 32 hours, except under emergency or extraordinary circumstances.

   d. Services may be delivered by respite workers or through institutional respite settings, such as adult day care centers or licensed facilities.

2. **Location of Service**

   Respite care is offered in various locations including:
   - The caregiver's home or care recipient's home
   - Local senior centers
   - Institutional settings, including adult day care centers, licensed board and care homes, nursing homes, or hospitals.

3. **Access to Service**

   Approved caregivers may access respite services at any point through formal or informal referral processes.

4. **Delivery Characteristics**

   a. Each caregiver must have a comprehensive record, including:
   - Screening, intake, and caregiver assessment forms
   - A care plan
   - Referral forms (if applicable)
   - Authorization releases for medical, emergency personnel, or skilled services.

   b. Respite services can be available day or night, including weekends and holidays.

   c. Respite services provided at aging-approved centers and licensed facilities must meet relevant regulations and licensing requirements.

d. Caregivers and care recipients will be given the option to contribute to the cost of services, though services will not be denied based on the inability to contribute.

5. **Staffing**

a. A designated individual must be responsible for the daily operation of the service at the Area Agency on Aging.

b. There must be sufficient staff to meet program goals and ensure effective delivery of services.

c. Respite workers must:

- Have experience in caring for older adults, individuals with disabilities, or those who are ill.
- Be able to communicate with caregivers and care recipients, including those with speech, hearing, or visual impairments.
- Maintain confidentiality at all times.
- Have access to reliable transportation.

d. Respite staff must be trained annually in:

- Safety education
- Detecting and preventing abuse of older adults
- Emergency procedures
- Confidentiality
- First aid, CPR, and the Heimlich maneuver
- Effective communication skills
- Understanding the aging process
- Program-specific policies and procedures

6. **Prohibited Service Activities**

Respite workers are prohibited from:

- Using the caregiver's or care recipient's vehicle.
- Consuming the caregiver's food or drinks.
- Using the caregiver's phone for personal matters except in emergencies.
- Breaching caregiver confidentiality.
- Accepting gifts or tips.
- Bringing friends or family members to the caregiver's home.
- Consuming alcohol or drugs, or smoking, while providing services.
- Engaging in home repairs, yard maintenance, or pet grooming.
- Soliciting money or goods from caregivers.

7. **Monitoring**

The Mississippi Department of Human Services, Office of Monitoring and Compliance, will conduct annual monitoring to ensure compliance with program standards and the effective delivery of services, and the SUA programmatic team will conduct reviews as needed.

# Section 7 – Legal Assistance Developer (LAD)

**POLICY**

**(Reference:** 45 CFR 1321.301 and 45 CFR 1324.303**)**

In accordance with section 731 of the OAA, the SUA shall designate an individual who shall be known as a State Legal Assistance Developer, and other personnel, sufficient to ensure:

(1) State leadership in securing and maintaining the legal rights of older individuals.

(2) State capacity for coordinating the provision of legal assistance, in accordance with section 102(23) and (24) and consistent with section 102(33) of the OAA (42 U.S.C. 3002(23), (24), (33)),

to include prioritizing such services provided to individuals with greatest economic need, or greatest social need;

(3) State capacity to provide technical assistance, training, and other supportive functions to AAAs, legal assistance providers, Long-Term Care Ombudsman programs, adult protective services, and other service providers under the OAA.
   (i) The Legal Assistance Developer shall utilize the trainings, case consultations, and technical assistance provided by the support and technical assistance entity established pursuant to section 420(c) of the OAA (42 U.S.C. 3032i(c)).

(4) State capacity to promote financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
   (i) In so doing, the Legal Assistance Developer shall take into consideration promotion of activities to increase awareness of and access to self-directed financial management services and legal assistance; and;
   (ii) The Legal Assistance Developer shall also take into consideration promotion of activities that proactively enable older adults and those they designate as decisional supporters through powers of attorney, health care proxies, supported decision making and similar instruments or approaches to be connected to resources and education to manage their finances and the decisions they make about their lives so as to limit their risk for guardianship, conservatorship, or more restrictive fiduciary proceedings.

(5) State capacity to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
   (i) In so doing, the Legal Assistance Developer shall take into consideration engaging in activities aimed at preserving an individual's rights or autonomy, including, but not limited to, increasing awareness of and access to least-restrictive alternatives to guardianship, conservatorship, or more restrictive fiduciary proceedings, such as supported decision making, and legal assistance.
   (ii) In so doing, the Legal Assistance Developer shall adhere to the restrictions contained in section 321(a)(6)(B)(i) of the OAA (42 U.S.C. 3030d(a)(6)(B)(i)) regarding the involvement of legal assistance providers in guardianship proceedings, and shall apply these restrictions to conservatorship and other fiduciary proceedings.
   (iii) In undertaking this activity, the Legal Assistance Developer shall take into consideration coordination of efforts with legal assistance providers funded under the OAA contracted by AAAs, any Bar Association Elder Law section, and other elder rights or entities active in the State.

(6) State capacity to improve the quality and quantity of legal services provided to older individuals.

State plan. The activities designated by the SUA for the Legal Assistance Developer, in accordance with paragraphs (a)(1) through (6) of this section, shall be contained in the State plan, per section 307 of the OAA (42 U.S.C. 3027) and as set forth in 45 CFR 1321.27 of this chapter.

(d) Conflicts of interest.
   (1) In designating a Legal Assistance Developer, the SUA shall consider any potential conflicts of interest posed by any candidate for the role, and take steps to prevent, remedy, or remove such conflicts of interest.
   (2) In designating a Legal Assistance Developer, the SUA shall consider both organizational and individual interests that may impact the effectiveness and credibility of the work of the Legal

Assistance Developer to coordinate legal assistance and work to secure, protect, and promote the legal rights of older adults in the State.

(i) This includes holding a position or performing duties that could lead to decisions that are or have the appearance of being contrary to the Legal Assistance Developer's duties as defined in this section and contained in the State plan as set forth in 45 CFR 1321.27 of this chapter.

(3) The SUA shall not designate as Legal Assistance Developer any individual who is:

(i) Serving as a director of adult protective services, or as legal counsel to adult protective services.

(ii) Serving as a State Long-Term Care Ombudsman, or as legal counsel to a State Long- Term Care Ombudsman Program.

(iii) Serving as a hearing officer, administrative law judge, trier of fact or counsel to these positions in an administrative proceeding related to the legal rights of older adults, such as one in which a legal assistance provider might appear.

(iv) Serving as legal counsel or a party to an administrative proceeding related to long-term care settings, including residential settings.

(v) Conducting surveys of and licensure certifications for long-term care settings, including residential settings, or serving as counsel or advisor to such positions.

(vi) Serving as a public or private guardian, conservator, or fiduciary or operating such a program, or serving as counsel to these positions or programs.

(4) The SUA and the Legal Assistance Developer shall be responsible for identifying any other actual and potential conflicts of interest and circumstances that may lead to the appearance of a conflict of interest; identifying processes for preventing conflicts of interest and, where a conflict of interest has been identified, for removing or remedying the conflict.

(5) The SUA shall develop and implement policies and procedures to ensure that the Legal Assistance Developer is not required or permitted to hold positions or perform duties that would constitute a conflict of interest.

**SUA PROCEDURE**

The SUA shall designate a LAD in the DAAS that meets the criteria outlined above. In the event the LAD resigns, the DAAS shall designate a temporary LAD until a new individual can be designated. The LAD or designated temporary LAD shall be free of conflicts of interest. The designated LAD shall have the knowledge, resources, and capacity to conduct the following activities:

1) Leadership in securing and maintaining the legal rights of older individuals.
2) Coordinating the provision of legal assistance to include prioritizing such services provided to individuals with greatest economic need, or greatest social need.
3) Providing technical assistance, training, and other supportive functions to AAAs, legal assistance providers, Long-Term Care Ombudsman programs, adult protective services, and other service providers under the OAA.
4) Promoting financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
5) Assisting older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.
6) Improving the quality and quantity of legal services provided to older individuals.

**AAA PROCEDURE**

N/A This is a SUA requirement.

# Section 8 – State Long-Term Care Ombudsman

## Policies and Procedures Manual for the Mississippi Ombudsman Program

Office of the State Long-Term Care Ombudsman Program
200 S. Lamar Street
Jackson, MS 39201-4013
(601) 359-4927

## PART I: Introduction to the Long-Term Ombudsman Program
## SECTION A: General

### Purpose of the Program

The Mississippi Department of Human Services (also called the Council on Aging) has established the independent organizational unit called the Office of State Long-Term Care Facilities Ombudsman (OSLTCO) within the Division of Aging and Adult Services (DAAS) which shall provide program management and implementation of the State Ombudsman Program. The Mississippi Long-Term Care Ombudsman Program (LTCOP) provides services to protect the health, safety, welfare and rights of residents in long-term care facilities. The LTCOP investigates complaints and seeks resolutions that uphold the dignity and safety of the individual resident. Ombudsmen advocate for and on behalf of long-term care residents to improve their quality of care and quality of life.

Ten (10) local ombudsman programs are located throughout the state in the ten (10) Planning and Development Districts. In most areas, the administration of these local programs is through the Area Agencies on Aging (AAA), to provide, either directly or through a subcontract, ombudsman services at the local level. Within each local ombudsman program, the designated ombudsmen are responsible for Program Components. There must be a minimum of one full-time district ombudsman for each Area Agency on Aging. However, there must be sufficient ombudsmen staff to achieve Program Components throughout the planning and service area and sufficient travel funds to provide residents with regular and timely access to the Ombudsman Program. In addition, the residents and complainants must receive timely responses to requests for information and complaints.

### Eligibility

Any Mississippian, regardless of age, who resides in or who is a potential resident of a long-term care facility which is subject to regulation or licensure by the Mississippi State Department of Health (therefore, it may include an illegal unlicensed facility), shall be eligible for ombudsman service. The Mississippi State Department of Health regulates Nursing Homes, Personal Care Homes-Assisted Living and Personal Care Homes-Residential Living.

### Philosophy of the Program

The LTCOP is a resident-centered advocacy program. Therefore, the wishes of the resident are the primary concern regardless who is the complainant. The ombudsman will make every reasonable effort to assist, represent and intervene on behalf of the resident.

**Legal Authority of the Program**

The Mississippi Office of the State Long-Term Care Ombudsman Program is authorized by both state (Long-Term Care Facilities Ombudsman Act in §43-7-51 through §43-7-79 of the Mississippi Code) and federal law (Older Americans Act, Public Law 89-73, Older Americans Act of 1965, as amended through Public Law 114-144, enacted April 19, 2016, 42 U.S. Code Chapter 35). The Long-Term Care Ombudsman Program Final Rule is codified in 45 CFR 1324. It is a federal regulation on how to carry out the OAA. The Nursing Home Reform Law of 1987 (OBRA '87) and revised regulations in 42 CRF 483 are also very important as they provide two key provisions:

*Quality of Care:* *Each resident must receive and the facility must provide, the necessary care and services to attain or maintain the highest level of physical, mental and social well-being as listed in the resident's care plan.*

*Quality of Life:* *Facilities must care for residents in a manner and in an environment that maintains or enhances each resident's quality of life.*

**Unit of Service**

A unit of service equals one client hour and includes all activities carried out by the Ombudsman which relate to client service, training, and program management activities. Examples include the time spent on complaints/concerns made by or on behalf of a current or potential long-term care resident, the planning and implementation of public workshops on long-term care issues, attending training workshops for ombudsman and the completion of ombudsman reports. This does not include time spent completing time sheets or travel vouchers.

**Applicability**

These policies and procedures govern the actions of the Mississippi Office of the State Long-Term Care Facilities Ombudsman, designated district, local and volunteer ombudsman, provider agencies, Area Agencies on Aging (AAA), Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and other parties involved in the operation of the Mississippi Long-Term Care Ombudsman Program.

**PART I: Introduction to the Long-Term Ombudsman Program**
**SECTION B: Definitions**

Abuse: Negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness or sexual abuse.

ADL: Activities of Daily Living, including but not limited to, bathing, walking, excretory functions, feeding, personal grooming, and dressing. These have been revised to: mobility/ambulation; community mobility; transferring; eating and meal preparation.

Advanced Health-Care Directive (AHCD): Designating an agent to make health-care decisions. MS has the Uniform Health-Care Decisions Act in §41-41-201 through §41-41-229 of the MS Code which combines the power of attorney for health care along with a living will. An example is provided in §41-41-209.

Advisory Council: This group provides guidance and advice to the SLTCO in order to enhance the effectiveness of the statewide LTCOP. Each AAA has an Advisory Council.

Area Agency on Aging (AAA): An agency designated by the DAAS to arrange for providing the aging services in its planning and service area (PSA). There are 10 AAAs in Mississippi that contract with DAAS to provide services under Title III and Title VII of the OAA.

Area Plan: A plan developed by AAA for its relevant planning and service area as required by the Older Americans Act (OAA) §306.

Assisted Living Facility (ALF): Facility that provides personal care and the addition of supplemental services to include, but not be limited to, the provision of medical services (i.e., medication procedures and medication administration) and emergency response services. These are for individuals who want to maintain some level of independence, but require support with activities of daily living (ADLs).

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints relating to the health, safety, welfare, or rights of residents which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up. One or more complaints constitutes a case. You cannot have a case without a complaint.

Certification: The designation provided by the State Long-Term Care Facilities Ombudsman to an individual who meets minimum qualifications, is free of conflicts of interest, and has successfully completed training and other criteria stipulated in the Certification Requirements for the Mississippi Ombudsman Program. Designation authorizes such individual to act as a representative of the Long-Term Care Ombudsman Program. An ombudsman (even a volunteer) shall not be authorized to investigate a complaint without being certified by the State Long-Term Care Facilities Ombudsman.

Closed Case: A case is where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Community Education: Presentations to community groups, other agencies or professionals or to groups of residents or families (other than resident & family councils) on long-term care issues. Each Ombudsman district is required to do two community education events each federal fiscal year.

Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to the health, safety, welfare or rights of a resident. One or more complaints constitutes a case. You cannot have a case without a complaint.

Complainant: An individual who lodges a complaint. This could be a resident, family member, facility staff, ombudsman, banker, police officer, social worker, etc.

Conservator: An individual appointed by the Court to make *financial* decisions for and exercise the legal rights and powers of an adult where the adult lacks sufficient capacity to make or communicate significant responsible decisions *concerning the management of his or her property*. A conservator has priority over the power of attorney agent. See §93-13-251 through §93-13-267 of the MS Code.

Consultation: Means providing information and technical assistance to facilities and individuals regarding long-term care issues. It is often by telephone. It does not involve investigating and working to resolve a complaint (a consultation is not a case, therefore, isn't a complaint). If you refer someone to another agency and are not actively involved in investigating and working to resolve the problem, it is not a case or complaint. However, it is counted as a consultation.

Designation: Status which authorizes an individual (whether a district or local ombudsman or volunteer) to act as a Representative of the Office. Said individual has successfully completed the training requirements and is also free of conflicts of interest.

District Ombudsman: An ombudsman who acts in a supervisory position over local ombudsman in their respective AAA region. There are currently 10 district ombudsmen in the Mississippi Long-Term Care Facilities Ombudsman Program.

Exploitation: The illegal or improper act or process of an individual, including a caregiver, using the resources (money, assets, property) of an older or vulnerable individual for monetary or personal benefit, profit or gain without the informed consent of the resident.

Family Council: Family members of residents and/or facility staff that meet regularly where the ombudsman can provide technical assistance, information, training and support.

Guardian: An individual or entity appointed by the Court to make *personal and/or property* decisions for and exercise the legal rights and powers of an adult where the court finds the adult lacking sufficient capacity to make or communicate significant responsible decisions *concerning his or her health or safety*. Even residents who have been adjudicated incapacitated and to whom a guardian has been appointed retain some rights. These residents need to have their desires and preferences considered even if the guardian has the legal responsibility over that decision.

Immediate Family: A member of the household or adult relative with whom there is a close personal or significant relationship. Examples include father, mother, son, daughter, brother, sister, aunt, uncle, first cousin, nephew, niece, wife, husband, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepparent, stepbrother, stepsister, stepchild, half-sister, half-brother, grandparent or grandchild. This definition is limited to conflict of interest only.

Information & Assistance: Services which provide information to individuals on long-term care or the needs/rights of long-term care residents.

In-Service Education to a Facility: Presentations to long-term facility staff on long-term care issues. Each Ombudsman district is required to do five (5) In-Service Education seminars per federal fiscal year.

Legal Representative: An agent under a valid power of attorney, provided that the agent is acting within the scope of his or her agency; an agent under a durable power of attorney for health care or health care agent under an advance health care directive; or an executor or administrator of the estate of a deceased

resident. Residents who have a legal representative with decision-making power retain their ability to participate in their own care and to exercise their rights.

Local Long-Term Care Ombudsman: An individual designated by the SLTCO to be an advocate for residents in long-term care facilities to protect their health, safety, welfare and rights.

Long-Term Care: Refers to extended medical and social services required by people with chronic conditions to help them live as independently as possible despite significant challenges. It may be delivered in community settings (adult day care), institutionalized settings (nursing homes) or informal settings (home of friends or family).

Long-Term Care Facility: Any skilled nursing facility, extended care home, intermediate care facility, personal care home or boarding home which is subject to regulation or licensure by the State Department of Health (Mississippi Code §43-7-55).

Neglect: It is the failure to care for a person in a manner which would avoid physical or emotional harm or pain, or the failure to react to a situation which may be harmful. It may or may not be intentional.

Not Verified: It is determined after work (interviews, record inspection, observations, etc.) that the circumstances described in the complaint are not accurate.

Office of State Long-Term Care Facilities Ombudsman: Organizational unit in MS which is led by the State Long-Term Care Ombudsman. The organizational unit consists of the SLTCO only.

PNA (Personal Needs Allowance): After an applicant is determined eligible for Medicaid in a nursing facility, the individual is required to pay toward the cost of their care if income allows. This is referred to as Medicaid Income. It is total income less allowable deductions. PNA is one such deduction. It is currently $44 per month. Veterans and surviving spouses who receive a $90 VA pension get a $90 PNA. Medicaid Income is not paid by a HCBS participant.

Representatives of the Office: District, local or volunteer ombudsmen selected by an area agency on aging who have been designated by the State Ombudsman to act as resident advocates on behalf of the state.

Resident: Any resident, prospective resident, prior resident or deceased resident of any long-term care facility, regardless of age.

Resident Council: Residents of long-term care facilities and/or facility staff that meet regularly to discuss issues relating to their care and quality of life. Assisted living facilities are not required by federal law to facilitate meetings, unlike nursing homes. Each Ombudsman is required to attend three (3) resident council meetings per federal fiscal year.

Resident Representative: means either:
(1) an individual chosen by the resident to act on his or her behalf concerning decisions, accessing medical or other personal information, managing financial affairs and receiving notifications;
(2) a person authorized by State or Federal law (including agents under a power of attorney) to act on the resident's behalf concerning decisions, accessing medical or other personal information, managing financial affairs and receiving notifications;

(3) Legal representative; or
(4) Court-appointed guardian or conservator of the resident.

Resolved: This is how the complaint has been resolved depending on the resident's satisfaction. It can either be partially resolved, not resolved or resolved to the satisfaction of the resident.

Skilled Nursing Facility (SNF): Facility in which medical care must be provided 24-hours by trained individuals, such as a registered nurse and physical, speech and occupational therapists. Examples of skilled nursing services include wound care, intravenous (IV) therapy, injections, physical therapy, and monitoring of vital signs & medical equipment.

State Long-Term Care Ombudsman (SLTCO): An individual who is the head of the Ombudsman Program for the State of Mississippi on a full-time basis to fulfill the duties and responsibilities of Older Americans Act. Said individual is responsible for ensuring that all residents of long-term care facilities in Mississippi have adequate access to the services of the LTCOP and that each AAA has at least one designated ombudsman.

Systems Advocacy: Activities which support and promote issues which benefit a group of long-term care residents.

Volunteer Ombudsman**:** An individual over 18 years old who has completed a Certification Training prescribed by the State Ombudsman Program and is designated to act as a representative to participate in the ombudsman program.

Willful Interference: means the actions or inactions taken by an individual in an attempt to intentionally prevent or interfere with the State Ombudsman Program from performing any of their functions or duties.

Mon Ami: The statewide reporting system used to collect data relating to complaints, consultations, training provided, and other activities of the ombudsman program. This data is used when submitting the NORS annual report to the AOA. It is due January 31st of each year and represents information from the previous federal fiscal year (Oct. 1st-Sept. 30th).

## PART II: Administration of the Long-Term Ombudsman Program
## SECTION A: Program Structure

- **Role and Responsibilities of Mississippi Department of Human Services, Division of Aging**

Pursuant to the federal Older Americans Act and state law, the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) has established the Office of the State Long-Term Care Ombudsman (OSLTCO). The Office of the State Long-Term Care Ombudsman is independent in its representation of the interests of long-term care facility residents, without representing the positions or policies of the Division of Aging and Adult Services, the Mississippi Department of Human Services, or any other governmental entity. The Mississippi Department of Human Services, Aging and Adult Services, will:

a) Provide for a full-time State Long-Term Care Ombudsman (SLTCO);
b) Provide supervision of the SLTCO without interfering with its work to promote the interests of long-term care facility residents;

c) Not have personnel policies or practices which prohibit the Office of the State Ombudsman from performing the functions and responsibilities under the Ombudsman Final Rule as set forth in 45 CFR §1324.13 or from adhering to the access, confidentiality and disclosure requirements of section 712 of the OAA;
d) Provide the SLTCO with administrative support for personnel, fiscal, contractual, data, and budgetary management, including administration of contracts for the LTCOP and between the DAAS and area agencies on aging (AAAs) and/or designated provider agencies;
e) Provide funding for a statewide Long-Term Care Ombudsman Program (LTCOP) in accordance with the OAA and through application of a statewide allocation formula approved by the SLTCO, within appropriations specifically designed for the SLTCO;
f) Provide the SLTCO with authority to manage funds designated for the LTCOP;
g) Provide opportunities for training Office of the State Long-Term Care Facilities Ombudsman and the Representatives of the Office of the State Long-Term Care Facilities Ombudsman and may use funds appropriated under Title III and/or Title VII of the Older Americans Act;
h) Monitoring the SLTCOP by ensuring that the State Ombudsman Program complies with the OAA and the Final Rule;
i) Ensure that the Ombudsman Program has sufficient access to residents, facilities and information to do their duties;
j) Combine the goals and objectives of the OSLTCO into the state and area plans on aging;
k) Provide elder rights leadership by coordinating Ombudsman program services with other programs authorized by Title VII of the OAA;
l) Provide adequate legal counsel to the Ombudsman Program that is free of conflicts of interest;
m) Ensure that any review of files, records or other information maintained by the Ombudsman Program is consistent with the disclosure limitations as set forth in 45 CFR §1324.11(e)(3) and 1324.13(e).
n) Require the OSLTCO to prepare an annual report for the AoA/ACL;
o) Refrain from interference with the LTCOP's mandate to advocate for and represent the interests of long-term care facility residents; and
p) Require the OSLTCO to fulfill its duty of systems advocacy as the State Ombudsman deems is appropriate, regardless of State lobbying laws.

- **Role and Responsibilities of Area Agencies on Aging (AAAs)**

The Area Agencies on Aging or other provider agencies must assure:

a) They are responsible for personnel management, but not the programmatic oversight, of the Representatives of the Office;
b) They maintain separate budget and expenditure accounting for the Ombudsman Program and it is made available to the State Ombudsman upon request;
c) That funds obtained from all sources related to the LTCOP are available and used for the program;
d) They will follow strict confidentiality requirements in handling and storing all information and records (paper and electronic), telephone communication and internal communication within the organization so as to avoid any conflicts of interest;
e) That no resident-identifying information shall be disclosed to individuals outside of the Ombudsman Program;

f) That there is a Memorandum of Understanding (MOU) between the local LTCOP and the Title IIIB Legal Services or an alternative written arrangement for providing advice and counsel to LTCOP and residents of LTC facilities;
g) That neither the Ombudsman nor the AAA staff is subject to a conflict of interest, in particular that the organization itself, its board members, advisory council members, employees and volunteers do not derive personal or economic gain from LTC facilities or their associations. An annual Conflict of Interest screening tool must be completed and sent to the State Ombudsman on or before October 31$^{s}$;
h) Coordination with the State Ombudsman in the employment process or appointment of Representatives of the Office of the Long-Term Care Facilities Ombudsman by ensuring that applicants do not have an individual conflict of interest as determined by the State Ombudsman;
i) All Ombudsman Programs must follow the Mississippi Ombudsman Program's Policies and Procedure Manual, in particular the Program Components for Ombudsman Practice;
j) That the local ombudsman program abides by the complaint priority guidelines established by the Office of the State Long-Term Care Ombudsman as set forth in the Mississippi Ombudsman Program's Policies and Procedure Manual;
k) That a minimum of one on-site visit is conducted per month to each long-term care facility located in the AAA's Service Area. Complaint related visits should be in addition to routine visits. If a facility is not legally licensed, but should be in accordance to §43-11-1 et seq of the MS Code, that facility remains within the jurisdiction of the Ombudsman Program. There must be sufficient ombudsman staff to achieve Program Components and sufficient travel funds to cover these visits;
l) Assure LTCO staff attendance at annual designation training and all other statewide LTCO training programs in addition to any required meetings with the State Ombudsman;
m) Each local LTCOP shall create and maintain a current plan for recruitment, training and supervision of volunteer ombudsman; and
n) There are no personnel policies or practices which prohibit the Ombudsman Program from performing the duties and functions under the Ombudsman Final Rule as set forth in 45 CFR §1324.19 or from adhering to the requirements of section 712 of the OAA.

- **Role of State Ombudsman**

The State Ombudsman shall serve on a full-time basis to personally or through Representatives of the Office perform the functions and duties according to state and federal law. The State Ombudsman Program shall provide services to protect the health, safety, welfare and rights of residents in long-term care facilities. The State Ombudsman shall have training or experience in the field of long-term care and advocacy, negotiation and problem resolution skills, leadership and program management skills, and consumer-oriented public policy advocacy. The Office of the State Ombudsman shall be under the direct supervision of the Director of the Division of Aging and Adult Services. The State Ombudsman shall provide leadership and monitoring, including fiscal management and performance monitoring, of the Mississippi Long-Term Care Ombudsman Program. The SLTCO shall assure that all residents of long-term facilities in the State have access to the services of the Mississippi Ombudsman Program (LTCOP) and that there is a designated ombudsman in each service area in the state. The SLTCO is responsible for providing leadership for the statewide Long-Term Care Ombudsman Program. Duties of State Long-Term Care Facilities Ombudsman shall include:

1) Being responsible for oversight of the development and updating the requirements for the Ombudsman program by providing programmatic management of the Office which includes developing policies, procedures, and standards for the administration of the LTCOP and LTCO practice;
2) The State Ombudsman shall coordinate, where applicable, through area agency on aging plans to approve the contracts or plans of the Representatives of the Office of the State Long-Term Care Facilities Ombudsman and to regularly monitor their program performance. State Ombudsman shall provide oversight of the quality and program operation of the Representatives of the Office of the State Long-Term Care Facilities Ombudsman. However, wherever the Representatives of the Office of the State Long-Term Care Facilities Ombudsman is organizationally located, that agency shall be responsible for *personnel management*;
3) Monitoring the Representatives of the Office which includes the following: reviewing monthly reports and data entry, one on-site visit per year to each district and fiscal management;
4) Personally, or through Representatives of the Office, identify, investigate and resolve complaints made by or on behalf of residents in long-term care facilities that affect the health, safety, welfare and rights of residents in long-term care facilities;
5) Ensuring that residents have regular and timely access to the services provided through the Office and such residents and other complainants received timely responses to their complaints from the Representatives of the Office;
6) Ensuring that the LTCOP is representing the interests of residents before governmental agencies;
7) Informing residents how to obtain services through the Ombudsman Program;
8) Being responsible for monitoring the files, records and other information of the Ombudsman Program;
9) Prohibiting inappropriate disclosure of the identity of any complainant or resident with respect to LTCO files, records, or other information;
10) Implementing a proper record maintenance system wherein all the files, records and other information of the State Ombudsman Program, whether in physical, electronic or other format, shall be the property of the Office of the State Long-Term Care Facilities Ombudsman. Such records are the property of the SLTCO and may not be released, disclosed, duplicated or removed without the written permission of the SLTCO or designee;
11) Providing technical assistance to Representatives of the Office and information and assistance regarding long-term care issues to the general public, residents and community organizations;
12) Monitoring, analyzing, commenting on and recommending changes to federal, state and local laws relating to the health, safety, welfare and rights of residents in long-term care facilities by communicating with legislators, the media and other public and private agencies;
13) Promoting resident and family councils and other citizen organizations and thereby relaying their concerns/information to legislators, the media and other public and private agencies;
14) Designation and refusal, suspension or removal of Designation of Representatives of the Office as per policy;
15) Establishing a training program for Representatives of the Office;
16) Receiving grievances and investigating allegations of misconduct by the Representatives of the Office of the State Long-Term Care Facilities Ombudsman;
17) Ensuring that there are no conflicts of interest with the immediate family of the State Ombudsman Program by establishing procedures to identify, remove or remedy such conflicts of interest. This shall include providing the AAAs with an organizational conflict of interest screening tool as well as an individual conflict of interest screening tool to the LTCO;

18) Fiscal management of the Program by determining the use of fiscal resources appropriated for the operation of the Program to the AAA or other contracted entities. This may also include determining that program budgets and expenditures are consistent with the laws, policies and procedures governing the Ombudsman Program;
19) Serve as the Patient Care Ombudsman pursuant to federal bankruptcy law where the debtor is a health care business that provides long-term care and the State Ombudsman is appointed by the U.S. Trustee;
20) Analyze the success and barriers of the Ombudsman Program and recommending systemic advocacy in evaluating the problems experienced by and complaints made by and on behalf of residents; and
21) Recommending public policy changes through providing an Annual Report to AOA/ACL; legislative and administrative advocacy; work with the media; collaboration with other agencies and advocates.

- **Role of District or Local Ombudsman**

Designated Local and District Long-Term Care Ombudsman are responsible for:

- **COMPLAINT PROCESSING.** Services to assist consenting residents of long term care facilities to resolve problems or complaints through investigation, verification and notification. This includes direct contact with the resident and/or his or her representative, including an on-site investigation and negotiation where necessary and/or referral to appropriate agencies;
- **ISSUES ADVOCACY.** Advocating for the improvement of practices and conditions affecting long term care residents by analyzing, monitoring, and commenting on legislation, regulations, and policies affecting residents of long term care facilities;
- **INFORMATION AND ASSISTANCE.** Providing information to individuals on long term care or the needs/rights of long term care residents;
- **CONSULTATIONS TO FACILITIES.** Providing/exchanging information in person or by phone with facility staff;
- **ROUTINE VISITATION TO FACILITIES.** Minimum monthly visits to nursing homes and personal care homes are required by local ombudsman for the purposes of monitoring and assessing the general condition of residents and/or physical plant of the facility and assuring that residents' needs are met and their rights are being protected;
- **COMMUNITY EDUCATION.** Each District Ombudsman is responsible for having at least two (2) presentations to community groups or to groups of residents or families in their service district regarding long-term care issues;
- **ADVISORY COUNCIL.** Developing, maintaining or serving on councils made up of representatives from the community to provide community involvement in the LTCO program;
- **INTERAGENCY COORDINATION.** Activities which involve meeting or coordinating with other agencies to learn about and/or improve conditions for one or more residents of long term care facilities;
- **RESIDENT/FAMILY COUNCILS.** Provision of technical assistance, information, training or support to residents and/or facility staff regarding developing, informing, or maintaining a resident/family council;
- **IN-SERVICES EDUCATION TO FACILITY STAFF.** Each District Ombudsman will have at least five (5) presentations to long term care facility staff in their service district on long term care issues;

- **VOLUNTEER MANAGEMENT.** Recruiting, training, managing and providing technical assistance to volunteers assisting the district long term care ombudsman program;
- **TECHNICAL ASSISTANCE.** Providing guidance to AAA's, provider agencies, and local ombudsmen in carrying out program activities;
- **RESIDENT ADVOCACY.** Providing LTCO services to protect the health, safety, welfare and rights of residents according to federal and state laws governing the LTCO. Exceptions occur when a resident is requesting anything that is illegal, fraudulent or dangerous;
- **QUALITY ASSURANCE STANDARDS.** Fulfilling the Program Components (see Part IV: Program Components for Ombudsman Practice);
- **FREE OF CONFLICTS OF INTEREST.** Completing an annual Conflict of Interest screening tool on or before October 31st;
- **DOCUMENTATION.** Preparing and submitting reports to the State Ombudsman in a format provided by the SLTCO. Documenting LTCO activities and case work in Mon Ami as required by the State Ombudsman and in accordance to said Policy;
- **PROFESSIONALISM.** Adhering to the Ombudsman Code of Ethics (see Appendix A);
- **CONFIDENTIALITY.** Ensuring confidentiality of ombudsman records by prohibiting inappropriate access to LTCO files, records, or other information in the possession of the local ombudsman and obtaining consent before disclosing any confidential information;
- **TRAINING.** District Ombudsman shall train and supervise county/local Long-Term Care Ombudsman Program staff and volunteers following the State Long-Term Care Ombudsman Program policies and procedures;
- **PROGRAM AWARENESS.** Develops and implements advocacy approaches to systemic issues;
- **REVIEW OF LAWS, REGULATIONS AND POLICIES.** Performing each responsibility in accordance with all applicable federal and state laws, regulations and policies; and
- **OTHER.** Carrying out other activities that the State Ombudsman deems appropriate.

## PART II: Administration of the Long-Term Ombudsman Program
## SECTION B: Designation and Withdrawal of Designation of Ombudsman Programs and Ombudsmen

- **Designation of Ombudsman Programs**

The State Long-Term Care Facilities Ombudsman shall designate provider agencies to provide Ombudsman throughout Mississippi.

- In order to be eligible for designation by the Office of the State Long-Term Care Ombudsman (SLTCO) as a provider agency, an entity must:
  a) Be a public or nonprofit entity;
  b) Not be an agency or organization responsible for licensing or certifying long-term care services;
  c) Not be an association of providers of long-term care or residential services for older persons;
  d) Have no financial interest in a long-term care facility;
  e) Have demonstrated capability to carry out the responsibilities of the provider agency;
  f) Have no un-remedied conflict of interest; AND
  g) Meet all contractual requirements of the Mississippi Department of Human Services.

- Where an AAA contracts with a provider agency, the designation of a new provider agency shall occur as follows:
  a) The AAA shall issue a request for proposal (RFP) seeking an entity to provide LTCO services within its service area. The AAA shall request, at a minimum, the following:
     - Assurance that the entity meets all the criteria for designation as a provider agency;
     - The goals and objectives of such entity in providing LTCO services;
     - A description of how such entity will comply with the Program Components (as outlined in Part IV of this manual).
     - The staffing plan for the local long-term care ombudsman program, AND
     - A description of the resources of the entity which will be provided to assist in the operation of the local LTCOP.
  b) The AAA shall forward copies of all the proposals received in response to the RFP to DAAS and the State Long-Term Care Ombudsman shall review such in coordination with DAAS.
  c) The AAA shall recommend an entity for designation as a provider agency to DAAS and to the SLTCO and shall provide the SLTCO with information supporting its recommendation.
  d) The SLTCO shall review and consider all proposals and the recommendation of the AAA in coordination with DAAS, and shall determine the entity most appropriate to designate as the provider agency.
  e) The SLTCO shall notify the AAA of the determination within thirty (30) days of receiving the AAA's recommendation.
  f) The AAA shall notify the responding entities of the SLTCO decision within fifteen (15) days of receiving such notification.
  g) Upon designation by the SLTCO, the AAA may enter into a contract with the provider agency for the provision of LTCO services in the relevant service area. Such contract must:
     - Specify the service area;
     - Require the provider agency to adhere to all applicable federal and state laws, regulations and policies, AND
     - Provide that designation by the SLTCO continues for the duration of the contract and subsequently renewed contracts within the period specified within the RFP unless the provider agency is de-designated or the contract terminated for cause.
  h) The execution date of the provider agency's contract with the AAA to provide LTCO services shall constitute the effective date of the designation.
  i) Should the contract between the service provider and the AAA to provide LTCO services not be renewed or be terminated for any reason, the AAA shall:
     - Immediately notify the SLTCO;
     - Follow the steps above to designate a new provider agency as soon as possible; AND
     - Follow the steps below to provide continuation of ombudsman services.

- Where the AAA seeks to serve as the provider agency, the designation of a new provider agency shall occur as follows:
  a) Designation of the AAA as the provider agency where the SLTCO determines that either:
     - Designation of the AAA as the provider agency is necessary to assure an adequate supply of ombudsman services; or
     - Services of comparable quality can be provided more economically by the AAA.
  b) The AAA shall request consideration to be designated as a provider agency and submit a proposal to the SLTCO setting forth, at a minimum, the following:
     - Assurance that the entity meets all criteria for designation as a provider agency;
     - The goals and objectives of such entity in providing LTCO services;

- A description of how each Program Component shall be met by such entity;
- The staffing plan for the district long-term care ombudsman program; AND
- A description of the resources of the entity which will be provided to assist in the operation of the district LTCOP.

c) The SLTCO may designate the AAA as the provider agency where:
   - The AAA meets the criteria for designation;
   - The AAA submits an acceptable proposal; AND
   - The AAA is not otherwise prohibited from fulfilling the duties of the provider agency.

d) The SLTCO shall notify the AAA within thirty (30) days of the receipt of the proposal of its decision. If the SLTCO refuses to designate the AAA as the provider agency, the notification shall include notice of the right of the AAA to request a hearing to appeal the SLTCO's determination with the DAAS Division Director.

e) The execution of the AAA's contract with the DAAS to provide LTCO services shall be the effective date of the designation.

➢ Where the contract for LTCO services is not with or through the AAA, the designation of a new provider agency shall occur as follows:

a) DAAS will use a competitive bid process to seek an entity to provide LTCO services within a particular service area. The competitive bid process will identify the criteria for designation as a provider agency and shall request submission of documents supporting the entity's claim to meet these criteria.

b) DAAS will require that all of the responding entities which meet the criteria for designation develop a proposal setting forth, at a minimum, the following:
   - Assurance that the entity meets all criteria for designation as a provider agency;
   - The goals and objectives of such entity in providing LTCO services;
   - A description of how each Program Component shall be met by such entity;
   - The staffing plan for the local long-term care ombudsman program, AND
   - A description of the resources of the entity which will be provided to assist in the operation of the local LTCOP.

c) SLTCO shall review each submitted proposal and shall choose the entity most appropriate to serve as the provider agency based on the submitted proposals and on the criteria for designation. The SLTCO may consult with the AAA serving the relevant service area.

d) The SLTCO shall notify the responding entities of this determination within forty-five (45) days. The notification shall be consistent with DAAS policy and procedures for entities that apply and are not chosen due to the SLTCO's determination.

e) DAAS will contract with the provider agency to provide LTCO services when appropriate. Such contract must:
   - Specify the service area;
   - Require the provider agency to adhere to all applicable federal and state laws, regulations and policies; AND
   - Provide that designation by the SLTCO continues for the duration of the contract and subsequently renewed contracts within the period specified with the RFP unless the provider agency is de-designated by the SLTCO or the contract is terminated for cause.

f) The execution date of the provider agency's contract with DAAS to provide ombudsman services shall be the effective date of the designation.

- **Withdrawal of Designation Ombudsman Programs**

The State Ombudsman may de-designate an entity as a provider agency for cause.

- The SLTCO may refuse to designate or may de-designate an entity as a provider agency for one of more of the following reasons:
  a) Failure of the entity to continue to meet the criteria for designation;
  b) Existence in the entity of an un-remedied conflict of interest with the LTCOP;
  c) Deliberate failure of the entity to disclose any conflict of interest;
  d) Violation of LTCO confidentiality requirements by any person employed by, supervised by, or otherwise acting as an agent of the entity;
  e) Failure of the entity to provide adequate LTCO services, including but not limited to failure to perform enumerated responsibilities, failure to fill a vacant ombudsman staff position within a reasonable time, failure to submit a Local LTCOP Annual Plan for approval by the SLTCO, or failure to use funds designated for the LTCOP for LTCO services;
  f) Failure of the entity to adhere to the provisions of the contract for the provision of ombudsman services, OR
  g) Failure of the entity to adhere to applicable federal and state laws, regulations and policies.

- Process for withdrawal of designation of a LTCO provider agency:
  a) Where an AAA contracts with a provider agency, the process to de-designate the provider agency shall be as follows:
     - The SLTCO shall send notice of intent to de-designate at a specified date to the AAA and the provider agency. The notice shall include the reasons for withdrawal of designation and notice of hearing procedures of the DAAS.
     - Withdrawal of designation of a provider agency shall not become effective until all appeals are exhausted.
     - The AAA and SLTCO shall provide for the continuation of ombudsman services.
     - The AAA shall terminate its contract for LTCO services with the provider agency.
  b) Where an AAA serves as a provider agency, the process to de-designate the provider agency shall be as follows:
     - The SLTCO shall send notice to de-designate at a specified date to the AAA. The notice shall include the reasons for withdrawal of designation and notice of hearing procedures of the DAAS.
     - Withdrawal of designation of the AAA as a provider agency shall not become effective until all appeals are exhausted.
     - The AAA and the SLTCO shall provide for the continuation of ombudsman services until designation of another entity is effective.
     - DAAS will terminate the portion of the contract between the AAA and the DAAS which provides for ombudsman services.
  c) Where a provider agency contracts directly with the DAAS, the process to de-designate the provider agency shall be as follows:
     - SLTCO shall send notice of the intent to de-designate at a specified date to the provider agency and to the applicable AAA. The notice shall include the reasons for withdrawal of designation and notice of the hearing procedures of the DAAS.
     - Withdrawal of designation of a provider agency shall not become effective until all appeals are exhausted.

- SLTCO shall provide for continuation of ombudsman services until designation of another entity is effective. The SLTCO may consult with the applicable AAA regarding the provision of services in the service area.
- DAAS will terminate its contract with the provider agency.

➢ Voluntary withdrawal of a provider agency:

A LTCO provider agency may voluntarily relinquish its designation by providing notice to the SLTCO and to the AAA in the relevant service area. Such notice shall be provided sixty (60) days in advance of the date of relinquishment of designation.

➢ Continuation of Ombudsman Services:

Where a provider agency is in the process of appealing its withdrawal of designation or has relinquished designation:

a) The provider agency, the AAA if applicable, and the SLTCO shall arrange for the provision of ombudsman services until a new provider agency is designated;
b) The provider agency shall surrender intact to the SLTCO or the SLTCO designee all LTCO case records, documentation of all LTCO activities and complaint processing as required by the ombudsman reporting system, and identification cards of all local LTCOs associated with the provider agency;
c) The provider agency shall, at the discretion of the DAAS, surrender any equipment purchased with funds designated for LTCO services; AND
d) The provider agency shall surrender the balance of any advanced state or federal monies to the AAA, or to the DAAS where the AAA serves as the provider agency.

- **Designation of Long-Term Care Ombudsmen**

The State Ombudsman designates individuals as ombudsmen to participate in the Long-Term Care Ombudsman Program and to represent the Office of the State Long-Term Care Ombudsman.

➢ Criteria for designation as an ombudsman

To be designated as a LTCO, an individual must:

a) Have demonstrated capability to carry out the responsibilities of a LTCO;
b) Be free of un-remedied conflicts of interest;
c) Meet the minimum qualifications for the applicable LTCO position;
d) Satisfactorily complete the applicable designation/certification training required as specified in said policies and procedures manual;
e) Be awarded a current designation certificate by the SLTCO; AND
f) Satisfactorily fulfill LTCO Program Components as outlined in said policies and procedures manual.

➢ Minimum qualifications for staff ombudsmen

a) In order to qualify for a LTCO staff position, an individual must have:
   - An undergraduate degree from a four-year college or university;
   - Two years of professional experience with at least one year in aging, long-term care, or related fields; AND
   - A criminal background check by a local law enforcement agency. The individual shall not be hired if he or she has been convicted of any of the crimes listed under the laws related to nursing home or personal care home employees.

b) Relevant and comparable education and/or experience may be substituted at the discretion of the SLTCO. Experience may be substituted for undergraduate education on a one-to-one basis; however, the same experience cannot be used to meet both the education and experience requirements.

- Values and Skills that an Ombudsman Should Possess

Regardless of the discipline from which an ombudsman comes or the level of education and training, those working with the elderly in long-term care facilities should possess certain basic values and attitudes as well as fundamental interpersonal relationship and intervention skills. Additionally, there should be a basic set of principles which guide an ombudsman decision when providing advocacy services.

<u>Values and Attitudes</u>

- A genuine liking and respect for older adults, especially the frail and impaired;
- A belief in the resident's right to self-determination, privacy, confidentiality, and consent to services;
- A belief in quality of care and life;
- An ability to demonstrate commitment and take action on behalf of the frail and elderly;
- A belief and willingness to allow for the individuality of the resident unrestricted by personal belief or opinion;
- A mature attitude towards the use of power and authority;
- An understanding and acceptance of death and dying, and the ability to cope.

<u>Skills (Ability/Aptitude)</u>

- Develop trust and confidence between residents and their families;
- Provide personal understanding and empathy;
- Conduct active listening techniques, effective communication;
- Draw the client out, asking his preferences and actively involving him/her in the complaint investigation/resolution process;
- Mobilize interaction among many different individuals;
- Form resident and family councils;
- Mediate conflicts;
- Use support and reinforcement techniques;
- Offer professional opinions and remain impartial;
- Find resources, negotiate services, make referrals;

- Educate the resident and his family, and the community about long-term care; and
- Ability to professionally and personally bring about case closure.

➢ Minimum qualifications for volunteers

a) There are no minimum education or experience requirements for volunteers prior to screening and acceptance into the LTCOP. The LTCOP shall clarify responsibilities and providing training for volunteers.
b) Volunteers undergo the same training and designation process as employed Representatives of the Office.
   - A volunteer shall have a criminal background check by the local law enforcement agency. The individual shall not serve as a volunteer if he or she has been convicted of any of the crimes listed under the laws related to nursing home or personal care home employees.

➢ Provider agency process for hiring LTCO staff

a) Prior to providing an offer of employment to an individual for the purpose of serving as an LTCO, the provider agency shall:
   - Indicate to the SLTCO that the individual has a satisfactory criminal background check, AND
   - Provide the SLTCO with a completed Individual Conflict of Interest Reporting Form and an opportunity to review the resume of the candidate(s) being considered for employment.
b) The SLTCO shall promptly notify the provider agency of any concerns related to the candidate's ability to meet minimum qualifications or other designation requirements.
c) If the SLTCO has concerns about the future designation of any candidate, the SLTCO may request an interview of the candidate and shall inform the provider agency of any concerns that the provider agency should consider prior to hiring the candidate(s).

➢ Requests for substitutions or variances

Requests for substitutions or variances related to minimum requirements must be made in writing and approved prior to the hiring or promotion of the employee in question.

➢ Designation of formerly designated ombudsman from Mississippi or from another state

When an individual has been designated as an LTCO previously in Mississippi but is not currently designated, or when an individual has been designated as a LTCO in another state, the SLTCO shall determine what steps are needed to qualify as a designated LTCO, by reviewing the circumstances on an individual basis and considering, at a minimum, the following criteria:

a) Context and extent of LTCO training completed, which must meet or exceed current designation/certification training requirements for Mississippi; AND
b) Need for updated and/or Mississippi-specific training;

c) Need to demonstrate competencies for the position by completing written or oral examinations; AND
d) Quality of performance of individual as an LTCO, including checking references.

➢ Notification of designation

The SLTCO shall send written notification of an individual's designation as a LTCO to the individual being designated, as well as to the AAA, and the provider agency in the relevant service area within thirty (30) days of the determination.

- **Refusal to Designate, Suspension of Designation, or Withdrawal of Designation of an Individual as a Long-Term Care Ombudsman**

The State Ombudsman may refuse to designate, may suspend designation, or may withdraw designation of an individual as an ombudsman.

➢ The SLTCO may refuse to designate, may suspend designation, or may de-designate an individual as an LTCO for any of the following reasons:
a) Failure of the individual to meet and/or maintain the criteria for designation;
b) Existence of an un-remedied conflict of interest;
c) Deliberate failure of the individual to disclose any conflict of interest;
d) Violation of the confidentiality requirements;
e) Failure to provide adequate and appropriate services to long-term care residents;
f) Falsifying records and/or reports;
g) Failure to adhere to the Ombudsman Code of Ethics (See Appendix A);
h) Failure to follow LTCO policies and procedures or the direction of the SLTCO (which includes failure to submit reports);
i) A change in employment duties which are incompatible with LTCO duties;
j) Separation from the LTCOP. Examples include: removal from employment by the designated provider agency, an extended absence of the LTCO preventing fulfillment of job responsibilities, provider agency's contract for the provision of LTCO services is not renewed; OR
k) Failure to act in accordance with applicable federal or state laws, regulations, and policies.

➢ Process for refusal to designate, suspension of designation, or withdrawal of designation of an individual as an ombudsman:
a) Prior to refusing to designate, suspending designation, or withdrawing designation an individual as a LTCO, the SLTCO shall consult with the relevant AAA and the provider agency to consider remedial actions which could be taken to avoid the refusal to designate or the withdrawal of designation.
b) The SLTCO shall provide written notice of the decision to refuse to designate, suspend designation, or de-designate an individual as a LTCO to the provider agency, the AAA if applicable, and to the Division Director of DAAS. Such notice shall:
    - Specify the reasons for and the effective date of the decision, AND

- In the case of a suspension, indicate the circumstances under which the suspension will end or be reconsidered.

c) The SLTCO or the deputy SLTCO shall promptly notify the administrator of facilities which had been regularly visited by such individual of the refusal to designate, suspension of designation, or withdrawal of designation.

d) If the decision to refuse to designate, suspend designation, or de-designate an individual as a LTCO results in the absence of ombudsman services in the relevant service area, the provider agency, the AAA, and the SLTCO shall arrange for the provision of ombudsman services until a LTCO is designated.

The State Ombudsman may de-designate or issue sanctions on an AAA for failure to comply with Ombudsman Program Components.

## PART II: Administration of the Long-Term Ombudsman Program
## SECTION C: Confidentiality

### Consent

The LTCOP is first and foremost a resident driven advocacy program. The resident is the client, regardless of the complainant. Unless adjudicated incapacitated, a resident speaks for him/herself. The Ombudsman is to obtain resident informed consent. This is necessary for investigation and/or disclosure of information. If the resident is unable to provide informed consent, then the ombudsman needs to obtain informed consent from the resident representative.

Documentation of consent is required. The Consent Form documents the resident or legal representative's "written" or "oral" consent. The consent form may also be used to document a complainant's consent to release his or her identity. Written consent is advisable under certain conditions, but is not always practical. When a resident is unable to consent, document using the phrase "Resident is unable to consent." A facility staff person may speculate about the identity of a resident or complainant. Without consent of the resident or complainant, an Ombudsman must not confirm such speculation. Instead redirect the conversation to information that is relevant and not confidential. If necessary, inform the staff of the Ombudsman Program's confidentiality rules. Consent should also be required to access a resident's record or other confidential information.

If the complainant is not the resident, the Ombudsman must seek an agreement from the resident to work on the issue. If the resident declines consent, the resident's wishes supersede the complainant's. One can then advise the non-resident complainant of alternate resolution strategies such as self-advocacy, working through a family council or contacting the Health Department if it involves a regulatory matter. The Ombudsman may also determine that the concern impacts other residents and move on with the complaint, but be sure to inform the resident that their identity will not be revealed.

The resident's lack of capacity must be supported by documentation or ombudsman observation. Documented oral consent is sufficient documentation. In obtaining consent, the ombudsman must first determine if the resident has the capacity to provide consent. It should be an "informed consent." The ombudsman is an advocate and will need to make sure that the resident appears to understand what he or she is doing/consenting.

An Order of Guardianship provides prima facie evidence of incapacity. Review and obtain the documents to determine the scope of the guardian's authority. When a resident is unable to communicate informed consent, the ombudsman must discuss the complaint with the resident's guardian or other legal representative. If a resident has been adjudicated incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are thereby exercised by the person appointed under State law to act on their behalf. If a Representative of the Office believes the guardian is not acting in an incapacitated person's interest, contact the State Ombudsman for approval to access the record or take other action on behalf of the resident.

MS Courts and the legislature have not agreed on precise or consistent meanings of "incompetence" or "incapacity". Usually a guardian looks over the person of the ward while a conservator looks over the estate, unless the Court decides otherwise. The Ombudsman should check the Court's order to see what power the guardian/conservator has been given by the Court. If there is a question, the ombudsman should consult legal counsel for clarification through the State Ombudsman. Even residents who have been adjudicated incapacitated and to whom a guardian has been appointed retain some rights. These residents need to have their desires and preferences considered even if the guardian has the legal responsibility over that decision.

Conservatorship was intended to encompass a broader class of people than just the incompetent (physical incapacity and mental weakness). A conservator has priority over the power of attorney agent. See §93-13-251 through §93-13-267 of the MS Code.

An individual who has been given authority to act on behalf of the resident under a Power of Attorney (POA) may provide consent to conduct an investigation depending on the validity of the authority given. The resident must have capacity at the time of appointment for a power of attorney document to be valid. If the resident becomes incapacitated, the "agent" loses the authority to act unless it is a "durable" power of attorney. Depending on how the document is written, the durable POA agent may exercise authority when the resident is able to make decisions, when the resident is incapacitated or both. The resident's primary physician has to make a written evaluation of lack of capacity. Also, look at the specific grants of authority to determine if financial or health care decisions can be determined by the agent.

The Advanced Health-Care Directive (AHCD) is a combination of a power of attorney for health care and a living will. Mississippi has the Uniform Health-Care Decisions Act in §41-41-201 through §41-41-229 of the MS Code. An example of an advanced health-care directive is provided in §41-41-209.

**Disclosure for Complaint Investigating Purposes**

Any Resident's identifying information and/or medical, social or other records relating to a resident shall not be disclosed by the State Ombudsman Program unless (a) the resident or the resident representative communicates informed consent in writing or through other means such as orally, visually or through the use of an auxiliary aid and such consent is recorded contemporaneously by a Representative of the Office of the State Long-Term Care Facilities Ombudsman or (b) disclosure is necessary in order to investigate a complaint in accordance with complaint handling procedures and the resident representative refuses to consent and the resident is not able to give consent and the State Ombudsman Program has a reasonable belief that the resident representative is not acting in the best interest of the resident.

The Older Americans Act specifies that state agency procedures must ensure that ombudsman files and records may be disclosed only at the discretion of the state ombudsman and prohibits disclosure of the identity of any complainant or resident without consent of the complainant or resident, legal representative or upon a court order. Any records relating to residents, complainants and any other identifying information shall be confidential. The State Long-Term Care Facilities Ombudsman (SLTCO) has the SOLE authority concerning the disclosure of files, records and other physical or electronic information held and maintained by the Ombudsman Program. The files, records and information are the property of the Office of the State Long-Term Care Facilities Ombudsman. No disclosure of such information shall be made without the prior approval of the SLTCO. This includes information maintained by the district, local and volunteer ombudsmen. The SLTCO or his/her designee has access to all LTCOP records at all times and for any purpose.

Individuals wanting a release of information will need to send a written request to the SLTCO that includes the need for the information, how it will be used and who will be given access to the information. Ombudsmen may not disclose whether a complaint has ever been received by or about an individual, the content of a complaint or investigation, or the outcome of a complaint or investigation without the appropriate consent. The SLTCO (or his/her representative) is required to give approval or disapproval of the disclosure within five working days of such a request. However, there may be portions redacted or "blacked out" to protect privacy of residents, complainants or for other purposes. Each LTCO has access to records of the district Long-Term Care Ombudsman Program for which he or she serves. For purposes of providing temporary coverage for another district Long-Term Care Ombudsman Program, a LTCO may have access to the LTCO records of another district LTCOP to the extent necessary to provide such coverage.

Disclosure of the identity of any resident or identifying information is prohibited unless:

a) The resident or resident representative (legal representative) communicates informed consent in writing or through other means such as orally, visually or through the use of an auxiliary aid and such consent is recorded contemporaneously by a Representative of the Office of the State Long-Term Care Facilities Ombudsman; or
b) The disclosure is required by court order.

Disclosure of the identity of any complainant or any complainant identifying information is prohibited unless:

a) The resident or resident representative (legal representative) communicates informed consent in writing or through other means such as orally, visually or through the use of an auxiliary aid and such consent is recorded contemporaneously by a Representative of the Office of the State Long-Term Care Facilities Ombudsman; or
b) The disclosure is required by court order.

If a resident is unable to communicate informed consent, the ombudsman may accept communication of informed consent from the resident representative if there is no reasonable cause to believe the resident representative is not acting in the best interests of the resident.
If a resident is unable to communicate informed consent and has no resident representative, resident-identifying information may be disclosed and referrals made in the following situations:

1) The ombudsman has reasonable cause to believe there may be an adverse effect to the health, safety, welfare or rights of the resident;
2) The ombudsman has no evidence indicating the resident would not wish a referral to be made;
3) The ombudsman has reasonable cause to believe that it is in the best interest of the resident to make a referral; and
4) The representative of the Office obtains the approval of the SLTCO, or the designee of the SLTCO, and otherwise follows the policies and procedures of the Office.

The State Ombudsman Program is excluded from the abuse reporting requirements in Section 43-47-7 and 43-47-37 without appropriate resident informed consent or a court order.

**Disclosure of Ombudsman Program Records**

For purposes of monitoring and supervising the long-term care ombudsman program, the relevant AAA or provider agency may review records which reflect the activities of the LTCOP such the monthly activity reports and any aggregate data. Such records shall not disclose the identity of any resident or complainant. The relevant AAA or provider agency may not review records or files which disclose or imply the identity of any resident or complainant. Neither the Ombudsman nor a designee shall disclose resident identifying information of any complaint or long-term care facility resident to individuals outside the Ombudsman Program without consent or a court order.

For purposes of monitoring and supervising the long-term care ombudsman program, the Mississippi Department of Human Services, Division of Aging and Adult Services (DAAS) may review records which reflect the activities of the LTCOP such the monthly activity reports. Such records shall not disclose the identity of any resident or complainant. The DAAS may not review records or files which disclose or imply the identity of any resident or complainant. No state agency, AAA or other provider agency may require a long-term care ombudsman to disclose the identity of a complainant or resident except as provided by these procedures. Furthermore, designated employees are prohibited from discussing confidential information with undesignated staff within their agencies.

Where a request is made by any party for LTCOP records or files, the State Long-Term Care Ombudsman (SLTCO) should be contacted. Records maintained by the LTCOP may not be released, disclosed, duplicated, or removed by anyone who is not a Long-Term Care Ombudsman staff without written permission of the SLTCO.

The SLTCO may require that the request be made in writing before determining the appropriate response. Where the request is made orally by a resident, complainant, or legal representative of the resident or complainant, the request must be documented immediately and filed as a LTCO record by the LTCO to whom consent was communicated in order to meet this requirement. The SLTCO will review the request with the relevant district LTCOP to determine whether the release of all or part of the records would be consistent with the wishes or interest of the relevant resident(s) and determine whether it will have any negative impact on the Ombudsman Program. The SLTCO will determine whether any part of the records should be redacted (i.e., all identifying information removed). The identities of residents or complainants who have not provided express consent for the release of their names should not be revealed. Such consent must be in writing or made orally and documented immediately and filed as an LTCO record by the Long-Term Care Ombudsman to whom consent was communicated.

The Ombudsman Program should release information to the state survey agency from the ombudsman records only if:

1. The resident has provided consent (if the resident is unable to provide consent, the resident legal representative may provide consent) AND
2. The identities of residents or complainants who have not provided consent for the release of their names are not revealed.

The SLTCO shall consult with the Legal Counsel to respond to a request for Ombudsman records by a resident, complainant, legal representative, an open records act request, subpoena or court order. Both the SLTCO and the Legal Counsel should consider how the release could impact the credibility or effectiveness of the program.

**Access to Facilities**

Ombudsmen shall have access to long-term care facilities during reasonable hours. If an investigation calls for an ombudsman to access the long-term care facility during non-business hours, consult with the State Ombudsman. Access should include private communication with residents and their spouses. Ombudsman should also have the right to tour the long-care facility unescorted.

**Access to Resident Records**

The State Ombudsman Program should have access to the name and contact information of the resident representative and access to review the medical, social or other records relating to a resident if (a) the resident communicates informed consent in writing or through other means such as orally, visually or through the use of an auxiliary aid and such consent is recorded contemporaneously by a Representative of the Office of the State Long-Term Care Facilities Ombudsman (b) access is necessary in order to investigate a complaint and the resident representative refuses to consent and the State Ombudsman Program has a reasonable belief that the resident representative is not acting in the best interest of the resident.

The State Ombudsman Program should have access to (a) the administrative records, policies or other documents that the resident or the general public would have access of the long-term care facilities (b) upon request, copies of all licensing and certification records maintained by the State Department of Health and (c) all medical, social or other records of residents in the course of a State or Federal survey or inspection process.

**Mail, e-Mail and Photographs**

All mail addressed to the ombudsman or the LTCOP should be delivered to the ombudsman unopened.
The resident or complainant's name should never be included in the subject line of an e-mail.
The SLTCO or representatives of the Office shall not take any pictures of the residents without written consent and shall not share such picture or any resident information through any form of social media.

**Safeguarding of Notes and Documentation**

The content of all written notes regarding contacts made in the course of the ombudsman's work should be entered into Mon Ami and the originals should be shredded in such a way to ensure that no one else

has access to view them. All documentation and notes shall be in a locked cabinet (secure location) when not in possession of the ombudsman. Any emails or written documentation concerning a resident, complainant, and complaint investigation should be scanned into Mon Ami and then shredded. The Ombudsman service provider/AAA client case record is the property of the State Long-Term Care Ombudsman and it shall include:

- Legible documentation of the complaint, verification of the complaint, the solution and/or outcome of the complaint, ombudsman name, date and time of visit(s);
- Referral form, where appropriate;
- Follow-up on complaint;
- Authorization releases; and
- Notice of termination of services, if applicable.

**PART II: Administration of the Long-Term Ombudsman Program**
**SECTION D: Conflicts of Interest**

The organizational placement of the OLTCO and the Office of the State Long-Term Care Ombudsman (OLTCO) and the designated Representatives of the Office of Long-Term Care Ombudsman (LTCO) must be free, and remain free, of any conflicts of interest. A conflict of interest exits when any organizational or supervisory relationship, policy, action or individual relationship or action conflicts with, impairs or threatens to interfere with, or give the appearance of interfering with the ability of a SLTCO or LTCO to investigate, resolve, refer complaints or otherwise advocate on behalf of a long-term care facility resident. A conflict of interest can exist whenever a contracting (or sponsoring) agency does not understand the Ombudsman function. There must be recognition that there are inherent conflicts in the job, and a need to support the role and goals of the Ombudsman through any conflict.

An individual who seeks to be hired as the SLTCO cannot have been employed or participated in the management of a long-term care facility within the previous twelve (12) months. An individual who seeks to be hired as a LTCO cannot have been employed or participated in the management of a long-term care facility within the previous six (6) months.

All LTCO must sign a conflict of interest agreement form upon employment and then annually by Oct. 31st. The State Ombudsman will keep the current signed forms on file (hard copies or electronic copies) for all Representatives of the Office of the State Long-Term Care Ombudsman. In addition, the AAAs or provider agencies must sign an Organizational Conflict of Interest form annually by October 31st.

**Identifying a Conflict**

Types of conflicts of interest include:

*Conflicts of Loyalty*: These involve issues of judgment and objectivity. An example would be if the ombudsman works as a case manager with the responsibility for assisting individuals with moving into long-term care facilities. Some are responsible for operation of home- and community-based service programs that operate under waivers granted by the federal government.

*Conflicts of Commitment*: These are issues of time and attention. The ombudsmen who assume other employment-related responsibilities may experience this such as where to direct one's time and energy and the concern about adequacy of resources.

*Conflicts of Control*: These are issues of independence. Do other interests or obligations of the agency which houses the ombudsman program interfere with the ombudsman's advocacy on behalf of the residents? Do the administrative and political forces materially interfere with the professional judgment of the ombudsman? Is there fear of retaliation by superiors? Will an ombudsman challenge eligibility decisions or speak out publicly about long waiting lists?

**Organizational Conflicts**: Conflicts arising from organization location including, but not limited to, LTCOP placement with a service provider that:

1. Is responsible to or reports to an agency that has an ownership or investment interest in a long-term care facility setting;
2. Provides long-term care services, including providing personnel for long-term care facilities or the operation of programs, which control access to or services for long-term care facilities;
3. Operates programs with responsibilities conflicting with LTCOP responsibilities such as developing care plans, case management or serving as guardians over long-term care residents; or
4. Having governing board members with ownership, investment or employment interest in long-term care facilities.

**Individual Conflicts:** A conflict of interest on the part of the Ombudsman exists whenever:

1. Employment of an individual or member of his/her immediate family within the previous year by a long-term care facility in the service area or by the owner/operator of any long-term care facility in the service area;
2. Participation in the management of a long-term care facility by an individual or member of his/her immediate family;
3. Involvement in the licensing or certifying of long term care facilities by an individual or member of his/her immediate family;
4. Ownership or financial interest in an existing or proposed long-term care facility;
5. Acceptance of a gift from a long-term care facility, resident or resident representative. Note: sample portions of food tested as part of an investigation is not a conflict;
6. Receiving, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a LTC facility (meaning an immediate family member currently employed);
7. Provides services with conflicting responsibilities such as adult protective services, carrying out care plans and serving as guardians or being a sole witness for a DNR order, performing case management or pre-admission screening for residents. Possible remedy would be to remove the Ombudsman Program from under the supervision of the person who supervises the case management or pre-screening program;
8. Serving residents of a facility in which an immediate family member resides; or

9. Participation in activities which give the appearance that that LTCO's primary interest is something other than being a resident advocate.

**Removing or Remedying a Conflict**

If a conflict is identified, the local LTCOP will:

1) End the application process;
2) Seek a remedy; or
3) Request de-certification.

It is best to avoid rather than remedy conflicts. The State LTC Ombudsman will determine whether any proposed remedies are adequate. If not, he/she will work with the entity operating the LTCOP to devise acceptable remedies.

The SLTCO must be notified of any actual or potential conflict of interest. All agents of the AAAs, other provider agencies and LTCOs have a duty to notify the SLTCO of any actual or potential/perceived conflict of interest of which they have knowledge.

The SLTCO has the authority to decide what actions must take place to remedy the conflict. A conflict may be remedied only if it does not interfere with the duties of the LTCOP or where the conflict is likely not to change the perception of the LTCOP being an independent advocate for the residents of long-term care.

The following steps must be followed in order for an organizational conflict to be sufficiently remedied:

- Develop a written remedial plan within 30 days of knowledge of the conflict;
- The remedial plan must include assurances that the LTCOP will investigate complaints in an unbiased manner and independently determine the actions to resolve the situation;
- No agency employee or governing board member with a conflict of interest will be involved with any decision to hire or terminate the employment of a LTCO; and
- The remedial plan must be mutually agreed upon and signed by the agency in which the conflict exits and the State Ombudsman. If either party cannot agree to the plan, then the conflict has not be sufficiently remedied.

The following steps must be followed in order for an individual conflict to be sufficiently remedied:

- No applicant for such a position of a LTCO will be hired if a conflict of interest is identified.

- Volunteers: If a conflict of interest is identified prior to designation/certification, the volunteer will not be designated as a representative of the Office in any facility in which a conflict of interest or an appearance of a conflict of interest could be expected to affect the performance of the ombudsman duties. The District or Local Ombudsman must notify the State Ombudsman immediately. De-certification or reassignment would be possible remedies.

- Directors of AAA: If a conflict of interest is identified, action must be taken within 30 days to remedy the situation. Possible remedies include the withdrawal of designation of the agency as an AAA.

**Failure to Identify or Remedying a Conflict**

- Failure on the part of an Ombudsman, Provider Agency, or AAA to identify and report to the Office a known conflict of interest shall be sufficient grounds for the refusal to designate or the subsequent de-designation of the Program or the certification or the de-certification of an Ombudsman.
- Existence of an un-remedied conflict of interest shall be sufficient grounds for the de-designation of the Program, the provider entity, or the de-certification of an Ombudsman.
- Final decisions regarding sanctions to identify or remedy conflict of interest situations are determined by the State Ombudsman.

SLTCO has the right to de-designate an Ombudsman or de-designate the local ombudsman program for one of the following reasons:

1. Breach of confidentiality;
2. Failure to follow the Program Components in program policy;
3. Having an adversarial approach while conducting program business;
4. Having a conflict of interest which cannot be remedied or for not revealing a conflict or potential conflict of interest;
5. Not complying with program standards for visiting facilities and residents on a monthly basis and/or failing to comply with ongoing training requirements; or
6. Per the discretion of the SLTCO.

**Possible Remedies:**

1) Disclose the conflict to the governing board and the SLTCO;
2) Have no direct involvement with LTC residents or activities; and
3) Abstain from voting on issues related to the operation of the ombudsman program.

Identify the conflict and provide a written plan within 30 calendar days of identifying the conflict and submit the plan to the State Ombudsman. The plan could provide assurances that minimize the greatest extent possible the negative impact on the local ombudsman program. Examples of assurances include:

- The local LTCOP investigates complaints in an unbiased manner and independently determines actions to be taken in their resolution;
- No agency employee or governing board member with a conflict of interest is involved with or influences any decision to hire or terminate the employment of an ombudsman;
- Arrange for another ombudsman to serve at a certain facility where the conflict exists;
- Governing board members of the AAA or subcontracted agency who have a conflict of interest must:
    - Disclose the conflict to the governing board and the State Ombudsman;
    - Have no direct involvement with long-term care ombudsman activities; and
    - Abstain from voting on issues related to the operation of the local LTCOP.

- The AAA policies and procedures adequately set forth procedures to remedy conflicts of interest and ensure that the ombudsman can fulfill his or her duties without interference; and
- A memorandum of understanding (MOU) exits between the local LTCOP and another program that provides services with conflicting responsibilities. Such an MOU adequately sets forth the roles, responsibilities and working relationships of the respective programs.

The SLTCO may consult with outside sources, such as the National Ombudsman Resource Center (NORC) or the National Association of State Long-Term Care Ombudsman (NASOP) for expert input to resolve any questions about conflict of interest. Agree on a plan and have the agency in which the conflict exits and the State Ombudsman sign. If either party cannot agree to a plan, the conflict has not been sufficiently remedied.

## PART II: Administration of the Long-Term Ombudsman Program
## SECTION E: Legal Counsel and Legal Assistance Developer

### Legal Counsel

Ombudsman shall have access to adequate legal counsel. Legal counsel is provided by the Mississippi Attorney General's Office. The Mississippi Department of Human Services, pursuant to the Older Americans Act (OAA), shall ensure that:

1) Adequate legal counsel is available for the State Ombudsman Program and is able, without conflict of interest (according to state ethical standards governing the legal profession), to:
    a) Provide advice and consultation services needed to protect the health, safety, and rights of residents; and
    b) Assist the Office of the State Long-Term Care Facilities Ombudsman and district and local ombudsman in the performance of their official duties; and
2) Legal representation is provided to any representative of the State Long-Term Care Ombudsman Program against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the State Ombudsman Program. *OAA Sec. 712(g).*

Communication between the State Ombudsman and the Legal Counsel is subject to attorney-client privilege. A State Ombudsman or representative of the Office who is a licensed attorney is not by itself establish sufficient legal counsel.

### Legal Assistance Developer

For the State Ombudsman to obtain advice and consultation, the State Ombudsman or designee may consult with the Legal Assistance Developer (LAD) for resident-related legal issues. For a Representative of the Office to obtain advice and consultation, he or she shall request assistance from the SLTCO who in turn will seek advice from the Legal Assistance Developer on any issues relating to long-term care facility residents.

The Legal Assistance Developer shall provide state leadership in coordinating legal assistance programs for 60 years and older or disabled individuals throughout the state. The LAD should provide technical assistance, training and other supportive functions to AAAs, legal assistance providers, ombudsmen and other persons as appropriate. They should promote financial management services for older individuals at risk for conservatorship and assist older individuals in understanding their rights, exercising choices and maintaining the rights of older individuals at risk of guardianship. Another function of the LAD is to oversee the state's capacity to improve the quality and quantity of legal services provided to older individuals.

**PART II: Administration of the Long-Term Ombudsman Program**
**SECTION F: Interference and Retaliation**

Both federal and state law require long-term care facilities to provide Ombudsman representatives with access to facilities and residents. Moreover, MS law (Section 43-7-67) has been amended and on July 1, 2017 "no individual shall discriminate, retaliate or engage in willful interference against any resident, immediate family, resident representative or an employee of a long-term care facility due to making a complaint or giving information in good faith to the State Ombudsman Program. Any person convicted or violating any provision of this section shall be guilty of a misdemeanor." Ombudsman who encounter willful interference by facility staff or others during the performance of their duties shall immediately report the incident to the State Ombudsman and the appropriate licensing agency. The State Ombudsman shall review the information provided, and conduct further investigation if necessary to confirm the occurrence of the interference or retaliation.

Examples of willful interference include:

- Preventing ombudsman from entering the facility. If the ombudsman is trying to investigate a complaint, it may be necessary to visit the facility after normal visiting hours.
- Refusing to allow ombudsman from speaking confidentially with the residents.
- Refusing to allow the ombudsman access to all areas of the facility, including the kitchen.
- Refusing to allow the ombudsman access to resident records.

If an ombudsman encounters willful interference, the ombudsman shall give a verbal explanation of the Ombudsman Program and a written summary of the laws and regulations prohibiting willful interference. If this is not successful, then the Ombudsman shall provide the same information to the Administrator.
If the interference continues, the State Ombudsman shall submit a written description of the incident, including dates, times, circumstances, history of interference by the individual or facility management and the steps taken by the Ombudsman Program to educate the person interfering and the facility administration, to the appropriate local law enforcement agency.

**PART II: Administration of the Long-Term Ombudsman Program**
**SECTION G: Liability**

Representatives of the Office are not liable for civil damages or subject to criminal prosecution for performing official duties unless the Representative acts in bad faith or with a malicious purpose. Official duties are those duties of a LTCO set forth in applicable federal and state law and these policies and procedures. They shall include, but not be limited to, making a statement or communication relevant to receiving a complaint or conducting investigative activity.

Evidence of good faith includes, but is not limited to:

- Making every reasonable effort to follow procedures set forth in applicable laws and these policies and procedures; and
- Seeking and making reasonable efforts to follow direction from the Office of the State Long-Term Care Ombudsman

The Mississippi Department of Human Services will not provide liability insurance or indemnification for area agencies on aging (AAAs) or provider agencies. AAAs and provider agencies should retain their own liability policies.

**PART II: Administration of the Long-Term Ombudsman Program**
**SECTION H: Grievance Process**

Dependent upon the content of the grievance a decision may be made by the State Ombudsman to suspend the Representative of the Office that is name in the grievance until there is full resolution.

- **Grievance about Refusal, Suspension, or Removal of Designation of a Local Ombudsman Entity (LOE) or a Representative of the Office**

  - Formal written notice that grounds exist to refuse, suspend or remove an ombudsman's designation (certification) will be sent to the individual and the AAA Director by the State Ombudsman within fifteen (15) working days of the determination.
  - Formal written notice that grounds exist to refuse, suspend or remove a Local Ombudsman Entity (LOE) will be sent the AAA Director by the State Ombudsman within fifteen (15) working days of the determination.
  - Upon receipt of the notice the individual or LOE then has ten (10) working days from the date of receipt of such findings to respond in writing to the State Ombudsman regarding the determination and findings.
  - The State Ombudsman shall issue any revised findings within five (5) working days of the receipt of the written response. The State Ombudsman may first consult with the Director of Aging and Adult Services.
  - If the State Ombudsman decides not to change the initial finding, the refusal/withdrawal of the designation (certification) becomes immediately effective upon a second notice. The second notice will be sent within three (3) working day after the final determination.
  - If the State Ombudsman decides to not refuse/withdraw the designation (certification) of the ombudsman, but implement other remedies or work improvement measures, there shall be formal written notice sent to the ombudsman and the Director of the changed decision within five (5) working days.
  - The final decision to refuse/remove designation (certification) of a Representative of the Office remains with the State Ombudsman.

- **Grievance about Actions of a Local Ombudsman**

  - A grievance regarding the actions of a local ombudsman may be filed in writing, orally or through the use of auxiliary aids and services with the State Ombudsman. The grievance must list the specific facts related to the grievance, the nature of the grievance, and any request for resolution. The grievance should be given within thirty (30) calendar days of the action.

- The grievance will be discussed with the local ombudsman named in the grievance within ten (10) working days and a written copy (if applicable) of the grievance statement will be given to him/her at that time. He/she will have ten (10) working days to provide a written response.
- The State Ombudsman may consult with the AAA Director if possible without violating confidentiality and disclosure rules.
- The State Ombudsman will respond to the local ombudsman and the complainant regarding the grievance within ten (10) working days of receipt of the response from the local ombudsman. The response is final.

- **Grievance about the Actions of a Volunteer Ombudsman**

  - A grievance regarding the actions of a volunteer ombudsman may be filed in writing, orally or through the use of auxiliary aids and services with the supervising District Ombudsman. The grievance statement must list the facts related to the grievance, the nature of the grievance and any request for resolution. The grievance should be made within thirty (30) calendar days of the action.
  - The District Ombudsman will provide a copy of the grievance to the State Ombudsman within three (3) working days and consult with the State Ombudsman.
  - A copy of the grievance will be discussed with the volunteer ombudsman named in the grievance within ten (10) working days of initial receipt. A written copy of the grievance statement will be given to him/her at this time if available. He/she will have ten (10) working days to provide a written response.
  - The District Ombudsman will respond to the grievance in writing within ten (10) working days of receipt of the response of the volunteer ombudsman.
  - If the volunteer ombudsman is not satisfied with the decision of the District Ombudsman, he or she can appeal the decision to the State Ombudsman. The State Ombudsman has five (5) working days to provide a response to the volunteer ombudsman. The decision of the State Ombudsman will be final.
  - The final decision will be shared with the complainant within five (5) working days of the response of the volunteer ombudsman.

- **Grievance about Complaint Investigations**

  - Informed consent must be obtained from the resident or the resident's representative for investigation details to be disclosed to the individual filing the grievance. If such consent is not provided, the complainant will be informed that no information can be provided and the grievance process will be ended.
  - If consent is obtained, the process for a grievance about action of a local ombudsman will be followed.

- **Grievance about the Actions of the State Ombudsman**

  - The grievance should be made in writing, orally or within thirty (30) calendar days of the action and submitted to the Director of Aging and Adult Services. It must list the specific facts related to the grievance, the nature of the grievance, and any request for resolution.

- A copy of the grievance will be discussed with the State Ombudsman within five (5) working days of its receipt. A written copy of the grievance statement will be given to him/her at that time.
- The policies on consent and disclosure must be followed if this involves a complaint investigation.
- The State Ombudsman shall provide a written response to the Director of Aging and Adult Services without violating the policies of disclosure within five (5) working days.
- The Director shall provide a response to the grievance within five (5) working days from receipt of the State Ombudsman's response to the State Ombudsman and the complainant.

**PART II: Administration of the Long-Term Ombudsman Program**
**SECTION I: Leave of Absence**

Notice must be given to the State Ombudsman when any District or Local Ombudsman is out of the office for five (5) or more business days. The AAA or provider agency must provide Ombudsman service coverage by a designated Representative of the Office to the service area during any absences so as to comply with Program Components and complaint investigation timeframes. If there is only one Ombudsman in the service area, then the Ombudsman's phones calls and emails must be forwarded to the State Ombudsman.

**PART III: Training for Ombudsman**
**SECTION A: Designation Training**

All Ombudsman paid staff and volunteers must be designated by the Office of the State Long-Term Care Facilities Ombudsman which is an independent organizational unit located within the Division of Aging and Adult Services, Mississippi Department of Human Services. Prior to being issued an official Ombudsman designation badge, all applicants must complete a minimum of 36 hours of State Ombudsman approved training, which includes 10 hours of field training, 7 hours of independent study and successfully passing the MS Long-Term Care Ombudsman Designation Test. All applicants must annually sign a Conflict of Interest Agreement, Confidentiality Agreement and a Code of Ethics Agreement. Until certified (designated) an intern ombudsman shall be assigned to a supervising ombudsman. The experienced ombudsman will introduce the intern to the facility management staff.

**SECTION B: Continuing Education Training**

In order for Ombudsman and volunteers to be re-designated, they must:

- Complete eighteen (18) hours of approved mandatory ombudsman training during the year. At least six (6) hours of this training must be sponsored by the Office.
- Have no conflict of interest;
- Follow to ombudsman confidentiality requirements and Code of Ethics; and
- Adhere to the Program Components in the Policy and Procedure Manual.

District and local Ombudsman are strongly encouraged to attend seminars, workshop and conferences offered by other programs and organizations. These training hours may be counted towards the required 18 hours of annual training as long as prior approval was obtained from the State Ombudsman. In order

to receive credit for such courses, an ombudsman may either attend a program which has already been approved by the State Ombudsman or must submit in advance a written request for approval of a particular program that includes 1) brief description of the training; 2) who is conducting the training; 3) when and where it is to be held; 4) hours of training. Ombudsman must provide evidence of attendance at any outside training. The State Ombudsman may fail to re-designate an Ombudsman if any of the above criteria have not been met.

**PART IV: Program Components for Ombudsman Practice**

Each community long-term care ombudsman program (LTCOP) shall provide services to protect the health, safety, welfare, and rights of residents. These services, known as ***Program Components***, shall be performed in accordance with the following procedures and standards and as directed by the Office of the State Long-Term Care Ombudsman (SLTCO).

The following Mandatory Program Components must be performed by each local LTCOP:

- complaint processing for residents of long-term care facilities;
- information and assistance;
- routine visits;
- issues advocacy;
- resident council activities;
- volunteer management;
- nursing facility pre-survey information;
- family council activities;
- community outreach and education; and
- in-service education to facility staff.

**PART IV: Program Components for Ombudsman Practice**
**SECTION A: Facility Visits**

The Federal Older Americans Act (OAA) requires that "the residents have regular, timely, private, and unimpeded access" to the services provided through the Ombudsman Program. *Section 712(3)(D)* By doing so, the ombudsman will be able to identify concerns of residents, establish trust and develop relationships between the residents and explain the Ombudsman Program to both residents, their families and the facility staff and provide consistent statewide coverage of the long-term care facilities in Mississippi.

**Facility Visits**

1) Regular and timely access is considered to be *a minimum* of quarterly visits to each long-term care facility in each service district (January-March; April-June; July-September; October-December). These would be considered routine visits for the purpose of monitoring and assessing the general condition of residents and the physical plant of the facility. However, the Mississippi Ombudsman Program requires monthly visits to the long-term care facilities. Additional visits during the month shall be conducted by district and local ombudsman in the following situations:
    a) To investigate a complaint;

b) A history of serious or frequent complaints;
c) Number and types of referrals made to other agencies (Licensing & Certification and the AG's office);
d) A change in ownership or administration;
e) Implementation of a serious state or federal plan of correction (# of citations and deficiencies from a survey);
f) An imminent closure;
g) Facilities licensed for 120+ residents; or
h) By request of the SLTCO in the interest of protecting residents' rights.

2) Visits shall be unannounced so that the facilities have no advanced knowledge of the visit. The timing of the visits should also be staggered so the facility does not have a basis to predict the timing of the visit.
3) Working with resident or family council, presenting an in-service for facility staff or participating in an annual survey may be combined with the monthly non-complaint related visit.
4) The purpose of the visits is to:
   a) Observe the condition of the residents and the facility and make recommendations as needed.
   b) Meet new residents and familiarize them and any family members to the Ombudsman Program.
   c) The Ombudsman shall ensure their posters are in a visible location at each facility and there is a copy of Resident's Rights posted in clear view so the residents, family members or resident representatives can observe. Depending on the size of the facility, there may be a need for more than one poster in each facility.
5) Facilities with continued patterns of non-responsiveness to complaints or non-compliance with citations or deficiencies require a more frequent Ombudsman presence.
6) The Ombudsman should have supply of business cards and/or brochures/book marks available so as to provide to residents.
7) Prior to leaving the facility, the Ombudsman may meet with the administrator and/or department heads to provide information or recommendations based on his/her observations. Information regarding specific complaints shall be disclosed only with resident consent.

Ombudsman should, at a minimum, quarterly monitor to see if the survey results are posted where residents are able to view the results and that the ombudsman poster is prominently displayed and contains the current ombudsman's name, address and phone number. *Complaint-related visits* need to take place when responding to a complaint. The resident needs to be visited. The ombudsman shall have access to all long-term care facilities for regular visits and to investigate complaints. The ombudsman should have access to have a private conversation with each resident. Once consent is obtained and documented (written or oral), the ombudsman may be able to resolve the concern to the resident's satisfaction before leaving the facility. A concern may be a case with one or more complaints or simply a consultation. All complaints are tracked in Mon Ami. Consultations are only tracked for purposes of the annual NORS report.

The most important part of complaint intake is listening. Always ask the complainant if he/she has spoken with anyone at the facility to have the issue resolved. Let the caller know that an Ombudsman will be in contact with them within 2-3 days. The breakdown in communication and lack of trust is the root cause of conflict in institutions. We can help by bringing people together instead of continuing their adversarial positions. Ombudsmen use their skill in communication and mediation to advocate for a process that enables the resident's voice to be heard regarding what is most important to him/her. We take all

complaints except those that involve complaints against residents, unless the concern is due to failure on the facility's part to resolve the matter, or those complaints requiring private legal counsel. If an issue of abuse, neglect, or exploitation is suspected during the intake, the ombudsman must use their discretion in referring the complainant to another agency. The Health Department will handle the regulatory issues and the Medicaid Control Fraud Unit will handle criminal abuse issues in nursing homes or personal care homes. A case may have more than one type of complaint code. However, only use one category for each type of problem. Complaints received at the Office of the State Long-Term Care Ombudsman will be assigned to the appropriate Representative of the Office to handle.

**PART IV: Program Components for Ombudsman Practice**
**SECTION B: Complaint Processing**

A complaint is a concern brought to, or initiated by, an Ombudsman representative for investigation and action by or on behalf of one or more residents of a long-term care facility relating to the health, safety, welfare, or rights of a resident. One or more complaints constitutes a case. Each inquiry brought to, or initiated by, an Ombudsman representative on behalf of a resident or group of residents involving one or more complaints which requires opening a case; and includes Ombudsman investigation, strategy to resolve, and follow up; is recorded as a case. Each case may have more than one complaint. A complaint is also more than a consultation or a friendly visit. If a resident's problem is too simple to require filling out a case record, then it is more likely to be a consultation or friendly visit than a complaint. An "information or referral" call is different from a complaint; while information and referral can take up a lot of time and involve action on the part of the ombudsman in terms of phone calls, letters, or research, the ombudsman is not asked to intervene or alter the outcome of a situation or solve a problem. The complaint documentation process starts from the time of receiving a complaint through follow-up after the case has been closed.

Scope of Coverage/Jurisdiction of the Ombudsman Program: Section 43-7-55 of the MS Code states that a "long-term care facility" means any skilled nursing facility, extended care home, intermediate care facility, personal care home or boarding home *which is subject to regulation or licensure* by the State Department of Health. Therefore, if a facility should be licensed as required by MS law, but it is an illegal personal care home the ombudsman does have jurisdiction to provide assistance to such residents. Whenever questions arise regarding appropriate LTCO practice in handling complaints, the State Ombudsman should be contacted for guidance.

The State Ombudsman can grant consent to conduct an investigation or make referrals when:

- A resident lacks capacity and has no legal representative;
- A legal representative exists, but cannot be contacted after at least three (3) attempts; or
- The resident lacks capacity, has a legal representative who does not consent, and there is reasonable cause to believe that the representative is not acting in the best interest of the resident.

**Intake of Complaints**

Intake Summary in Mon Ami must be completed **within 14 days**. It must identify the complainant, the resident, and a summary of the complaint. Documentation is extremely important for accurate reporting

and for allowing others who may later become involved in the case to know what steps were taken. Also, any complaint may become the source of litigation and proper clear documentation is essential.
Complaints may be reported by:

a) Residents, family members of residents, friends of residents, long-term care facility staff or any other person in the community;
b) Anonymous reporter. However, this type of complaint could limit your ability to investigate and resolve the complaint;
c) Ombudsman who has personal knowledge of an action or inaction that may affect the health, safety, welfare or rights of a resident in a long-term care facility.

The person that makes the complaint is referred to as the Complainant.

If a complaint involves a deceased resident, then the ombudsman shall:

a) Determine if the issues are systemic. If so, then a case may be opened. If not, the complainant needs to be told there is no resident for which an issue can be resolved;
b) Refer the complainant to the MS Department of Health as appropriate; or
c) Suggest to the complainant other referral options including police, private attorneys, coroner, etc. as relevant.

Upon receipt of a complaint, the ombudsman shall:

a) Collect all pertinent details of the complaint to determine the type of complaint presented;
b) Explain that the ombudsman contacts the resident to determine his/her wishes and as resident advocate will act in accordance with the wishes of the resident;
c) Discuss what outcome the complainant is seeking;
d) Inquire as to what attempts, if any, have already been made to resolve the complaint and the outcome of those actions;
e) Determine if the complaint is appropriate to be handled through the Ombudsman Program;

The Ombudsman must choose the best complaint code that best matches the problem. The NORS complaint codes are:

- Codes 1 through 102 (Groups A-M) are used for complaints against LTC facilities and their representatives.

  <u>RESIDENT RIGHTS</u>:
  Group A (Abuse, Gross Neglect, Exploitation) should only be used for *willful* mistreatment of residents.
  Group B (Access to Information by Resident or Resident's Representative)
  Group C (Admission, Transfer, Discharge, Eviction)
  Group D (Autonomy, Choice, Preference, Exercise of Rights, Privacy)
  Group E (Financial, Property (except financial exploitation)

  <u>RESIDENT CARE</u>
  Group F (Care)
  Group G (Rehabilitation or Maintenance of Function)
  Group H (Restraints-Chemical and Physical)

QUALITY OF LIFE
Group I (Activities and Social Services)
Group J (Dietary)
Group K (Environment)

ADMINISTRATION
Group L (Policies, Procedures, Attitudes, Resources)
Group M (Staffing)

- Codes 103 through 116 (Groups N and O) are used for complaints against the State licensing and Medicaid agencies.

  Group N (Certification/Licensing Agency)
  Group O (State Medicaid Agency)

- Codes 117 through 128 (Group P) are used for complaints against or involving individuals who are not staff of the facilities or of the State's licensing and certification agency.

  Group P (System/Others)

- Codes 129 through 133 (Group Q) are used for complaints about services in settings other than long-term care facilities. Q codes are used for outside providers, such as an Adult Day Care Center, hospice, homemaking or transportation, or complaints at an unlicensed home.

**Investigation**

An Ombudsman shall use his or her best efforts to initiate investigations of complaints in a timely manner in order to resolve the complaint to the satisfaction of the resident. If the Representative of the Office will be unable to initiate investigations due to a planned vacation, required training conference or extended illness, their supervising ombudsman shall be contacted immediately so as to develop a plan for temporary coverage. Such plan shall be communicated to the provider agency, the area agency on aging, and the SLTCO to assure appropriate and timely case referrals.

| **IF a complaint involves…** | **THEN the response time is….** |
|---|---|
| A) Abuse or gross neglect and the Ombudsman believes a resident may be at risk | Within the next working day |
| B) Abuse or gross neglect and the Ombudsman has no reason to believe a resident is at risk | Within 3 days, but not to exceed 3 working days |
| C) Actual or threatened transfer or discharge from a facility | Whichever occurs first:<br>1) 5 working days;<br>2) The last day of bed-hold period (if resident is hospitalized), or |

| | |
|---|---|
| | 3) The last day for filing an appeal for an administrative hearing |
| D) Any other type of complaint | Within 5 working days |

Regardless of the source of the complaint, the first person to be interviewed should be the resident. An Ombudsman shall personally discuss the complaint with the resident in order to:

- Determine the resident's perception of the complaint;
- Determine the resident's wishes with respect to the resolution of the complaint;
- Determine whether the Ombudsman may disclose resident identifying information to the facility and/or other appropriate agencies;
- Advise the resident of his or her rights; and
- Work with the resident in developing a plan of action.

If, at any point during the complaint process, the resident expressed that he or she does not want the LTCO to take further action on a complaint involving the resident, then LTCO shall determine whether further efforts should be made on the complaint. In making this determination, the LTCO shall consider the following:

| **IF the resident…** | **THEN the LTCO shall…** |
|---|---|
| A) Refuses to consent to LTCO work on the complaint or<br>B) Withdraws consent before the LTCO has verified the complaint | 1) Discontinue work on the complaint and<br>2) Attempt to determine why the resident refused or withdrew consent, considering factors such as:<br>• Past response of facility to complaints;<br>• The resident's relationship with the staff;<br>• The experience of this resident or other residents in the facility related to this type of complaint;<br>3) Inform the resident that he or she may contact the LTCO regarding the withdrawn complaint or other complaints in the future; and<br>4) Provide a business card or brochure informing the resident how to contact the LTCOP. |
| C) Withdraws consent after the LTCO has verified or partially verified the complaint | 1) Discontinue investigation and resolution activities on the complaint;<br>2) Determine during subsequent visits to the facility whether the type of complaint is recurring. If it is a recurring problem, then the LTCO must use strategies towards resolution without disclosing the identity of the resident (such as presenting the issue to a resident or family council); and<br>3) Attempt to determine why the resident withdrew consent, considering factors such as:<br>• Past response of facility to complaints;<br>• The resident's relationship with the staff;<br>• The experience of this resident or other residents in the facility related to this type of complaint; |

| | |
|---|---|
| | 4) Inform the resident that he or she may contact the LTCO regarding the withdrawn complaint or other complaints in the future; and<br>5) Provide a business card or brochure informing the resident how to contact the LTCOP. |

It is important to get all sides of the story if a complaint is to be resolved successfully. The preparation for the investigation should indicate which staff person will be involved. Try to interview the beginning level staff members first, and then move up to the administrator. Be non-threatening in the approach to staff people (review the interviewing skill's section of the training manual). Interview upper-level staff members (administrator, head nurse, medical director, etc.) in the complaint resolution process as they may have the authority to solve the problem immediately. After all the necessary information is gathered and if no further research is indicated, attempt to resolve the complaint within the LTC facility.

If a resident is unable to provide consent, the Ombudsman shall advocate for a resident's wishes to the extent that the resident can express them, even if the resident has limited decision-making capacity. Where a resident is unable to provide or refuse consent to an Ombudsman to work on a complaint directly involving the resident the LTCO shall:

- Seek evidence to indicate what the resident would have desired and where such evidence is reliable, work to effectuate that desire; and
- Assume that the resident wishes to have his or her health, safety, welfare, and rights protected.

If the resident is no longer at the facility or is deceased, the LTCO may close the complaint related to that resident. The LTCO shall make referrals to other agencies where appropriate to address any unresolved issue. It is usually notated in the NORS reporting system as being "withdrawn." However, where the complaint is a continuing or potential concern for other residents, the LTCO shall open a new case with another resident or an ombudsman-generated complaint in order to continue LTCO work to resolve the complaint. If the ombudsman does not open a case, he or she must explain to the complainant the reasons for not doing so.

**Verification of Complaints**

Consent and Confidentiality are cornerstones of the Ombudsman Program. We need to make sure that the residents do not face retaliation for filing a complaint. The resident or legal representative must be informed of the progress of the investigation findings. The purpose of an investigation is to determine whether the complaint is valid and to gather the information necessary to determine how to resolve the complaint. A complaint is "verified" when an ombudsman determines after interview, record inspection, observation, etc. that the circumstances described in the complaint are substantiated or generally accurate. Because the LTCO works on behalf of resident's interests, the LTCO should give the benefit of any doubt to the resident's perspective.

Verification of a complaint should be based on facts, not the opinions of the complainant, the facility or the ombudsman. There must be sufficient documentation in Mon Ami for the State Ombudsman to determine whether proper case investigation through fact-finding was done. The ombudsman should determine the validity of the complaint by uncovering the facts surrounding a particular issue. In order to verify a complaint, the LTCO shall take one or more of the following steps:

1) Research relevant laws, rules, regulations and policies;
2) Personally observe the evidence;

3) Interview the resident and/or complainant;
4) Interview staff, administration, other residents, and families; and/or
5) Examine relevant records.

Yet resident perception is a sufficient basis upon which a LTCO can verify a complaint of a subjective nature (e.g., a resident complains of a rude staff member). Thus, the Ombudsman does not have to independently observe staff acting disrespectfully. However, whenever possible, the LTCO shall seek objective verification of the complaint. Facility visits for purposes of complaint investigation shall be unannounced.

Activities such as follow-up calls to either the facility, the resident, his/her representative shall be documented in WellSky under as "Journal" entries. Time spent and/or travel spent must be documented as well. The ombudsman need to document accurately what action was taken in an attempt to resolve the complaint. The State Ombudsman or his/her designee must be able to determine that an ombudsman verified a complaint or concern through proper investigative techniques.

**Resolution/Disposition of Complaints**

The goal to complete case investigations is 90 days. The Ombudsman should make every effort to resolve the complaint to the satisfaction of the resident, representative, and/or complainant. A plan to resolve the complaint should be mutually agreed upon by the resident and the LTCO. If a resident is unable to communicate his or her wishes, the LTCO may develop a plan with the resident's representative or the complainant if consistent with the rights and interests of the resident. Empowerment is very important. The Ombudsman should encourage the complainant to personally take the appropriate action, with LTCO assistance if needed. The Representatives of the Office must support and maximize resident participation in the process of resolving the complaint.

The LTCO shall attempt to resolve the dispute directly with the appropriate staff of the facility unless the LTCO and the resident (or representative or complainant) determine that another strategy would be more advantageous to the resident. The steps involved in resolving a complaint may vary with the nature and extent of the problem. All attempts should be made to resolve the complaint within the LTC facility. Be familiar with the facilities' resolution techniques and negotiation strategies. If the complaint appears to be valid, the ombudsman must decide on the urgency of the problem and the manner in which to approach resolution. If the approaches at the local level do not achieve the desired results, the State Ombudsman shall be contacted for technical assistance.

A good approach to use when speaking with the facility is to make a point, provide evidence that supports that point and then repeat that point. (e.g., point=facility staff are not respecting his visitation rights; evidence=staff says that he cannot have visitors after 8pm; repeat point=resident's rights must be respected, residents can have visitors whenever he wants and his roommate does not mind his visitors,--knows we can come to an understanding as his visits are important to him; I don't see how this issue warrants a discharge; I don't think his visitors intend to disrupt the operations; need assurance that you will not discharge him so ask the administrator to speak to the resident with you. Ask resident if they feel the matter was resolved to their satisfaction).

For every referral made by the LTCO to another agency, the LTCO shall include documentation of such referral into Mon Ami. Any follow-up with the agency shall also be notated in the case record. The LTCO

must be sure that the facility administration and the residents know that their role it to advocate for the health, safety, welfare, and rights of residents, and not to enforce regulations.

The resolution of a complaint shall be determined when any of the following occurs:

a) It is determined that government policy, regulatory change or legislative action is required to resolve the complaint;
b) Further activity by the LTCO is unlikely to produce satisfaction for the resident (so the case is partially resolved);

c) The resident requests that LTCO activity end (complaint is withdrawn-or the resident dies);
d) The case was referred to another agency for resolution;
e) It was determined that no action was needed, the complaint was made in bad faith or was not appropriate for LTCO activity; or
f) The complaint was resolved to the resident's satisfaction. If the resident cannot communicate his/her satisfaction, the ombudsman may seek resolution to the satisfaction of the resident's representative or complainant, if consistent with the rights and interests of the resident.

**Follow-up**

After resolving a complaint, but prior to closing a case, the LTCO shall follow-up with a report back to the complainant and do a check-up visit with the resident within two weeks of the resolution to:

a) Assure that the resident or representative/complainant continues to be satisfied with the outcome and
b) Determine whether further actions on behalf of the resident should be taken by the LTCOP.

If the resident has left the facility, the LTCO should make reasonable attempts to follow-up with the resident in the resident's new location if possible prior to closing the case.

If a complaint has been referred to another investigative agency, with permission of the resident, the ombudsman will follow up with the entity at least once every thirty days to determine resolution. Follow-up with the regulatory agency, if involved, and other agencies involved in the complaint investigation.

Always follow-up with the resident or complainant, making sure that promised corrections have been made, that no reprisals occurred against the resident, and that the resident is satisfied with the resolution.

If resolution agreements were made, the agreements may be modified or extended, if warranted, or the case may be reopened.

Follow-up with the LTC facility to detect long-term care deficiencies.

Follow-up with the complainant to thank him/her for contacting the ombudsman and to encourage him/her to call again if there is any further developments or concerns.

Follow-up is important in maintaining the integrity of the ombudsman program and to aid in monitoring.

A case is closed when all of the complaints related to that case have been resolved/closed.

**Complaint Referral Agencies**

- **APS Referral**

The primary role of the LTCO is to seek resolution to the resident's satisfaction, not to verify the suspected abuse or gross neglect. Consent from the resident or the resident or the resident's legal representative is required before referring a report of abuse, neglect, or exploitation to APS. The Vulnerable Adult Abuse Hotline number is 844-437-6282. There is also another unit in the Attorney General's office that handles abuse in the private home. It is the Vulnerable Persons Unit which was created in 2001. §43-47-7 of the MS Code is the enabling statute.

The role of the Ombudsman, once he or she identifies potential abuse and has received consent of the resident for a referral, is to advocate on behalf of the resident to ensure that all necessary parties are actively involved and that the resident receives proper treatment, is protected from further harm or retaliation, and remedies are in place to prevent abuse from reoccurring. Where consent is initially refused, it is the role of the Ombudsman to educate the resident regarding the benefits and protections of reporting the situation in full.

The Ombudsman may consider increasing his or her direct monitoring of any facility or provider whose staff is been accused of committing abuses, suggesting additional training for staff on avoiding and reporting abuse and neglect, and/or approaching the president of any resident council to present a program and make known his or her availability to hear and address concerns. Ombudsman act as an advocate for the abuse survivor. They are not there in a regulatory or investigatory capacity.

Ombudsmen should contact APS staff when a resident requests a discharge to an unsafe environment or an involuntary discharge is the result of possible financial exploitation by a family member. For every referral made by the LTCO to another agency, the LTCO shall include documentation of such referral in Mon Ami. After a complaint has been referred, the LTCO shall make every effort to maintain the security and confidentiality of information related to the complaint, so that the information is not shared beyond the agency or agencies receiving the referral.

The State Ombudsman shall have state-level coordination with other entities that are responsible for the health, safety, welfare and rights of residents of long-term care facilities through the adoption of memoranda of understanding such as Adult Protective Services, Medicaid Fraud Control Unit, and the Mississippi Department of Health Licensure and Certification Division.

- **Attorney General-Medicaid Fraud Control Unit Referral**

The Medicaid Fraud Control Unit is a law enforcement agency under the Mississippi Attorney General's Office. It handles suspected Nursing Home and Personal Care Home abuse. See Mississippi Code Section 43-47-37. Report abuse to: 1-800-852-8341.

- **Heath Department Licensure and Certification Referral**

Problems arise that may necessitate the involvement of other sister agencies. Contact the Health Department when you need clarification of a regulatory position or interpretation of the nursing facility requirements or licensing standards for personal care homes. First, determine the best person with whom to consult by choosing the person most closely responsible for a Regulatory Services decision, often a surveyor or program manager. Attempt to collect facts and corroborate evidence before communicating. During a facility closure, the Health Department serves as the lead contact with nursing homes and personal care homes. The Office of the State Long-Term Facilities Ombudsman shall schedule, plan and attend meeting with the Health Department on a quarterly basis to explain LTCOP practices, approaches, strength, weaknesses and activities. If there is a regulatory violation, it should be referred to the Health Department. It should be encouraged that the resident or complainant make direct contact with the Health Department or the LCTO can assist in the referral. The triage number to the Health Department is: 1-800-227-7308.

The SLTCO (or his/her representative) should consider whether disclosure of information to any regulatory agency could have the following effects:

- Retaliation against residents or complainants
- Intimidating individuals from contacting the ombudsman program for assistance or from assisting in a complaint investigation
- Damaging working relationships between the LTCOP, facilities, and regulatory agencies
- Negatively affecting the mission of the LTCOP

- **Legal Services Referral**

For a resident who is age 60 or older and who requests or is in need of legal advice and/or representation, the LTCO shall refer the resident to the Area Agency on Aging in the service area where the resident resides. For a resident who is under the age of 60 and who is requesting or in need of free legal advice and/or representation, the LTCO shall assist the resident in finding appropriate legal services. LTCOs may contact the particular Area Agency on Aging, the State Ombudsman, and the Legal Services Developer (LAD) by way of the State Ombudsman for information regarding such services. Where the legal services program is unable to provide the requested legal service, the LTCO may provide the resident with a list of private attorneys, but shall not recommend one.

| **IF the resident…** | **THEN the LTCO shall…** |
|---|---|
| Gives permission to make a report | Report the suspected abuse or gross neglect to the Medicaid Fraud Control Unit and the Health Dept. |
| Does not give permission and the complainant is a long-term care provider, staff person or other mandatory reporter | Inform the complainant of their duty to report it to the appropriate agency. |
| Requests LTCO assistance in moving to another facility | Take steps necessary to moving the resident to another facility, such as contacting the resident's representative, family members and making sure that the facility has complied with their responsibility of providing a safe and proper transfer/discharge. |

**PART IV: Program Components for Ombudsman Practice**
**SECTION C: Documentation and Monthly Reporting**

**Documentation in Mon Ami**

Every complaint received and all steps taken to investigate, verify and resolve the complaint shall be initially documented in Mon Ami within 14 days of the case being opened. The case is considered open on the day in which the complaint was given to either the State Ombudsman or to the Representative of the Office.

Each ombudsman must document, at a minimum, the following:

1) The basics of the complaint, including a description of issue, the date and the time.
2) The initial contact with the complainant.
3) The date, time and information gathered from the resident if the resident is not the complainant.
4) Consent from the resident to act on their behalf.
5) The steps taken to investigate the complaint.
6) The ombudsman's findings as a result of the investigation. There must be sufficient factual information included in the notes to support a finding that the complaint was either verified or unverified.
7) The conversation with the resident to support the complaint disposition/explanation of the type of resolution code chosen.

Consent forms, notices of involuntary transfer or discharge, relevant e-mails, and any other written documents obtained by the ombudsman shall be scanned and attached electronically to the case record. The originals shall then be shredded. Be sure that the documents are properly uploaded prior to shredding.

Document every monthly non-complaint/routine visits to each long-term care facility in Mon Ami as a "Routine Visit (non-complaint)" under Activities, including the facility name, number of contacts, time spent, and other NORS related fields.

Document every Routine Visit which is related to a complaint at each long-term care facility in Mon Ami as "Routine Visit (complaint related)" under Activities, including the facility name, number of contacts, time spent, travel time, and other NORS required fields.

When a facility has closed, the ombudsman should mark the facility inactive in Mon Ami. In addition, when a new facility opens, it should be added to Mon Ami making note of the proper licensing type for such facility.

Notes should be made describing the steps that have been taken to try and resolve the complaint. It can be broken down to include time spent doing the following: (travel time, visitation, complaint investigation, to reach resolution, writing documentation).

Due dates for data entry are as follows:

| | |
|---|---|
| **October 1 to December 31** | All data for that quarter must be entered into Mon Ami by January 31. |
| **January 1 to March 31** | All data for that quarter must be entered into Mon Ami by April 30. |
| **April 1 to June 30** | All data for that quarter must be entered into Mon Ami by July 31. |
| **July 1 to September 30** | All data for that quarter must be entered into Mon Ami by October 31. |

**PART IV: Program Components for Ombudsman Practice**
**SECTION D: Training to Local Ombudsman and Volunteers**

Document every Training to a local Ombudsman or Volunteer in Mon Ami as "Training for ombudsman/volunteer" under Program Activities, including the training topic, number of participants, time spent, and other NORS required fields. Activity comments are highly recommended as well. If this includes the annual two required community education events, then it should be notated in the activity comments section. Note: The location can be Facility Not Applicable or Unknown. However, if a Representative of the Office is training another Representative of the Office on a field visit, then the name of the facility should be included in the activity.

The person conducting or arranging the training reports this as an Ombudsman activity. The session and hours are unduplicated. A session is a meeting, whether it lasts for two hours, all day or a week.
Hours of direct service of the volunteer ombudsman shall be tracked by the local ombudsman and reported quarterly to the State Ombudsman. Volunteer long-term care ombudsman shall work under the supervision of the local ombudsman for their geographical region. When serving as a volunteer ombudsman, he or she must act as an advocate and not in other professional roles such as a social worker, nurse or an accountant. They are considered Representatives of the Office and must do the same training and be free from all conflicts of interest as the district and local ombudsman. Volunteers must be at least 18 years of age and agree to a criminal background check. Volunteer ombudsman must maintain confidentiality in all Ombudsman activities and follow all laws, regulations, and policies relating to resident consent and disclosure of information. A volunteer must notify the local ombudsman of his/her decision to resign with at least 14 days' notice, and return all Ombudsman materials (including the training manual, designation certificate and the ombudsman name badge) and any notes pertaining to the facilities and its residents. The district ombudsman must notify all staff and residents of any facilities to which the volunteer ombudsman was assigned that the volunteer is no longer a representative of the ombudsman program. Volunteers who do not wish to respond to complaints nor do the required certification training may be considered as "friendly visitors". As such, "friendly visitors" must refer complaints to the LTCOP.

**PART IV: Program Components for Ombudsman Practice**
**SECTION E: In-Service Education for Facility Staff**

Document every Training given to facility staff at each long-term care facility in Mon Ami as "Training given to facility staff" under Program Activities, including the training topic, number of participants, time spent, travel time and other NORS required fields. If this includes the annual two required community education events, then it should be notated in the activity comments section. When agreeing to train staff, ask management about specific issues to address and consider complaint history when planning the session.

A training session/in-service education is a planned event for a group of staff people, not to be confused with a one-to-one or small group on-site consultation occurring during the course of a facility visit. Each district ombudsman program shall provide a minimum of five facility in-services education events per federal fiscal year.

**PART IV: Program Components for Ombudsman Practice**
**SECTION F: Information and Assistance for Facility Staff**

Document every Information and Assistance to Facility Staff at each long-term care facility in Mon Ami as "Information and Assistance to Facilities Staff" under Activities, including the facility name, number of contacts, time spent, consultation topic and other NORS required fields. Note: The location for the Facility can be selected from the pull down menu.

The consultation topics include:

- Adult Protections
- Advance Directives
- Aging
- Behaviors
- Communications
- Community Services
- Complaint Process
- Developmentally Disabled
- Elderly Abuse
- Encoding questions/Software issues
- Family
- Legal
- Long-term Care
- Medicaid
- Medicare
- Mental Health
- Ombudsman Services
- Other

Ombudsman representatives may provide consultation to facilities either in person, over the telephone, through e-mail, or by other means. If there are repeated consultations to the same facility, count each consultation separately. For NORS reporting purposes, do not count training sessions that were documented in in-service education for facility staff.

**PART IV: Program Components for Ombudsman Practice**
**SECTION G: Information and Assistance to Individuals**

Document every Information & Assistance to Individuals at or about each long-term care facility in Mon Ami as "Information and Assistance to individuals" under Activities, including the facility name, number of contacts, time spent, consultation topic and other NORS required fields.

The consultation topics include:

- Adult Protections
- Advance Directives
- Aging
- Behaviors
- Communications
- Community Services
- Complaint Process
- Developmentally Disabled
- Elderly Abuse
- Encoding questions/Software issues
- Family
- Legal
- Long-term Care
- Medicaid
- Medicare
- Mental Health
- Ombudsman Services
- Other

Enter each instance of providing information and assistance to *anyone other than facility staff*. Consultations to individuals may be provided either in person, over the telephone, through e-mail, or by other means. This can include providing information related to alternatives to institutionalized care, how to select a nursing home, discussing resident's rights or understanding Medicaid. If there is an increase in a particular topic, the Ombudsman may consider having a community education seminar on that topic. However, for NORS reporting purposes, do not include here participants in community education sessions.

There should be frequent checks of email messages, office phone voicemail and cell phone messages by staff so as to provide timely access to Ombudsman services. It is preferred if the call is returned the same day to provide the information and no later than within two days.

**PART IV: Program Components for Ombudsman Practice**
**SECTION H: Community Education**

Every district shall provide, at a minimum, two community education events during the federal fiscal year (Oct 1st-Sept. 30th). The State Ombudsman must be given prior notice of said events.

Document every Community Education seminar given in your district in Mon Ami as "Presentation where majority of the audience is the public (not facility staff)" under Activities, including the training topic, time spent, number of participants and other NORS required fields. It should be put under "Facility Not Applicable."

The training topics include:

- Adult Protections
- Advance Directives
- Aging
- Behaviors
- Choice Options
- Communications
- Community Services
- Complaint Process
- Developmentally Disabled
- Elderly Abuse
- Family
- Legal
- Long-term Care
- Medicaid
- Medicare
- Mental Health
- Ombudsman Services
- Other
- Physicians
- Regulations
- Resident Rights
- Restraints
- Staffing
- Survey

Every presentation an Ombudsman gives and each meeting an Ombudsman attends with community groups, senior centers, churches, etc. can be counted. Examples would be informing other agencies and the public about the Ombudsman Program or explaining issues, needs, or rights affecting residents of long-term care facilities.

**PART IV: Program Components for Ombudsman Practice**
**SECTION I: Facility Surveys**

All ombudsman are required to attend, if notified by the Health Department, facility surveys. If short notice is given by the Health Department and the ombudsman cannot attend the survey in time, the ombudsman should ask the Health Department if a phone call would be sufficient or communicate their earliest possible arrival at the survey. Notice can also be given to the State Ombudsman to see if he/she would be able to participate at the survey.

Document every participation at a Facility Surveys at each long-term care facility in Mon Ami as "Participation in facility surveys" under Activities, including the facility name, number of contacts, time spent, travel time and other NORS required fields.

If the Ombudsman participates in more than one part of the survey, the activity is still counted as one instance of survey participation. It should be noted in the Activity Comment section whether the instance

was the pre-survey briefing of the surveyors or participation in the exit interviews. Even a call regarding a survey can be counted as one activity.

Any person who reveals the information on survey dates or times to a long-term care facility prior to that survey is subject to adjudication and up to $2,000.00 civil money penalty under §1819(g)(2)(A)(i) and §919(g)(2)(A)(i), and §1128A of the Social Security Act. Any Ombudsman or representative of the Office of the State Long-Term Care Facilities Ombudsman that reveals any information deemed to be confidential may be subject to loss of Ombudsman designation and other disciplinary action.

**PART IV: Program Components for Ombudsman Practice**
**SECTION J: Resident Councils**

All ombudsman are required to attend three resident councils, if invited, during the federal fiscal year (Oct 1st-Sept. 30th). If there is a set schedule with the facilities and the resident council meetings, it should be provided to the State Ombudsman so as to give opportunity for the Office to attend. Notification should also be given to the State Ombudsman if there is no existence of any resident councils at one or more facilities. If there are no active resident councils in the participating districts, they should be strongly encouraged by the Ombudsman. The Ombudsman may offer assistance and encouragement to the residents and the facility in developing an active resident council. The Ombudsman shall make his or her best effort to attend any resident council meetings to which the LTCO has been invited.

Document every participation at a resident council at each long-term care facility in Mon Ami as "resident councils participation" under Program Activities, including the facility name, number of contacts, time spent, travel time and other NORS required fields. Any notable event should be included in the activity comment section. If complaints are made, then a case should be opened as well. If more than one Ombudsman attends a meeting, it should only be counted as one activity for NORS reporting.

**PART IV: Program Components for Ombudsman Practice**
**SECTION K: Family Councils**

All ombudsman are required to attend three family councils, if invited, during the federal fiscal year (Oct 1st-Sept. 30th). If there is a set schedule with the facilities and the family council meetings, it should be provided to the State Ombudsman so as to give opportunity for the Office to attend. Notification should also be given to the State Ombudsman if there is no existence of any family councils at one or more facilities. If there are no active family councils in the participating districts, they should be strongly encouraged by the Ombudsman. The LTCO should contact the leadership person of the active family council and offer to attend their meetings and offer any appropriate resources. The LTCO should also provide topics it is prepared to present if requested.

Document every participation at a family council at each long-term care facility in Mon Ami as "Family council participation" under Activities, including the facility name, number of contacts, time spent, travel time and other NORS required fields. Any notable event should be included in the activity comment section. If complaints are made, then a case should be opened as well. If more than one Ombudsman attends a meeting, it should only be counted as one activity for NORS reporting.

**PART IV: Program Components for Ombudsman Practice**
**SECTION L: Media and Monitoring Law & Regulations Media**

Representatives of the Office should keep the State Long-Term Care Facilities Ombudsman informed about local media events. Document every interview and/or press release at each long-term care facility in Mon Ami as "Other Ombudsman Activities" under Activities, including the facility name, consultation topic, time spent, travel time and other NORS required fields. Activity Comments are also strongly encouraged as to provide more detail.

The consultation topics include:

- Adult Protections
- Advance Directives
- Aging
- Behaviors
- Communications
- Community Services
- Complaint Process
- Developmentally Disabled
- Elderly Abuse
- Family
- Legal
- Long-term Care
- Medicaid
- Medicare
- Mental Health
- Ombudsman Services

**Monitoring/work on laws and regulations**

Document in Mon Ami as "Other Ombudsman Activities" under Activities for contact with the Health Department regarding making a complaint/referral and reviewing survey results. One must include the facility name, number of contacts (if applicable), time spent, and other NORS required fields. Activity Comments are highly recommended. A single press release given to multiple outlets counts as one press release for NORS reporting.

This section relates to time spent working with other agencies and individuals, both inside and outside of government, on laws, regulations, policies and actions to improve the health, welfare, safety and rights of long-term care residents. The Ombudsman program should assure that the interests of residents are represented to governmental agencies and policy-makers. Examples of issues advocacy activities include:

- Educating advocacy groups, governmental agencies, and policy-makers regarding the impact of laws, policies, or practices on long-term care residents;
- Seeking modifications of laws, regulations, and other government policies and actions, pertaining to the rights and well-being of residents;
- Facilitating the ability of the public to comment on such laws, regulations, policies and actions;
- Participating in a task force to study a long-term care issue and recommend solutions;
- Participating in a public hearing relating to a long-term care issue; and
- Providing information on a proposed law, regulation, or other public policy change related to long-term care.

**PART IV: Program Components for Ombudsman Practice**
**SECTION M: Facility Closures and Bankruptcy**

## Facility Closures

The Ombudsman Program has the responsibility to ensure that all residents impacted by a facility closure are aware of their rights and the ombudsman program services. The ombudsman's role is to be a resident advocate for their rights and resident-directed planning. There must be interagency cooperation to achieve a smooth transition for the residents. The LTCOP will provide guidance to resident and/or their representatives regarding relocation activities and resident rights, ensuring medication and health records follow the resident to their new location, access to personal needs account funds and protection of personal property. Unless a formal complaint it made, the transition of the relocated residents can be followed up during routine visits by the ombudsman.

Upon notice that a facility is closing, the ombudsman shall:

- Support residents during the relocation process;
- Advise residents of their rights during the closure/transfer and ensure their rights are being protected;
- Report any potential violations of regulatory requirements to the licensing authority;
- Assist residents and their families about transfer options and educate them on how to choose a facility to best meet the needs of the resident.
- Maintain a log of the location of residents' transfer.

## Bankruptcy

The Bankruptcy Abuse and Consumer Protection Act (BACPA) of 2005 provides for the appointment of a Patient Care Ombudsman (PCO) for bankruptcy cases when companies or individuals involved operate long-term care facilities. If the U.S. Trustee requests that the SLTCO act as PCO, the SLTCO will contact the appropriate local LTCOP to see whether that program would be willing to participate. If so, the SLTCO will accept the appointment. When the U.S. Trustee appoints the SLTCO as the PCO, the SLTCO requires monthly visit to facilities that are in bankruptcy. The local LTCOP reports to the SLTCO on the conditions at each facility named in the bankruptcy filing at least every 60 days until the court dismisses the action.

The SLTCO reviews and compiles the report for filing with the bankruptcy court. The Bankruptcy Report should include the following information:

- Facility name and city

- Current Occupancy
    - On first report, establish the licensed capacity and current occupancy.
    - On first report, note the history of occupancy for the building.
    - In subsequent reports, note any change from the previous report.
    - Note any significant change in resident mix, such as the admission of different client groups, younger residents, etc.

- Staffing Levels

- List total number of RNs, LVNs, CNAs, caregivers and social workers. Notes any increases or decreases. The Administrator usually offers this information, but it will require monitoring and confirming through observation and direct-care staff reports.
- Identify shortages, by shift if possible. If a direct patient care vacancy exists, note how long the position has been vacant and if the facility is actively recruiting to fill it.
- Note other vacancies in areas such as food service, housekeeping, administration, or maintenance if the vacancy affects care.

➢ Supplies and Services
- Identify any concerns involving vendors, utilities, or external support factors that may affect resident care.
- Include any problems reported involving payroll or indications of cash flow problems.

➢ Regulatory Issues
- List any actions taken by Licensing and Certification since the last report.

➢ Ombudsman Issues:
- List any complaints or concerns addressed by the Ombudsman Program during this period.

**PART IV: Program Components for Ombudsman Practice**
**SECTION N: Volunteers**

The Long-Term Care Ombudsman Program must utilize volunteers in order to maximize its resources to benefit residents. The State Ombudsman shall provide resources and technical support to assist each district LTCOP to develop a volunteer program. The SLTCO shall provide the curriculum and supervision of training provided by the district LTCO to volunteers. The SLTCO shall administer a written examination for volunteers who seek to be designated. A volunteer who is not designated shall be known as a "Friendly Visitor" and shall not be allowed to process complaints. Instead they must refer a complaint to a designated LTCO staff person for investigation. They may under the direct supervision of a LTCO staff person perform specific limited functions to assist the LTCO process a complaint. Failure to follow the direction of the LTCO staff person may be grounds for dismissal from the volunteer duties by the State Ombudsman. All volunteers must adhere to the laws and policies regarding confidentiality of information provided to the LTCOP.

**PART IV: Program Components for Ombudsman Practice**
**SECTION O: Pre-Survey Information**

The SLTCO shall exercise every prudent means of protecting the confidentiality of the survey schedule and shall not disclose the scheduled date of any survey to anyone outside of the LTCOP. All LTCO staff and volunteers shall exercise caution, especially during telephone calls, facility visits and conversations which might lead to sharing schedule-related information. Information about survey schedules shall:

1) Not be taken into facilities
2) Be filed and stored out of sight, not exposed on desktops;
3) Be delivered to authorized persons in person or in a protected manner, such as secure email, and
4) Not be stored in labeled folders on desktops, work tables, bookcases or unsecured files.

LTCOs may share additional appropriate information with the surveyors as requested.

**PART IV: Program Components for Ombudsman Practice**
**SECTION P: Advisory Council**

The Advisory Council membership should be composed of persons concerned about the quality of care in LTC facilities and in protecting the rights of LTC residents. Advisory Council members should include representatives of service agencies within the aging network, community organizations, and consumers.

**PART IV: Program Components for Ombudsman Practice**
**SECTION Q: Fiscal Management**

Funds for Title III programs are distributed based on a state's proportionate share of either the age 60 or older population or, in the case of caregiver support programs, the age 70 or older population. Each state then has its own formula for allocating OAA funding to area agencies on aging which enables the delivery of services to local areas. Title VII funds are allocated based on the state's proportion of residents age 60 and older. The State Ombudsman determines the use of the fiscal resources appropriated or otherwise available for the operation of the Office.

# Section 9 – Mississippi's State Plan on Aging

## State Plan on Aging Process

**POLICY**
**(Reference:** 45 CFR 1321.9(c)(3), 45 CFR 1321.25 (a)**)**
Every four years, the SUA shall write and publish a State Plan on Aging in accordance with the OAA Section 307, 45 CFR 1321.25-29 and 33, guidance from ACL, and DAAS & MDHS policies.

**SUA PROCEDURE**
Before drafting the State Plan on Aging, the SUA shall seek input from the AAAs; needs assessment data from Area Plans; survey data from public input; other input from the public; and current data sources.

The SUA shall use this input and the most up to date guidance from ACL to create draft goals, outcomes, objectives, and strategies for the State Plan on Aging. The SUA shall share this draft with the AAAs and other stakeholders. The SUA shall provide opportunities for these entities to provide feedback on the draft goals, outcomes, objectives, and strategies.

The SUA shall use the feedback on the draft goals, outcomes, objectives, and strategies to create a draft State Plan on Aging. The SUA shall share this draft with the AAAs, and the ACL RA for Region VII. The SUA shall use any comments received to create the draft that shall be released for public comment.

The SUA shall use the feedback from public comment to create a final version of the State Plan on Aging that shall be submitted to the SUA Director, MDHS executive leadership, and governor for final approval. Once the State Plan has been approved at the State level, the SUA shall submit the plan to ACL for approval and publication.

**AAA PROCEDURE**

Each AAA shall provide relevant input and feedback on DAAS's State Plan on Aging at the request of the SUA. Each AAA shall have the opportunity to suggest new goals, outcomes, objectives, and strategies for the State Plan on Aging and to suggest modifications to the drafts each AAA receives for feedback.

## Monitoring Progress on DAAS's State Plan on Aging Outcomes, Objectives, and Strategies

**POLICY**
**(Reference:** 45 CFR 1321.27(m)**)**
The SUA shall develop and implement a qualitative and quantitative monitoring process for tracking progress on the outcomes, objectives, and strategies within the State Plan on Aging.

**SUA PROCEDURE**
The SUA shall use a tracking tool to annually monitor progress on the outcomes, objectives, and strategies within the State Plan on Aging. The SUA shall get annual progress updates from AAAs, relevant bureaus and offices within MDHS, and other responsible parties at least twice a year in relation to State Plan on Aging outcomes, objectives, and strategies.

**AAA PROCEDURE**
Each AAA shall provide the SUA with updates related to the outcomes, objectives, and strategies with the State Plan on Aging at least twice a year.

## Monitoring of State Plan Assurances

**POLICY**
**(Reference:** 45 CFR 1321.9(c)(2)(xvii)**)**
The SUA shall monitor at least annually for compliance with the assurances listed in DAAS's State Plan On Aging.

**SUA PROCEDURE**
Starting on July 1, 2025, each year, by October 1st, the SUA shall complete a document that demonstrates compliance with all State Plan on Aging Assurances. If any assurances are not in compliance at the time of monitoring, the document shall have an explanation of how DAAS shall come into compliance.

**AAA PROCEDURE**
Each AAA shall submit any documents that are requested by the SUA to demonstrate compliance with State Plan on Aging Assurances.

## Public Comment on Mississippi's State Plan on Aging

**POLICY**
**(Reference:** 45 CFR 1321.29(c-d)**)**

The SUA shall release any new State Plan on Aging and any State Plan amendments requiring approval of the ASA for public review and comment for at least 30 calendar days. These documents shall be available in alternative formats and other languages if requested.

**SUA PROCEDURE**
The SUA shall publish the link for a draft State Plan or State Plan Amendment on the MDHS website. The SUA shall share the link for public comment through email with all Mississippi AAAs. Public comments can be submitted through email to aging.programs@mdhs.ms.gov. Requests for additional formats and other languages can be submitted through email to aging.programs@mdhs.ms.gov.

Once the public comment period has ended, the SUA shall review the comments. The SUA shall include a description of how public comments were sought out, and a summary of the comments received in DAAS's State Plan on Aging.

Following the public comment period, the SUA shall submit draft language for a new State Plan on Aging or State Plan amendments to the appropriate ACL Regional Office at least 120 calendar days before the proposed effective date of the plan or plan amendment, except in the case of a waiver request or as otherwise provided in guidance as set forth by the Assistant Secretary for Aging. Once reviewed by the appropriate ACL Regional Office, the draft State Plan or State Plan amendment shall be signed by the Governor, or the Governor's designee, and submitted to the Assistant Secretary for Aging to be considered for approval at least 90 calendar days before the proposed effective date of the plan or plan amendment according to guidance as set forth by the Assistant Secretary for Aging, except in the case of a waiver provided by the Assistant Secretary for Aging.

**AAA PROCEDURE**
Each AAA shall review the information that is available for public comment. Each AAA may share the information that is available for public comment with its aging network. Each AAA may provide public comments.

## Requesting a Waiver of Public Comment Period

**POLICY**
**(Reference:** 45 CFR 1321.29(c))
State agencies may request a waiver of the minimum period from the ASA during an emergency or when a time-sensitive action is otherwise necessary.

**SUA PROCEDURE**
If the SUA director determines that a waiver is necessary, the SUA shall contact the ACL Administrator and request a waiver in writing. The SUA shall follow the guidance provided by ACL.

**AAA PROCEDURE**
N/A to AAAs

# Amendments to the State Plan on Aging

## Amendments that Require Prior Approval by the Assistant Secretary for Aging

**POLICY**
**(Reference:** 45 CFR 1321.31(b)**)**
If a State Plan on Aging Amendment requires prior approval by the ASA in accordance with 45 CFR 1321.31(a), the SUA shall follow this procedure.

**SUA PROCEDURE**
If the SUA needs to amend DAAS's State Plan on Aging to reflect any of the following, the SUA shall submit the draft amendment in writing to ACL Administrator at least 120 calendar days before the proposed effective date of the plan amendment.

- New or revised statutes or regulations as determined by the ASA.
- An addition, deletion, or change to a SUA's goal, assurance, or information requirement statement.
- A change in the SUA's IFF or funds distribution plan for Title III funds, as set forth in 45 CFR 1321.49 or 1321.51;
- A request to waive State Plan requirements as set forth in section 316 of the OAA, or as required by guidance as set forth by the ASA; or
- Other changes as required by guidance as set forth by the ASA.

If approval is obtained from the RA, the SUA shall follow policy/procedure 8.5 to obtain public comment. The SUA shall review all public comments, include a response to all public comments with the final draft of the amendment, and incorporate any relevant comments. The SUA shall submit the final draft of the amendment to executive leadership of MDHS and the Mississippi's Governor's office for review and approval. After final State approval, the SUA shall submit the amendment to the ACL Administrator at least 90 calendar days before the proposed effective date of the amendment, so the amendment can be reviewed and approved by the ASA. Once this approval has been obtained, the amendment shall be added to Mississippi's State Plan on Aging and published at Division of Aging & Adult Services - Mississippi Department of Human Services. The amendment shall go into effect once it has been published online.

**AAA PROCEDURE**
Once the amendment has been fully approved and added to Mississippi's State Plan on Aging, each Mississippi AAA shall be responsible for following the Mississippi State Plan on Aging as amended.

## Amendments that Require Notification of the Assistant Secretary for Aging

**POLICY**
**(Reference:** 45 CFR 1321.31(b)**)**
If a State Plan on Aging Amendment requires prior notification of the ASA in accordance with 45 CFR 1321.31(b), the SUA shall follow this procedure.

**SUA PROCEDURE**
If the SUA needs to amend Mississippi's State Plan on Aging to reflect any of the following, the SUA does not have to obtain prior approval from the ASA or submit the amendment for public comment.

- A significant change in a state law, organization, policy, or SUA operation.
- A change in the name or organizational placement of the SUA.
- Distribution of State Plan administration funds for demonstration projects.
- A change in PSA designation, as set forth in 45 CFR 1231.13;
- A change in AAA designation, as set forth in 45 CFR 1321.19; or
- Exercising of major disaster declaration flexibilities, as set forth in 45 CFR 1321.101.

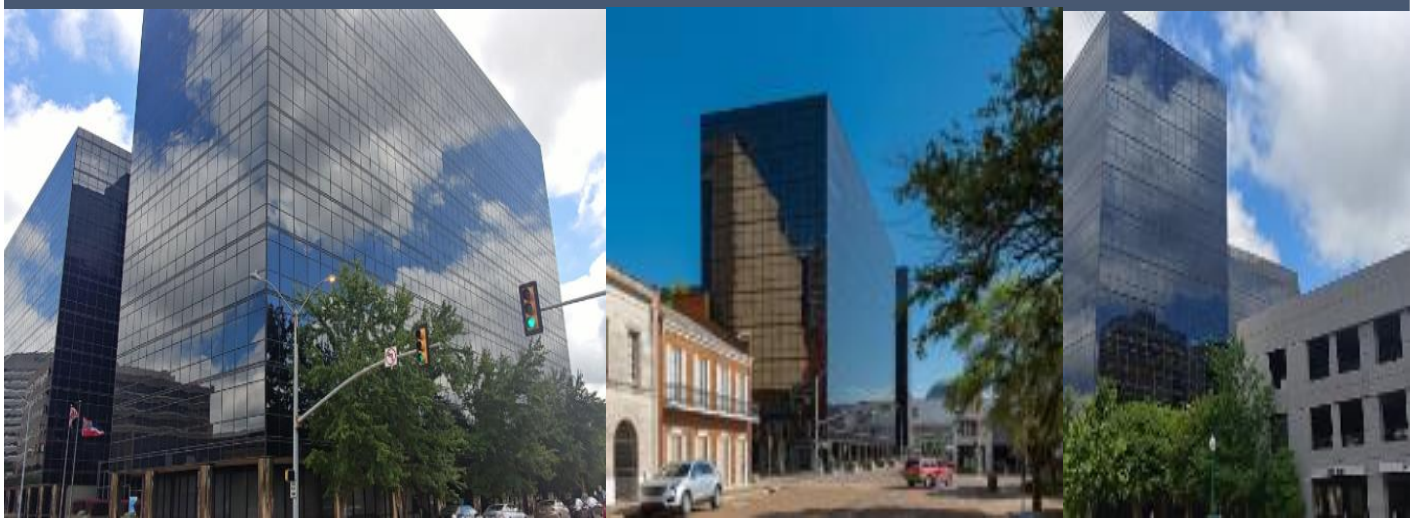
The SUA shall submit draft amendment language to the Mississippi Department of Human Services/Division of Aging and Adult Services. The SUA shall submit the amendment language to the Director of the Mississippi Department of Human Services/Division of Aging and Adult Services and the Mississippi's Governor's Office for review and approval. Within 30 days of the final approval, the SUA shall submit the amendment language in writing to ACL Administrator so it can be passed on to the ASA. Once the ACL Administrator has confirmed in writing that the amendment does not require the approval of the ASA and that the amendment has been received, the amendment shall be added to Mississippi's State Plan on Aging and published at Division of Aging & Adult Services - Mississippi Department of Human Services.

**AAA PROCEDURE**

Once the amendment has been fully approved and added to Mississippi's State Plan on Aging, each Mississippi AAA shall be responsible for following the Mississippi State Plan on Aging as amended.

# Attachments

## Attachment A – SUA COOP Plan for AAAs



**July 2023**

**Mississippi Department of Human Services**

**200 South Lamar Street, Jackson Mississippi 39201**

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

**Annex A, Succession of Command, to COOP MDHS, dated June 2023**

SUCCESSION OF COMMAND

1. Purpose: The purpose of this annex is to provide an agency listing, by division, of designated Successions of Command during COOP implementation.

2. Applicability: This annex is applicable to all MDHS divisions listed in the attached appendices.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
Appendix 5: Child Support Enforcement
Appendix 6: Communication
Appendix 7: Community Services
Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3, Aging and Adult Services, to Annex A, Succession of Command, to COOP MDHS, dated June 2023**

SUCCESSION OF COMMAND FOR THE DIVISION OF AGING AND ADULT SERVICES

Effective upon implementation of the Mississippi Department of Human Services Continuity Of Operations Plan by the Executive Director the succession of command for the Division of Aging and Adult Services will be as follows:

Division Director
Staff Officer II
Program Manager
Adult Protection Services Director

Purpose. To direct the Division of Aging and Adult Services during COOP activation.

Limitations. In the absence of the Division Director, the individual listed next in command will have full responsibility and authority, less signature authority, to execute the functions of the Division of Aging and Adult Services to provide required support to clients and to relocate to the directed alternate site. For specific authority and limitations to execute signature authority, see Annex B, Delegations of Authority.

**ANNEX B, Delegations of Authority, to COOP MDHS, dated June 2023**

DELEGATIONS OF AUTHORITY

1. Purpose. The purpose of this annex is to depict MDHS Division Delegations of Authority as approved by the Executive Director.

2. Applicability. The applicability of this annex is to all divisions of MDHS listed in the below appendices.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
Appendix 5: Child Support Enforcement
Appendix 6: Communication
Appendix 7: Community Services
Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3, Aging and Adult Services, to Annex B, Delegations of Authority to COOP MDHS, dated June 2023**

DELEGATIONS OF AUTHORITY FOR THE DIVISION OF AGING AND ADULT SERVICES

Effective upon implementation of the Mississippi Department of Human Services Continuity Of Operations Plan by the Executive Director the Delegations of Authority for the Division of Aging and Adult Services will be as follows:

1. *Division Director*. Has full signature authority for all matters relating to the Division of Aging and Adult Services to include personnel actions, financial related matters and current employee activities.

2. *Staff Officer II*. In the absence of the Division Director this employee will have authority to sign personnel actions and direct employee activities. No authority for financial transactions is authorized.

3. *Program Manager*. In the absence of the Division Director, and Staff Officer II this employee is authorized with signature authority and to direct employee activities only.

Purpose. To ensure the Division of Aging and Adult Services operates in an efficient manner in the absence of designated leadership. In the absence of all employees listed above the Executive Director or his designated representative(s) will approve delegations of authority as required.

Limitations. In the absence of the Division Director, the next employee listed will have authority, as listed above by position, to execute the functions of the Division of Aging and Adult Services to provide required support to clients and to relocate to the directed alternate site. This Delegation of Authority will expire upon termination of COOP or as directed by the Executive Director.

**ANNEX C, Equipment Listing for Alternate Facility, to COOP MDHS, dated June 2023**

1. The purpose of this annex is to list, by division, all equipment required to establish operations at the designated alternate location.

2. Applicability. This annex is applicable to all divisions of MDHS.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
Appendix 5: Child Support Enforcement
Appendix 6: Communication
Appendix 7: Community Services
Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3, Aging and Adult Services, to Annex C, Equipment Listing for Alternate Facility, to COOP MDHS, dated June 2023**

The following list depicts equipment required by the Division of Aging and Adult Services to establish operations at the COOP site as directed by the Executive Director:

1. Computers, Desk top (4)
2. Cellular Phones (4)
3. Computers requiring network connectivity (4)
4. Laptop Computers with wireless card with WIFI (2)
5. Laptop docking stations (2)
6. Networked printers w/cartridges (2)
7. Desks, right pedestal (1)
8. Desk, left pedestal (1)
9. Desk, no pedestal (1)
10. Chairs, desk, rotary (4)
11. Access Conference Table (1)
12. Access Conference Table chairs (6)
13. Access Copy Machine(s) (If color is required please indicate)
14. Access Fax Machine(s) (1)
15. Desk Telephone(s) (If speaker phone is required please list) (4)
16. Telephone and Fax lines required (4)
17. Calculators (2)

Essential Office Supplies

18. Copy machine paper (10)
19. Wall Clock (1)
20. Access to television
21. Access to White Boards
22. Trash Cans (4)
23. Trash bags (List number of boxes) (5)
24. General Office Supplies
25. Survival Kits (4)
26. Emergency Water and Food (Enough for 5 people for One Month)
27. Emergency Shelter Supplies (Enough for 5 people for One Month)
28. Emergency Lights (4) High Beam Flashlights
29. Emergency Radios (3)
30. Emergency first aid kit (5)
31. Emergency sanitation supplies (Enough for 5 people for One Month)

| **Staff position** | **Space** | **Personnel** | **Program** |
|---|---|---|---|
| Administration | 1 office desk | Division Director | Oversight |
| Emergency Coordinator | 1 office desk | Emergency Coordinator | Direction and Oversight |
| APS/Ombudsman | 1 office desk | Administrator APS and State Ombudsman | Direction and Oversight Abuse and neglect |

| | | | |
|---|---|---|---|
| Fiscal/Info Systems | 1 office desk | Fiscal Officer and Info Systems Coordinator | Fiscal and Info/equipment oversight |

**Annex D Interoperable Communications, to COOP MDHS, dated June 2023**

The Division of Management Information Systems maintains a failover capability with ITS. THE MDHS servers are all stretched/replicated to the C Spire Data Center in Starkville Mississippi on a real time basis. Backups are taken of production files before and after processing the daily cycle. These backups are maintained at ITS.

**Annex E Federal and State Agency List, to COOP MDHS, dated June 2023**

http://www.ms.gov/agency/pages/default.aspx

**Annex F Approved Vendors, to COOP MDHS, dated June 2023**

The Mississippi Department of Human Services utilizes the state of Mississippi's eProcurement system. This system is designed to streamline interactions between vendors and State government entities that purchase goods and services, and provide vendors the ability to register, get information on upcoming bids, and respond to bids electronically, and receive purchase orders electronically.

Mississippi Accountability System for Government Information and Collaboration
https://portal.magic.ms.gov/irj/portal

For access or additional information:
https://portal.magic.ms.gov/logon_ui_resources/layout/branding-image_soms.jpg

**Annex G, Vital Records, to COOP MDHS, dated June 2023**

1. Purpose. The purpose of this annex for each division to list vital records, location of vital records, method of access during COOP operations, transportation requirements to new facility, (if any), and any other data required to obtain access to vital records.

2. Applicability. This annex is applicable to all divisions listed in the below appendices.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
Appendix 5: Child Support Enforcement
Appendix 6: Communication
Appendix 7: Community Services
Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3: Aging and Adult Services, to Annex G, Vital Records, to COOP MDHS, date June 2023**

1. The records listed in this appendix have been determined to be vital by the Division of Aging and Adult Services.

2. Division of Aging and Adult Services Vital Records:

| Record | Location | Access required | Room# | Staff Person | Priority (color) |
|---|---|---|---|---|---|
| Annual NAPIS and NORS Reports | Memory Backup USB Memory Sticks | Password MIS Coordinator | 626 | B. Hille | Red |
| Current State Plan | Memory Backup USB Memory | Open | 608 | S. Walker | Red |
| Current Area Plan & Instructions | Memory Backup USB Memory | Open | 608 | K. Blake-Washington | Red |
| Aging Network Emergency Plan | Memory Backup USB Memory | Open | 607 | K. Blake-Washington | Red |
| Fiscal Files | Hard Copy | Open | 608 | B. Hille | Red |
| Ombudsman Files | OMB Coordinator | Key | 628 | S. Walker | Red |
| Adult Protection | Hard Copy MACWIS | Password | 726 | A. Ballard | Red |
| Medicare | Hard Copy Memory Backup USB Memory | Key | 733 | J. Robinson | Orange |
| Personnel Contact | Director's Office | Key | 607 | K. Blake-Washington | Red |
| Area Plans Hard Copies | Library Bookshelf | Open | 607 | N/A | Red |
| Area Agency Files | Master Files | Open | 608 | B. Hille | Red |

Red: Most Critical
Orange: Critical
Yellow: Moderate
Green: Not Critical

**ANNEX H, Reconstitution to the State Office Building, to MDHS COOP, dated June 2023**

1. Purpose. The purpose of this annex is to describe the reconstitution activities to return to the State Office Building or another permanent facility as directed by the Executive Director.

2. Applicability. This annex is applicable to all divisions listed in the below appendices.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
Appendix 5: Child Support Enforcement
Appendix 6: Communication
Appendix 7: Community Services
Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3, Aging and Adult Services, to Annex H, Reconstitution to State Office Building, to COOP MDHS dated June 2023**

Purpose. The purpose of this annex is to describe the reconstitution activities to return to the State Office Building or another permanent facility as directed by the Executive Director.

1. Survey for environmental health and safety.
2. Conduct inventory of facility and equipment to determine condition.
3. Determine if additional assets are needed.
4. Notify appropriate authorities to learn about assistance in disaster response and recovery.

**Annex I, Essential Functions, to COOP MDHS, dated June 2023**

1. Purpose. The purpose of this annex is to list Essential Functions of each division and to develop an agency Essential Functions Essential Task List. The agency Essential Functions Essential Task List will be determined by the Executive Director and listed in section IV, B, Phase III, A on page 12 of the basic plan.

2. Applicability. The applicability of this annex is to all divisions listed in the below appendices.

Appendices:

Appendix 1: Executive Director's Office
Appendix 2: Administrative Services
Appendix 3: Aging and Adult Services
Appendix 4A: Budgets and Accounting
Appendix 4B: Procurement Services
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Appendix 8: Division of Compliance
Appendix 9: Early Childhood Care and Development
Appendix 10: Economic Assistance Eligibility
Appendix 11: Human Resources
Appendix 12: Management Information Systems
Appendix 13: Office of Inspector General
Appendix 14: Safety and Emergency Services
Appendix 15: Workforce Development and Partnership Management
Appendix 16: Youth Services

**Appendix 3, Aging and Adult Services, to Annex I, Essential Functions, to COOP MDHS, dated June 2023**

1. This appendix list the functions deemed essential by the Division of Aging and Adult Services that are required to perform daily operations during a manmade or natural disaster requiring the relocation of the state office.

2. Essential Functions:

    a. Specified Tasks

        1. State Plan Administration
        2. Area Plan Administration
        3. Service Provision

    Older American Act Registered Services
    Older American Act Non-Registered Services
    SSBG (Social Services Block Grant)
    SHIP (State Health Insurance Program)
    Ombudsman
    SCSEP (Title V)
    JCSCP/VISTA

        4. State Meal Contract Administration
        5. Adult Protection Field Administration

    b. Implied Tasks

        1. E-Record Storage
        2. Allocate funds to AAAs
        3. Coordination of Communication with Aging Network/State/National
        4. Process Fiscal requests
        5. Assess AAA ability to function
        6. Assess AAA special needs under area plan
        7. Implement AAA assistance plan as indicated
        8. Assess need for Emergency Management Assistance Cost (EMAC)

# Attachment B – Individual Conflict of Interest Screening Forms

**State Unit on Aging**
**Individual Conflict of Interest Screening**
**State Unit on Aging Employees and Agents of the State Involved with the Older Americans Act (OAA) Program**

In accordance with OAA Final Rule, 45 CFR 1321, all State Unit on Aging staff and agents of the State who have responsibilities relating to Title III programs, including area agencies on aging, governing boards, advisory councils, staff, and volunteers must be screened for Conflicts of Interest prior to performing the functions of the SUA and annually thereafter.

Individual COI exists if (1) An employee, or immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity; (2) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (3) One or more conflicts between competing duties; and (4) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

Immediate family, as it pertains to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.

In the past 12 months, have you or an immediate family member:

1. Maintained ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when you or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity?
   ☐ **Yes** ☐ **No**

2. Had one or more conflicts between private interests and the official responsibilities the State unit on Aging's implementation of OAA Title III programs?
   ☐ **Yes** ☐ **No**

3. Had a conflict between competing duties such as OAA and the Office of the Long-Term Care Ombudsman, Adult Protective Services, or licensing, regulatory or ownership of a long-term care facility?
   ☐ **Yes** ☐ **No**

4. Solicited or accepted gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value?
   ☐ **Yes** ☐ **No**

Position-specific attestations

5. **AAA Advisory Council members and/or AAA Board of Directors members:** Individuals may not serve on both the advisory council and the board of directors for the same entity. Do you currently serve on both the Board of Directors and Advisory Council for the same Area Agency on Aging? ☐ **Yes** ☐ **No** ☐ **N/A, I do not serve on an Advisory Council or a Board of Directors**

Answering "Yes" to any of these questions indicates a potential conflict of interest. If a conflict of interest is identified, the "Conflict of Interest Identification, Removal and Remedy Form" must be completed and submitted to the SUA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

☐ I certify that I have read and understand this COI form and I have no conflicts.

☐ I certify that I have read and understand this COI form and I notified the SUA Director.

| _____ | _____ | _____ |
|---|---|---|
| Employee, Name | Employee, Signature | Date |
| _____ | _____ | _____ |
| Division Director, Name | Division Director, Signature | Date |

**State Unit on Aging**
**Individual Conflict of Interest Screening – Legal Assistance Developer**
**State Unit on Aging Employees and Agents of the State Involved with the Older Americans Act (OAA) Program**

In accordance with OAA Final Rule, 45 CFR 1321, all State Unit on Aging staff and agents of the State who have responsibilities relating to Title III programs, including area agencies on aging, governing boards, advisory councils, staff, and volunteers must be screened for Conflicts of Interest prior to performing the functions of the SUA and annually thereafter.

Individual COI exists if (1) An employee, or immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity; (2) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (3) One or more conflicts between competing duties; and (4) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

Immediate family, as it pertains to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.

In the past 12 months, have you or an immediate family member:

1. Maintained ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when you or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity? ☐ **Yes** ☐ **No**

2. Had one or more conflicts between private interests and the official responsibilities the State unit on Aging's implementation of OAA Title III programs? ☐ **Yes** ☐ **No**

3. Had a conflict between competing duties such as OAA and the Office of the Long-Term Care Ombudsman, Adult Protective Services, or licensing, regulatory or ownership of a long-term care facility? ☐ **Yes** ☐ **No**

4. Solicited or accepted gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value? ☐ **Yes** ☐ **No**

Position-specific attestations

5. **State Legal Assistance Developer:** Do you currently hold any of the following roles or responsibilities, in addition to your role as the State Legal Assistance Developer?
    a. Serve as a director of adult protective services, or as legal counsel to adult protective services. ☐ **Yes** ☐ **No**
    b. Serve as a State Long-Term Care Ombudsman, or as legal counsel to a State Long-Term Care Ombudsman Program. ☐ **Yes** ☐ **No**

c. Serve as a hearing officer, administrative law judge, trier of fact or counsel to these positions in an administrative proceeding related to the legal rights of older adults, such as one in which a legal assistance provider might appear.

☐ **Yes** ☐ **No**

d. Serve as legal counsel or a party to an administrative proceeding related to long-term care settings, including residential settings.

☐ **Yes** ☐ **No**

e. Conduct surveys of and licensure certifications for long-term care settings, including residential settings, or serving as counsel or advisor to such positions.

☐ **Yes** ☐ **No**

Answering “Yes” to any of these questions indicates a potential conflict of interest. If a conflict of interest is identified, the “Conflict of Interest Identification, Removal and Remedy Form” must be completed and submitted to the SUA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

☐ I certify that I have read and understand this COI form and I have no conflicts.

☐ I certify that I have read and understand this COI form and I notified the SUA Director.

| _____ | _____ | _____ |
|---|---|---|
| Employee, Name | Employee, Signature | Date |
| _____ | _____ | _____ |
| Division Director, Name | Division Director, Signature | Date |

**State Unit on Aging**
**Individual Conflict of Interest Screening – State Long-Term Care Ombudsman**
**State Unit on Aging Employees and Agents of the State Involved with the Older Americans Act (OAA) Program**

In accordance with OAA Final Rule, 45 CFR 1321, all State Unit on Aging staff and agents of the State who have responsibilities relating to Title III programs, including area agencies on aging, governing boards, advisory councils, staff, and volunteers must be screened for Conflicts of Interest prior to performing the functions of the SUA and annually thereafter.

Individual COI exists if (1) An employee, or immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity; (2) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (3) One or more conflicts between competing duties; and (4) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

Immediate family, as it pertains to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.

In the past 12 months, have you or an immediate family member:

1. Maintained ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when you or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity? ☐ **Yes** ☐ **No**

2. Had one or more conflicts between private interests and the official responsibilities the State unit on Aging's implementation of OAA Title III programs? ☐ **Yes** ☐ **No**

3. Had a conflict between competing duties such as OAA and the Office of the Long-Term Care Ombudsman, Adult Protective Services, or licensing, regulatory or ownership of a long-term care facility? ☐ **Yes** ☐ **No**

4. Solicited or accepted gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value? ☐ **Yes** ☐ **No**

Position-specific attestations

5. **State Long-Term Care Ombudsman or Representatives of the Office:** In the past 12 months, have you or an immediate family member:
    a. Had direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service? ☐ **Yes** ☐ **No**

b. Maintained ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or a long-term care service? ☐ **Yes** ☐ **No**

c. Overseen the employment of an individual by, or participation in the management of, a long-term care facility or a related organization, in the service area or by the owner or operator of any long-term care facility in the service area? ☐ **Yes** ☐ **No**

d. Received directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility? ☐ **Yes** ☐ **No**

e. Accepted gifts or gratuities of significant value from a long-term care facility or its management, a resident, or a resident representative of a long-term care facility in which the Ombudsman or representative of the Office provides services (except where there is a personal relationship with a resident or resident representative which is separate from the individual's role as Ombudsman or representative of the Office)? ☐ **Yes** ☐ **No**

f. Accepted money or any other consideration from anyone other than the Office, or an entity approved by the Ombudsman, for the performance of an act in the regular course of the duties of the Ombudsman or the representatives of the Office without Ombudsman approval?
☐ **Yes** ☐ **No**

g. Served as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in which the Ombudsman or representative of the Office provides services? ☐ **Yes** ☐ **No**

h. Served residents of a facility in which an immediate family member resides?
☐ **Yes** ☐ **No**

i. Maintained management responsibility for, or operated under the supervision of, an individual with management responsibility for, adult protective services?
☐ **Yes** ☐ **No**

j. Served as a guardian or in another fiduciary capacity for residents of long- term care facilities in an official capacity (as opposed to serving as a guardian or fiduciary for a family member, in a personal capacity)? ☐ **Yes** ☐ **No**

Answering "Yes" to any of these questions indicates a potential conflict of interest. If a conflict of interest is identified, the "Conflict of Interest Identification, Removal and Remedy Form" must be completed and submitted to the SUA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

☐ I certify that I have read and understand this COI form and I have no conflicts.

☐ I certify that I have read and understand this COI form and I notified the SUA Director.

| _____ | _____ | _____ |
|---|---|---|
| Employee, Name | Employee, Signature | Date |
| _____ | _____ | _____ |
| Division Director, Name | Division Director, Signature | Date |

# Attachment C – Organizational Conflict of Interest Screening Form

**State Unit on Aging**
**State Unit on Aging Organizational Conflict of Interest Form**

In accordance with OAA Final Rule, 45 CFR 1321, the State Unit on Aging (SUA) must have policies and procedures to ensure no organizational conflicts of interest (COI) exist. Organizations involved in the establishment of the Older Americans Act (OAA) and the individuals who carry out the duties of the OAA, the SUA, AAAs, and Provider Agencies must be free from conflicts of interest, pursuant to Section 712(f) of the Older Americans Act, 45 CFR 1321, and policies developed by the SUA.

The SUA shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the SUA. It is the duty of all SUA employees to identify and report any conflict of interest to the Division Director. Organizational conflicts include any conflict that may impact the effectiveness and credibility of the work of the SUA.

An Organizational Conflict of Interest includes: (1) One or more conflicts between competing duties, programs, and/or services; and (2) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies. To your knowledge, do any organizational conflicts exist within the SUA's duties, programs, and/or services? ☐ **Yes** ☐ **No**

Organizational Conflicts of Interest also include, but are not limited to, placement of the State Long Term Care Ombudsman Program, or requiring the State Long Term Care Ombudsman Program staff to perform activities in an organization that meet any of the following:

1. Is responsible for the licensing, surveying, or certifying long-term care facilities.
   ☐ **Yes** ☐ **No**
2. Is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities.
   ☐ **Yes** ☐ **No**
3. Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a long-term care facility.
   ☐ **Yes** ☐ **No**
4. Has governing board members with any ownership, investment, or employment in long-term care facilities. ☐ **Yes** ☐ **No**
5. Provides long-term care to residents of long-term care facilities, including the provisions of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities.
   ☐ **Yes** ☐ **No**

6. Provides long-term care coordination or case management for residents of long-term care facilities.

☐ **Yes** ☐ **No**

7. Provides long-term care services, including programs carried out under a Medicaid wavier approved under section 1115 of the Social Security Act (42 U.S.C. 1315) or under subsection (b) or (c) of section 1915 of the Social Security Act (42 U.S.C. 1396n), or under a Medicaid State plan amendment under subsection (i), (j), or (k) of section 1915 of the Social Security Act (24 U.S.C. 1396n).

☐ **Yes** ☐ **No**

8. Sets reimbursement rates for long-term care facilities. ☐ **Yes** ☐ **No**

9. Sets reimbursement rates for long-term care services. ☐ **Yes** ☐ **No**

10. Provides adult protective services. ☐ **Yes** ☐ **No**

11. Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facility placements. ☐ **Yes** ☐ **No**

12. Conducts preadmission screening for long-term care facility placements.

☐ **Yes** ☐ **No**

13. Makes decisions regarding admission or discharge of individuals to or from long-term care facilities. ☐ **Yes** ☐ **No**

14. Provides guardianship, conservatorship, or other fiduciary or surrogate decision-making services for residents of long-term care facilities. ☐ **Yes** ☐ **No**

Answering “Yes” to any of these questions indicates a potential organizational conflict of interest. If a conflict of interest is identified, the “Organizational Conflict of Interest Identification, Removal and Remedy Form” must be completed and submitted to the SUA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

☐ I certify that I have read and understand this COI form and I have no conflicts.

☐ I certify that I have read and understand this COI form and I notified the SUA Director.

| _____ | _____ | _____ |
|---|---|---|
| Division Director, Name | Division Director, Signature | Date |
| _____ | _____ | _____ |
| Deputy Executive Director, Name | Deputy Executive Director, Signature | Date |

# Attachment D – Individual Conflict of Interest Identification, Removal, and Remedy Form

**State Unit on Aging**
**State Unit on Aging Employees Involved with the Older Americans Act (OAA) Title III Program**
**Individual Conflict of Interest Identification, Removal, and Remedy**

Name of Individual Completing this Form: _____
Date Conflict was Identified: _____
Name of Person with the Identified Conflict: _____

If there is an answer of "yes" to any of the questions on the "State Unit on Aging Employees Involved with the Older Americans Act Title III Program Individual Conflict of Interest Screening Form" form, you must complete the information below for each yes answer.

Please indicate the number (1-5) of the identified conflict of interest as indicated on the form and describe the conflict below.

Number(s) which corresponds to the identified conflicts: _____

Please describe the conflict:

Describe how the conflict will be remedied or removed:

What is the expected duration of the identified conflict and plan?

| _____ | _____ | _____ |
|---|---|---|
| Division Director, Name | Division Director, Signature | Date |
| _____ | _____ | _____ |
| Deputy Executive Director, Name | Deputy Executive Director, Signature | Date |

# Attachment E – Organizational Conflict of Interest Identification, Remedy, and Removal Form

**State Unit on Aging**
**State Unit on Aging Organizational Conflict of Interest Identification, Removal, and Remedy**

Name of Individual Completing this Form: _____
Organization Form Being Completed for:
Date Conflict was Identified: _____
Name of Person with the Identified Conflict: _____

If there is an answer of "yes" to any of the questions on the "Organizational Conflict of Interest Screening Form" form, DHSS must complete the information below for each yes answer.

Please indicate the number of the identified conflict of interest as indicated on the form (1 – 14 or general organizational conflict) and describe the conflict below:

Number(s) which corresponds to the identified conflicts: __

Please describe the conflict:

Describe how the conflict will be remedied or removed:

What is the expected duration of the identified conflict and plan?

| _____ | _____ | _____ |
|---|---|---|
| Division Director, Name | Division Director, Signature | Date |
| _____ | _____ | _____ |
| Deputy Exec Director for Age-Related Programs, Name | Deputy Exec Director for Age-Related Programs, Signature | Date |

# Attachment F – AAA Contracts and Commercial Relationships Checklist

In accordance with sections 212 and 306 of the Older Americans Act (OAA) and 45 CFR 1321.9(c)(2)(xiv) of the OAA Regulations, DAAS requires all AAAs to receive approval to establish contracts and commercial relationships and participate in activities related to contracts and commercial relationships.

DAAS has established policies and procedures for the AAAs to receive prior approval for contracts and commercial relationships permitted under section 212 of the Act, consistent with their authority under sections 305(a)(1)(C),118 306(a),119 306(b),120 and 212(b)(1). Those policies and procedures can be found in the SUA and AAA Policy and Procedure Manual.

The contract and this completed checklist must be uploaded to Smartsheet.

If the contract is for approved OAA services, we shall also use the General Requirements for All Service Providers and specific service monitoring form to ensure that all required elements are in the contracts for those services.

| | |
|---|---|
| Provider Name | Add prospective contractor name |
| Contract Uploaded | Y/N |
| Scope of Work | Copy and paste the Scope of Work (deliverable) from the contact with the related page numbers from the contract. |
| How is this work related to the OAA? | Describe how the program or services in the contract meets the work under the OAA or the AAAs Mission. |
| Have all required approvals been obtained under state policies and procedures (such as cost allocation plan)? | How shall this change the cost allocation plan? Does a budget update need to be completed with DAAS. Have you updated your program and services listing, contractor listing, and any other Area Plan documents that need to be updated to implement this contract? |

| | |
|---|---|
| Were any funds provided by the Act used in developing or carrying out the agreement? Y/N<br><br>EX: percentage of staff time;<br><br>indirect; etc. If yes:<br>• Was this done within the AAAs Admin dollars?<br>• The agreement guarantees that all funds provided by the Act are reimbursed. Y/N<br>• Detail how shall the program income be used to expand services as described in 45 CFR 1321.9(c)(2)(xii) and 2 CFR 200.307 | Describe funds used. If OAA funds were used in any way to support the development of the contract and planned work, answer the questions below. |
| How has the AAA ensured that the costs associated with the services meet the requirements of not being higher than Fair Market value? | Describe how the costs associated to the contract deliverable(s) were determined. Are they consistent with Fair Market Value for similar services and programs? |
| Agency Type (For or Non-Profit) | For-Profit or Non-Profit (If non-profit, did you verify the 501(c)(3) or similar documentation)? |
| Total Award | What is the total amount of funds to be used in the contract? |
| Contract Dates | Enter the full dates for the contract, including any renewals allowed in the contract. |
| Good Standing with Secretary of State | Provide assurance that the AAA has looked up the proposed contractor on the Secretary of State's website to make sure they are in good standing? |
| Insurance / Bond Requirements | Are any applicable insurance / bond requirements included in the contract? |
| Background Checks | Have all appropriate background checks been completed?<br>*Not applicable to all contracts & commercial relationships. |
| HIPAA BAA- https://www.hhs.gov/hipaa/for-professionals/index.html | Has the appropriate HIPAA / Business Associate Agreement (BAA) information been incorporated into the |

| | |
|---|---|
| | contracts? |
| Percent of contract amount to the whole AAA budget | What percent of the overall AAA budget is this contract? |
| Is AAA under corrective action / sanction | Yes/No |
| How has the AAA ensured that the contract shall not compromise, undermine, or be inconsistent with the objective of serving the needs of older individuals. | Describe how this contract shall affect the AAAs ability to serve the needs of older adults. What effect, if any, shall this contract have on the other programs and services approved under the Area Plan? |
| **Attestation**: AAA to attest that there are no real or perceived individual or organizational conflicts of interest (COI). If a COI has been identified, the AAA must disclose:<br>• A description of the identified COI<br>• A description of how it was mitigated / addressed | Submit attestation to show that there is no real or perceived conflict of interest. If a conflict is identified, describe the conflict and how the conflict shall be mitigated or addressed. |

**Sample – Organizational Conflict of Interest Attestation**
*In Accordance with 45 CFR § 1321.67*

## I. Acknowledgment

I, the undersigned, hereby acknowledge and affirm that I have read, understand, and agree to comply with the Area Agency on Aging's Conflict of Interest Policies and Procedures.

Initial: _____

To my knowledge, entering into a contract or commercial relationship will not create an individual or organizational conflict of interest, as defined by the AAAs policies and procedures.

Initial: _____

## II. Attestation of Compliance

***Avoidance and Disclosure of Conflicts***

I will proactively avoid all actual, potential, and perceived conflicts of interest. I will disclose any real or potential conflict to the appropriate authority immediately upon identification.

Initial: _____

***Monitoring and Oversight***

I understand that the agency conducts periodic reviews and monitoring to identify and address conflicts of interest. I will cooperate fully with any review process.

Initial: _____

***Corrective and Disciplinary Actions***

I understand that failure to disclose or remedy a conflict of interest may result in removal from Title III program responsibilities, disciplinary action, or other sanctions consistent with agency policy.

Initial: _____

## III. Certification

I certify that the information provided in this attestation is true and complete to the best of my knowledge and belief. I understand my responsibility to comply with all applicable laws, policies, and procedures relating to conflicts of interest.

Name: _____
Title/Role: _____
Agency/Organization: _____
Signature: _____
Date: _____

## IV. Disclosure

I am unable to adhere to the assurances of this form due to the belief that I have a real or perceived conflict(s) of interest. I understand that my disclosure will initiate a conflict of interest review process and, if the conflict is able to be remedied and removed, I will complete this form and adhere to its assurances.

Name: _____
Title/Role: _____

Agency/Organization: _____
Signature: _____
Date: _____

Please describe the nature of the real or perceived conflict(s) of interest you believe to exist:

# Attachment G – Grievance Form

All grievances/comments/concerns, whether from participants, family members, or otherwise, should submitted this form.

**Name of applicable HCBS participant:**

_____ _____

***First*** ***Last***

**Name of person submitting this form, if different from above:**

_____ _____

***First*** ***Last***

**Contact information of the person submitting this form:**

_____

_____

**Notice, document, policy, situation, or event that is the reason for the complaint:**

_____

**Date and time pertaining to the complaint:**

_____ _____

***Date*** ***Time***

**Name of organizations and/or individuals involved:**

_____

_____

**Reference to any provision of the Older Americans Act or other laws, regulations, or policies believed to have been violated.**

_____

_____

**Action or decision desired by the individual to resolve the issue.**

_____

# Attachment H – Example Notice of Federal Interest

## BLANK EXAMPLE of NOTICE OF FEDERAL INTEREST

On (insert date), the (insert name of Grantee) awarded Grant No._____to (insert name of AAA). The grant provides Federal funds for (describe purpose of grant, e.g., construction, major alteration and renovation, mortgage, or acquisition of a building*), which is located on the property described below in _____County, State of_____:
(GRANTEE INSERT LEGAL DESCRIPTION OF PROPERTY)

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Assistant Secretary for Aging of the Administration on Community Living (ACL), or designee; or (3) sold or transferred to another party without the written permission of Assistant Secretary for Aging of the Administration on Community Living (ACL), or designee. These conditions are in accordance with the statutory provisions set forth in [insert authorizing Federal law name and citation or insert the name of the appropriations bill authorizing the award of the earmarks for that particular year], Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Assistant Secretary for Aging of the Administration on Community Living (ACL), or designee.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

* Description should include specificity to determine if the Federal Interest applies to the land, building, or part thereof. Street or campus address should be included whenever possible.

# Attachment I – Waiver Request: Equipment and/or Capital Expenditures

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Robert G. Anderson
*Executive Director*

**Waiver Request - Equipment and/or Capital Expenditures**

**Date:**

**To:** KenYada Blake-Washington
(SUA Director's Name) SUA Director
Division of Aging and Adult Services
Mississippi Department of Human Services

**From:** AAA Director Name

Dear Mrs. Blake-Washington,

Please accept this waiver request from (AAA Name) to spend more than $5,000 on Equipment or Capital Expenditures.

Approving this waiver will allow (AAA Name) to: Write a detailed justification of how the waiver will allow the AAA to support or enhance services provided using funding provided through the SUA.

Sincerely,

AAA Director Name

**Wavier Request**

**Date:** _____

**To:** KenYada Blake-Washington
**Mississippi State Unit on Aging**
**Division of Aging and Adult Services**

**From:** AAA Director

Address of AAA

**Subject:** Waiver Request (Name the request)

Dear Mrs. Blake-Washington,

_____

_____

_____

_____

*Please indicate what you are requesting this waiver for. (Remove this statement once typed)*

Sincerely,

AAA Director