

# Low Income Home Energy Assistance Program (LIHEAP) – Detailed Model Plan Public Law 97-35, As Amended Fiscal Year (FY) 2027

“DRAFT”

## **LIHEAP Model Plan Template**

*Note: This template cannot be submitted as an application for LIHEAP funding. The template is for demonstration purposes only. A complete LIHEAP Model Plan must be submitted in the Online Data Collection System (OLDC) to be considered for funding. Formatting within OLDC may appear different than this document.*



## Mandatory Grant Application SF-424

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN SF – 424: MANDATORY

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI):</b> KMWGGJN3EKF9	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>

#### 7. APPLICANT INFORMATION

**\*a. Legal Name:** Mississippi Department of Human Services

**\*b. Address:**

<b>*Street 1:</b>	200 South Lamar St.	<b>Street 2:</b>	
<b>*City:</b>	Jackson	<b>County:</b>	Hinds
<b>*State:</b>	Mississippi	<b>Province:</b>	
<b>*County:</b>	United States	<b>*Zip/Postal Code:</b>	39201

**c. Organizational Unit:**

<b>Department Name:</b>	Mississippi Department of Human Services	<b>Division Name:</b>	Division of Community Services
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**d. Name and contact information of person to be contacted on matters involving this application (person will be listed on the Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list web page):**

<b>*First Name:</b>	Nicole	<b>*Last Name:</b>	McBeath
<b>Title:</b>	Acting, Division Director	<b>Organizational Affiliation:</b>	Mississippi Department of Human Services
<b>*Telephone Number:</b>	601-359-4768	<b>Fax Number:</b>	N/A
<b>*Email:</b> nicole.mcbeath@mdhs.ms.gov			

**\*8. TYPE OF APPLICANT:**

State Government

**a. Is the applicant a Tribal Consortium:**

No

**If yes, please attach at least one of the following documents:**

1. Current State-Tribe agreement between their state and the Consortium, signed by the State Chief Executive Officer (such as the Governor or the delegate) and the Consortium President;
2. Consortium letter listing the tribes, signed by the elected Tribal Chief or President of each tribe in the Consortium and signed by the Consortium President;
3. A current resolution letter from each tribe in the Consortium, signed by the elected Tribal Chief or President of that tribe. Each resolution letter needs to state that the Consortium has the tribes' permission to apply for, and administer, LIHEAP on their behalf and needs to designate a time period for the permission or until rescinded or revoked.

	<b>Catalog of Federal Domestic Assistance Number</b>	<b>CFDA Title:</b>
<b>9. CFDA NUMBERS AND TITLES</b>	93.568	Low-Income Home Energy Assistance Program

**10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Low-Income Home Energy Assistance Program

**11. AREAS AFFECTED BY FUNDING:**

State of Mississippi	
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>	
02	
<b>13. FUNDING PERIOD:</b>	
a. Start Date: 10/01/2026	b. End Date: 09/30/2027
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
If yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> I AGREE	
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number, and extension)
Nicole McBeath, Division Director	601-359-4768
17b. Signature of Authorized Certifying Official (on)	17d. Email Address:
/s/ Nicole McBeath	Nicole.McBeath@mdhs.ms.gov
17e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions	

**Section 1 - Program Components**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN**

**Section 1 – Program Components**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Section 1 Program Components**

**Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)**

<b>1.1 Check which components you will operate under the LIHEAP program.</b> (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		<b>Dates of Operation</b>	
		<b>Start Date:</b>	<b>End Date:</b>
<input checked="" type="checkbox"/>	Heating assistance	October 1	April 30
<input checked="" type="checkbox"/>	Cooling assistance	May 1	September 30
<input checked="" type="checkbox"/>	Weatherization assistance	October 1	September 30
<input type="checkbox"/>	Summer Crisis assistance		
<input type="checkbox"/>	Winter Crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	October 1	September 30

**Provide further explanation for the dates of operation, if necessary**

**Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16**

<b>1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%</b>	<b>Percentage (%):</b>	<b>Prior year totals (auto-populate)</b>
Heating assistance	40%	
Cooling assistance	37%	
Summer crisis assistance		
Winter crisis assistance		
Year-round crisis assistance	5%	
Weatherization assistance	8%	
Carryover to the following federal fiscal year		
Administrative and planning costs	10%	
Services to reduce home energy needs including needs assessment (Assurance 16)		
Used to develop and implement leverages activities		
<b>TOTAL:</b>	<b>100%</b>	

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

**Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)**

**1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:**

<input type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

**Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8**

<b>1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>									
	<b>Heating</b>		<b>Cooling</b>		<b>Crisis</b>		<b>Weatherization</b>		
<b>TANF</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>SSI</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>SNAP</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Means-tested Veterans programs</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.</b>									
<b>1.5 Do you automatically enroll households without a direct annual application?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
<b>If Yes, explain:</b>									
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>									
<b>SNAP Nominal Payments</b>									
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.									
<b>1.7b Amount of Nominal Assistance:</b>					\$				
<b>1.7c Frequency of Assistance</b>									
<input type="checkbox"/>	Once per year								
<input type="checkbox"/>	Once every five years								
<input type="checkbox"/>	Other – Describe:								
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>									
<b>Determination of Eligibility - Countable Income</b>									
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>									
<input checked="" type="checkbox"/>	Gross Income								
<input type="checkbox"/>	Net Income								
<input type="checkbox"/>	Other – Describe:								
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>									
<input checked="" type="checkbox"/>	Wages								
<input checked="" type="checkbox"/>	Self - Employment Income								
<input checked="" type="checkbox"/>	Contract Income								
<input type="checkbox"/>	Payments from mortgage or Sales Contracts								
<input checked="" type="checkbox"/>	Unemployment insurance								
<input type="checkbox"/>	Strike Pay								
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits								
	<input checked="" type="checkbox"/>	Including Medicare deduction			<input type="checkbox"/>	Excluding Medicare deduction			
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)								
<input checked="" type="checkbox"/>	Retirement/pension benefits								
<input type="checkbox"/>	General Assistance benefits								
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits								

<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**1.10 Do you have an online application process?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**1.10a If yes, describe the type of online application (select all boxes that apply)**

<input type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	Online application that is also mobile friendly
<input checked="" type="checkbox"/>	Other, please describe The State uses an on-line pre-application form from the MDHS Common Web Portal (CWP) for applicants that are routed to the agency in their county. From there, an appointment is scheduled for applicants to come in and complete an in-person In-take application via our VROMA 2.0 system.
<input type="checkbox"/>	Please include a link(s) to a statewide application, if available:

**1.10b Can all program components be applied for online?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, explain which components can and cannot be applied for online:

**1.11 Do you have a process for conducting and completing applications by phone:**

No

**1.12 Do you or any of your subrecipients require in person appointments in order to apply?**

Yes, all of them.

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

Individuals requesting assistance must complete an in-person application to determine eligibility. The application process involves a case management approach. The approach is an interaction between the client and a caseworker. The caseworker obtains vital information about the social and economic conditions of the household to identify needs. It also helps to identify households that are at risk or in crisis, so that a service plan can be developed to assist households to become stable and self-sufficient. Elderly and disabled individuals are not required to participate in case management.

And for cases where individuals who are physically disabled and not able to leave their home, the caseworker may conduct home visits, or they can authorize someone to make an application on their behalf.

**1.13 How can applicants submit documentation for verification? Select all that apply:**

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, describe:

**Section 2 - HEATING ASSISTANCE**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 2 – Heating Assistance**

**Eligibility, 2605(b)(2) - Assurance 2**

**2.1 Designate the income eligibility threshold used for the heating component:**

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60%

**2.2 Do you have additional eligibility requirements for heating assistance?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**2.3 Check the appropriate boxes below and describe the policies for each.**

<b>Do you require an Assets test?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

**Do you have additional or differing eligibility policies for:**

<b>Renters?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

<b>Renters living in subsidized housing?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

<b>Renters with utilities included in the rent?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe:

**Do you give priority in eligibility to:**

<b>Older adults?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

Households with individuals 60 years and older will be prioritized for an appointment and additional provisions will be made as follows:

1. Elderly and disabled clients should be seen in person once a year. Subsequent request for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent request only "Signature on File" can be written by caseworker in place of actual client signature.
2. Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).

<b>Individuals with a disability?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

Households with a disabled individual will be prioritized for an appointment and additional provisions will be made as follows:

1. Elderly and disabled clients should be seen in person once a year. Subsequent request for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent request only "Signature on File" can be written by caseworker in place of actual client signature.
2. Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).

<b>Young children?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, describe:

Households with children 5 years of age and under will be prioritized for an appointment.			
<b>Households with high energy burdens?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, describe:			
Households with an high energy burden will be prioritized for an appointment.			
<b>Other?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
If yes, describe:			
See Eligibility and Benefit Determination Attachment.			
The applicant should provide either a copy of their lease; a notarized statement from the landlord detailing the heating/cooling arrangement with the client; or contract with the landlord that verifies the heating/cooling arrangement that the landlord has with the household. Persons/households residing in public/subsidized housing dwellings unless their rent/mortgage includes utilities and they are not being billed separately for energy cost.			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
Recertification for vulnerable households (elderly and disabled) will be done during the first month of the program year.			
<b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe: See the LIHEAP Benefit Matrix Attachment: The benefit matrix has maximum amounts. The amounts of the client's bills can be paid up to the maximum amount. We do not place a minimum on the benefit matrix because the amount of the bill is paid.		
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$1	Maximum Benefit	\$1,500
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
Blankets, coats, heating/cooling system repair or replacement, furnaces, vented space heaters, hot water tanks may be provided. Additional energy related materials/services (such as home meter bases, utility poles/gas line hook-ups/repairs, and energy kits/incentives) may be provided depending on need and State Office approval.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 3 - COOLING ASSISTANCE**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 3 – Cooling Assistance**

**Eligibility, 2605(b)(2) - Assurance 2**

**3.1 Designate the income eligibility threshold used for the cooling component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60%

**3.2 Do you have additional eligibility requirements for cooling assistance?**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**3.3 Check the appropriate boxes below and describe the policies for each.**

<b>Do you require an Assets test?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, describe:

**Do you have additional or differing eligibility policies for:**

<b>Renters?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, describe:

<b>Renters living in subsidized housing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, describe:

<b>Renters with utilities included in the rent?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If yes, describe:

**Do you give priority in eligibility to:**

<b>Older adults?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Households with individuals 60 years and older will be prioritized for an appointment and additional provisions will be made as follows:

- Elderly and disabled clients should be seen in person once a year. Subsequent request for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent request only "Signature on File" can be written by caseworker in place of actual client signature.
- Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).

<b>Individuals with a disability?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Households with a disabled individual will be prioritized for an appointment and additional provisions will be made as follows:

- Elderly and disabled clients should be seen in person once a year. Subsequent request for assistance, application should be via phone interview. Any changes in income can be verified by email, mail, uploading into CWP or delivered to the office. For subsequent request only "Signature on File" can be written by caseworker in place of actual client signature.
- Subgrantees can send appointment notices to elderly and/or disabled clients in December to be seen in January because new Social Security and SSI income letters will have been received. Should further assistance be needed during the year, the client must submit a new application and provide the required documentation. Subgrantees should allocate the full amount of the bill including applicable fees (past due, transfer, etc.).

<b>Young children?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Households with children under the age of 5 will be prioritized for an appointment.			
<b>Households with high energy burdens?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, describe:			
Households with high energy burdens will be prioritized for an appointment.			
<b>Other?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
If yes, describe:			
See Eligibility and Benefit Determination Attachment. (see in Section 2 – HEATING ASSISTANCE)			
The applicant should provide either a copy of their lease; a notarized statement from the landlord detailing the heating/cooling arrangement with the client; or contract with the landlord that verifies the heating/cooling arrangement that the landlord has with the household. Person/household residing in public/subsidized housing dwelling unless their rent/mortgage includes utilities and they are not being billed separately for energy cost.			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b>			
Recertification for vulnerable households (elderly, disabled, families with small children, or veterans) will be done during the first month of the program year.			
<b>3.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe: See the LIHEAP Benefit Matrix Attachment: The benefit matrix has maximum amounts. The amounts of the client's bills can be paid up to the maximum amount. We do not place a minimum on the benefit matrix because the amount of the bill is paid.		
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	\$1	Maximum Benefit	\$1,500
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
Fans, air conditioners, cooling systems repair or replacement may be provided during the summer. Additional energy related materials/services (such as home meter bases, utility poles/gas line hook-ups/repairs, and energy kits/incentives) may be provided depending on need and State Office approval.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 4 - CRISIS ASSISTANCE**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 4 – Crisis Assistance**

**Eligibility, 2605(b)(2) - Assurance 2**

**4.1 Designate the income eligibility threshold used for the cooling component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	<b>All Household Sizes</b>	<b>State Median Income</b>	<b>60%</b>

**4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (i.e. winter, summer, or year-round), include all program definitions.**

Mississippi offers a year-round crisis assistance component of LIHEAP, entitled the Energy Crisis Intervention Program (ECIP), provides assistance to low-income households who have encountered a crisis situation within the last 30 days. Agencies should utilize partnerships to alleviate crisis until client’s eligibility is determined.

Life Threatening Crisis (LTE) – Eligible households with a life-threatening energy crisis must have the crisis relieved within 18 hours of an approved application. Resolution of a life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered life threatening.

- Disaster (fire, gas, leak, etc.)
- Person(s) on life support or medical devices that require electricity. In the event an applicant is at risk of disconnection of a utility that is a necessity for any medical equipment or devices needed to sustain life, the applicant should be treated as a Life-Threatening Crisis case and should be interviewed the same day and approved within 18 hours of the applicant’s initial application. Supporting documents should be provided at the time of interview and scanned into Virtual ROMA and placed in the applicant’s file.
- Domestic violence, and/or
- The abuse/neglect of elderly, disabled, or child

Non-Life-Threatening Crisis (NON-LTE) – Eligible households with a non-life-threatening energy crisis must have the crisis relieved within 48 hours of an approved application. Resolution of a non-life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered non-life threatening.

- Unexpected expense such as death of an immediate family member, funeral expenses, high medical expenses, etc;
- Income loss within the last thirty (30) days (of the date the subgrantee was contacted) due to layoff or termination of benefits;
- Services are disconnected or threatened to be turned off;
- Theft;
- Displacement of a minor child (under the age of 18) due to the client’s inability to pay utilities, rent, etc.;
- Other documented emergencies within the last thirty (30) days, as deemed acceptable by the subgrantee.

See Crisis Assistance Attachment

**4.3 What constitutes a life-threatening crisis?**

See Crisis Assistance Attachment. For declared natural disasters, the State will use LIHEAP funds to provide emergency housing for eligible households for up to five days to remove the household from the emergency situation. Households will be referred to other programs such as CSBG and state/local resources to provide other emergency needs to include housing/food/clothing if the home is inhabitable.

**Crisis Requirement, 2604(c)**

**4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48 hours**

**4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18 hours**

<b>Crisis Eligibility, 2605(c)(1)(A)</b>			
	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for crisis assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Do you have additional or differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
See Eligibility and Benefit Determination Attachment.			
The applicant should provide either a copy of their lease; a notarized statement from the landlord detailing the heating/cooling arrangement with the client; or contract with the landlord that verifies the heating/cooling arrangement that the landlord has with the household. Persons/households residing in public/subsidized housing dwellings unless their rent/mortgage includes utilities, and they are not being billed separately for energy cost.			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component.		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.	\$	
<input type="checkbox"/>	Other - Describe:		
Up to a maximum of \$1,500 depending on the Benefit Matrix amount for the household. See the LIHEAP Benefit Matrix attachment.			
<b>Crisis Requirements, 2604(c)</b>			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain.			
<b>4.11 Do you provide individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

If no, explain.			
Every county in the state has an office in which applications are taken.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
Case Workers may conduct home visits, or they can authorize someone to make an application on their behalf.			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	Maximum Benefit	\$0	
Summer Crisis	Maximum Benefit	\$0	
Year-Round Crisis	Maximum Benefit	\$ 1,500	
<b>4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe.			
Blankets, coats, heating system repair or replacement, furnaces, vented space heaters, hot water tanks, air conditioners, and fans. Additional energy related materials/services (such as home meter bases, utility poles/gas line hook-ups/repairs, and energy kits/incentives) may be provided depending on need and State Office approval.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
If as of 8:00 a.m., on the day of a scheduled non-pay disconnect, an excessive heat warning or a freeze warning has been issued by the National Weather Service for the county of the scheduled disconnect, such disconnect are suspended.			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:			
<i>See Crisis Assistance Attachment: For declared natural disasters, the State will use LIHEAP funds to provide emergency housing for eligible households for up to five days to remove the household from the emergency situation. Households will be referred to other programs such as CSBG and state/local resources to provide other emergency needs to include housing/food/clothing if the home is inhabitable.</i>			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 5 - WEATHERIZATION ASSISTANCE**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 5 – Weatherization Assistance**

**Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2**

**5.1 Designate the income eligibility threshold used for the Weatherization component**

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household sizes	HHS Poverty Guidelines	200%

**5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?**

Yes  No

**5.3 If yes, name the agency and attach a copy of the internal agreement or contract.**

**5.4 Is there a separate monitoring protocol for weatherization?**

Yes  No

**Weatherization - Types of Rules**

**5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)**

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.

Weatherize shelters temporarily housing primarily low-income people (excluding nursing homes, prisons, and similar institutional care facilities)

Other - Describe:

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):

Income threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe:

**Eligibility, 2605(b)(5) - Assurance 5**

**5.6 Do you require an assets test?**

Yes  No

**5.7 Do you have additional or differing eligibility policies for:**

**Do you require an assets test?**  Yes  No

**Do you have additional or differing eligibility policies for:**

Renters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Renters living in subsidized housing?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Renters with utilities included in the rent?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Do you give priority in eligibility to:**

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.				
Renter eligibility:				
<p>If a dwelling is to be weatherized for a client who is not the owner of the dwelling, an agreement must be entered into between the landlord and the subgrantee agency, which outlines the owner's responsibilities. The agreement must be signed before work can begin on the weatherization project. In the Weatherization Selection Tool, priority, with regard to the selection of homes to be weatherized, will be given to landlords who provide assistance in the weatherization of their property. This assistance may be given through donated materials, monetary assistance or a combination of the two. A condition of the agreement includes the agreement not to raise the tenant's rent for two (2) years (some exceptions apply) beginning on the date of the weatherization projection completion (that is the approved post inspection date). Additionally, the owner cannot evict the tenant without cause during that period. Should the owner choose to violate the agreement, he or she may be billed for the pro-rated share of cost of the weatherization project. (See Renters Eligibility for Weatherization attachment)</p>				
Priority in eligibility:				
<p>LIHEAP WX works in conjunction with DOE WX and DOE BIL WX; therefore, the client eligibility is in accordance with 440.16 (a), which requires each applicant household requesting LIHEAP WX Assistance must complete the application process for eligibility determination. All applications taken must be taken in the Virtual ROMA system. During the interaction process the caseworker/case manager must obtain vital information about social and economic conditions of the entire household. Virtual ROMA has a dedicated Weatherization Portal (T.H.R.I.V.E.) with functionality within the system to allow WX Subgrantees to process referrals and set appointments for weatherization services. Furthermore, T.H.R.I.V.E. automatically puts the eligible client on a wait list for each agency which is prioritized by the automated DOE WX selection tool programmed in T.H.R.I.V.E, which prioritizes the elderly, disabled, households with children, high energy users and households with high energy burdens for WX services.</p>				
<b>Benefit Levels</b>				
<b>5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?</b>				
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, what is the maximum:		\$12,000.00		
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>				
<b>5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)</b>				
<input type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair	
<input type="checkbox"/>	Caulking and insulation	<input checked="" type="checkbox"/>	Major appliance Repairs	
<input checked="" type="checkbox"/>	Storm windows	<input checked="" type="checkbox"/>	Major appliance replacement	
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors	
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors	
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater	
<input type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement	
<input type="checkbox"/>	Compact fluorescent light bulbs	<input type="checkbox"/>	Community Solar projects	
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: Baseloads (Power Strips, LEDS); Electrical Repairs; Insulation	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.				

**Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 6 – Outreach**

**Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

**6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:**

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" type="checkbox"/>	Publish articles in local newspapers or broadcast media announcements.
<input checked="" type="checkbox"/>	Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
<input type="checkbox"/>	Mass mailing(s) to prior-year LIHEAP recipients
<input checked="" type="checkbox"/>	Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
<input checked="" type="checkbox"/>	Execute interagency agreements with other low-income program offices to perform outreach to target groups.
<input checked="" type="checkbox"/>	Web posting
<input type="checkbox"/>	Email
<input type="checkbox"/>	Texting
<input checked="" type="checkbox"/>	Events
<input checked="" type="checkbox"/>	Social Media
<input type="checkbox"/>	Other (specify):
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

**Section 7 - Coordination, 2605(b)(4) - Assurance 4**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 7 – Coordination**

**Section 7: Coordination, 2605(b)(4) - Assurance 4**

**7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).**

Joint application for multiple programs

**Indicate programs included:**

Intake referrals to or from other programs

**Indicate programs included:**

One-stop intake centers

Other - Describe:

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

Coordination of LIHEAP Activities Attachment

The State has one application for three programs – LIHEAP, CSBG, and Weatherization. Therefore, an application may apply for all programs during the intake process. If the weatherization agency is different from the LIHEAP agency, the LIHEAP agency refers to the weatherization agency to complete the assessment for this program. Local agencies offer all programs administered by that agency, especially to the vulnerable populations of elderly, disabled, families with children, and veterans. Local agencies refer applicants to other local offices such as SNAP and TANF if applicants are not currently receiving these services.

Also, the department has the Common Web Portal (CWP). Households can apply for LIHEAP when they apply for SNAP and Medicaid through the CWP.

**Section 8 - Agency Designation, 2605(b)(6) - Assurance 6**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 8 – Agency Designation**

**Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grant recipients and the Commonwealth of Puerto Rico)**

**8.1 How would you categorize the primary responsibility of your state agency?**

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

**Alternate Outreach and Intake, 2605(b)(15) - Assurance 15**

**If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.**

**8.2 How do you provide alternate outreach and intake for heating assistance?**

*The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.*

**8.3 How do you provide alternate outreach and intake for cooling assistance?**

*The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.*

**8.4 How do you provide alternate outreach and intake for crisis assistance?**

*The State Agency also administers the State Welfare Program; however, different divisions administer the LIHEAP and Welfare Programs. The Division of Community Services partners with the Division of Economic Assistance, Division of Child Support, and other divisions within the agency to ensure that low-income elderly, disabled families have access to all eligible services. All eighty-two counties across the state are serviced by qualified Case Manager/Caseworkers that provide outreach and intake services. The typical hours of operation for eligible entities are Monday-Friday from 7:30 am – 6:00 pm.*

<b>8.5 LIHEAP Component Administration</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	CAA	CAA	CAA	CAA
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	CAA	CAA	CAA	
<b>8.5c Who processes benefit payments to bulk fuel vendors?</b>	CAA	CAA	CAA	
<b>8.5d Who performs installation of weatherization measures?</b>				CAA

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number,**

<b>county(s) served, Congressional District, and UEI number.</b>			
<b>If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.</b>			
<b>8.6 What is your process for selecting local administering agencies?</b>			
<i>We have chosen agencies based on prior experience administering similar programs such as CSBG. The State sends the Notice of Funding Availability (NOFA) to local agencies to respond and submit a subgrant proposal for review. The subgrant is reviewed by the Division of Community Services and Division of Procurement Services and division counsel to ensure all fiscal and programmatic requirements are met. The subgrant is sent to the Executive Director's office for signature after division reviews have been completed and approved.</i>			
<b>8.7 How many local administering agencies do you use? 17</b>			
<b>8.8 Have you changed any local administering agencies in the last year?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>8.9 If so, why?</b>			
<input type="checkbox"/>	Agency was in non-compliance with grant recipient requirements for LIHEAP -		
<input type="checkbox"/>	Agency is under criminal investigation.		
<input type="checkbox"/>	Added agency		
<input type="checkbox"/>	Agency closed		
<input type="checkbox"/>	Other – describe		
<b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>8.10a If yes, please explain:</b>			
<b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>8.10c if yes, please explain:</b>			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 9 - Energy Suppliers, 2605(b)(7) - Assurance 7**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 9 – Energy Suppliers**

**Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7**

**9.1 Do you make payments directly to home energy suppliers?**

Heating	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cooling	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Crisis	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there exceptions?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

If yes, Describe.

**9.2 How do you notify the client of the amount of assistance paid?**

*Agencies must provide written notification to clients regarding the status of their application within 72 hours of approval for services. The notification letter must be scanned into Virtual ROMA and a copy placed into client's file. In the case of an emergency, this notification should occur within 24 hours of application for services. The person who approves the application in Virtual ROMA should generate the letter.*

*If a client's application is denied, the agency must provide written explanation with the reason for the denial. The Fair Hearing Process must be included in the letter sent to the client. The person who denies the application in Virtual ROMA should generate the letter.*

**9.3 How do you assure that the home energy supplier will charge the eligible household in the normal billing process, the difference between the actual cost of the home energy, and the amount of the payment?**

Vendor Agreements the CAA has with the energy supplier provides this assurance.

**9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?**

**9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If so, describe the measures unregulated vendors may take.

**Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.**

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 10 – Program, Fiscal Monitoring, and Audit**

**Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)**

**10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.**

**See Fiscal, Accounting and Tracking Requirements attachment.**

**10.1a Provide Definitions for the following:**

Obligation:	Amounts which a subgrantee may be legally required to pay out of its resources including encumbrances, as well as, accounts payable and accrued liabilities.
Expenditures:	Exchange of an asset or incurrence of a liability for an asset, goods received, or services rendered after a voucher for goods and/or services is approved.
Expenditure timeframe:	A specified period of time authorized in a plan/budget to render services, acquire asset or goods received.
Administrative costs:	Any expenditure for governmental functions normally associated with administration of a public assistance program. The cost must be included in determining administrative costs subject to the statutory limitation on administrative costs, regardless of whether the expenditure is incurred by the State, a subrecipient, a grantee, or a contractor of the State.

**Audit Process**

**10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?**

Yes  No

**10.2a If yes, describe your auditor selection process.**

The State (MDHS) is required to have an audit conducted annually by the Mississippi Office of the State Auditor

**10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.**

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1.	Reporting	Strengthen controls to ensure compliance with Federal Funding Accountability and Transparency Act (FFATA) requirements.	Partially Corrected	Standardized SOPs; developing auditable proof of timely filing in SAM.gov.
2.	Subrecipient Monitoring	Strengthen controls over subrecipient monitoring to ensure Uniform Guidance audit compliance.	Partially Corrected	Procedure/policy changes; ongoing monitoring improvements.

**10.4. Audits of Local Administering Agencies**

**What types of annual audit requirements do you have in place for local administering agencies or district offices? Select all that apply.**

<input checked="" type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133.
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit (other than A-133).
<input checked="" type="checkbox"/>	Local agencies or district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input checked="" type="checkbox"/>	Grant recipient conducts fiscal and program monitoring of local agencies or district offices.
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit

	Act and OMB Circular A-133.
<b>Compliance Monitoring</b>	
<b>10.5. Describe your monitoring process for compliance at each level below. Check all that apply.</b>	
<b>Grant recipient employees:</b>	
<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
<b>Local Administering Agencies or District Offices:</b>	
<input checked="" type="checkbox"/>	On-site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:
<b>10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.</b>	
See MDHS Division of Monitoring and DCS (T&TA) attachment	
<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>	
Site Visits:	All are monitored
Desk Reviews:	Monthly financial and program reports are reviewed.
<b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>	
<input checked="" type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Triannually
<input type="checkbox"/>	Other,
<b>10.9. How many local agencies are currently on corrective action plans?</b>	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	
None are on a corrective action plan; however, the State has placed one local agency, AJFC Community Action Agency, Inc., on a Quality Improvement Plan (QIP) due to significant findings stemming from the absence of an experienced, knowledgeable finance director to provide financial oversight and management. The agency has since hired a new Finance Director with more than 15 years of experience and retained a CPA consulting firm to help bring the agency back into compliance with financial reporting requirements and to transition it to a new accounting system. The State will monitor the agency's progress throughout the QIP process to ensure continued improvement.	

**Section 11 - Timely and Meaningful Public Participation, 2605(b)(12) - Assurance 12, 2605(c)(2)**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 11 – Timely and Meaningful Public Participation**

**Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

**11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.**

<input type="checkbox"/>	Tribal Council meeting(s)
<input checked="" type="checkbox"/>	Public Hearing(s)
<input checked="" type="checkbox"/>	Draft Plan posted to website and available for comment.
<input checked="" type="checkbox"/>	Hard copy of plan is available for public view and comment.
<input checked="" type="checkbox"/>	Comments from applicants are recorded.
<input checked="" type="checkbox"/>	Request for comments on draft Plan is advertised.
<input type="checkbox"/>	Stakeholder consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities.
<input type="checkbox"/>	Other - Describe:

**Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only**

**11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?**

	Date	Event Description
1	July 14, 2026	Sun-N-Sand, 401 N Lamar St., Jackson, MS 39202, 2 <sup>nd</sup> Floor Conference Room
2		

**11.4. How many parties commented on your plan at the hearing(s)?** To be updated following the outcome of the pending hearing.

**11.5 Summarize the comments you received at the hearing(s).**

To be updated following the outcome of the pending hearing.

**11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?**

To be updated following the outcome of the pending hearing.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 12 – Fair Hearings**

**Section 12: Fair Hearings, 2605(b)(13) - Assurance 13**

**12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?**

None

**12.2 How many of those fair hearings resulted in the initial decision being reversed?**

None

**12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?**

None

**12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.**

An applicant or recipient has the right to request a Hearing or Appeal if they are dissatisfied with the denial, delay, cancellation, or any adverse decision related to your application for services.

Types of Hearings

- Appeal (Agency Level)
  - Basis for an Appeal
    - Incorrect bill submitted
    - Information provided is insufficient to determine eligibility
    - Requested additional information not returned within ten (10) calendar days
    - Non-compliance with CSBG Case Management Plan
    - Threatening behavior toward staff
    - Your claim for assistance was not acted upon with reasonable promptness
    -

If a client submits a Fair Hearing request for any of the above-mentioned reasons their request will be automatically denied.

The client must submit a request for an appeal within thirty (30) calendar days of the denial or adverse action.

The request must be submitted on <https://virtualroma.mdhs.ms.gov/> and include all of the following:

- Name of Community Service Agency
- Full Name and Address
- Date of Denial or Adverse Action Notice
- Stated Reason(s) for Denial or Action
- Reason(s) for Appeal Request

The client's request will be submitted to the Executive Director and Board Chair. The Executive Director and Board Chair will have 15 calendar days to contact the client to schedule an appeal. After scheduling and hearing the grievance, the Executive Director and Board Chair will then have 15 calendar days to make a final determination in regard to the appeal.

- Fair Hearing (MDHS Level)
  - Basis for a Fair Hearing
    - If the client was denied at the agency level and has met all the criteria for a complete application, but still feels they are eligible for services for the following reasons:
      - Disagreement with the denial itself
      - Incorrect information or assessment
      - Procedural error
      - Discrimination
      - Failure to make a timely decision

- Changes in circumstances
- Other \_\_\_\_\_

The client can request a fair hearing by submitting the required form in several different ways:

Complete a MDHS Programmatic Appeal Request form (<https://www.mdhs.ms.gov/wp-content/uploads/2023/12/MDHS-OIG-200-Programmatic-Appeal-Request-Form.pdf>). Submit the MDHS Programmatic Appeal Request form through any of the following:

Email: [admin.hearings@mdhs.ms.gov](mailto:admin.hearings@mdhs.ms.gov)

Fax: 601-359-5047

Mail: Mississippi Department of Human Services

Office of the Inspector General

Administrative Hearings

P.O. Box 352

Jackson, MS 39201

Phone: 601-359-4921.

After a client requests a fair hearing, they will receive a notice letting them know a date and time for their fair hearing. Usually, fair hearings are conducted over the phone.

During the hearing, the client will be given the opportunity to present their position fully and explain why they believe that the decision made by Agency was wrong. The client may bring any evidence that they believe supports their position. MDHS may also present information about why the agency believes the decision was correct.

After hearing from both sides, the hearing officer will make a decision about whether the agency's decision was wrong and should be changed or the agency's decision was correct and should not be changed.

See Fair Hearing Policy Attachment

**12.5 When and how are applicants informed of these rights?**

Clients are informed of the Fair Hearing Process during intake process at the CAA. Upon intake and denial of services, a copy of the Fair Hearing Process is given or will be mailed with the denial letter to the applicant. The process for fair hearings is clearly posted in county offices.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16**

U.S. Department of Health and Human Services Administration for Children and Families	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 13 – Reduction of Home Energy Needs</b>	
<b>Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16</b>	
<b>13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?</b>	
N/A	
<b>13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?</b>	
N/A	
<b>13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.</b>	
N/A	
<b>13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.</b>	
N/A	
<b>13.5 How many households received these services?</b>	
0	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

**Section 14 - Leveraging Incentive Program, 2607A**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 14 – Leveraging Incentive Program**

**Section 14: Leveraging Incentive Program, 2607(A)**

**14.1 Do you plan to submit an application for the leveraging incentive program?**

Yes  No

**14.2 Describe instructions to any third parties or local agencies for submitting LIHEAP leveraging resource information and retaining records.**

The State shall participate in the LIHEAP Leveraging Program. The State and local subgrantees will solicit non-federal dollars in order to qualify to compete for leveraging incentive funds. Several organizations, individuals, etc. will be contacted to make cash and in-kind contributions, such as discounts, arrearage forgiveness, fuel funds, credit, volunteer, WX materials, waivers: disconnections, deposits, and reconnect fees, etc. \* Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantees LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program.

**14.3 For each type of resource or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96. 87(d)(2)(iii), describe the following:**

Resource	What is the type of resource benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
1	Cash and in-kind contributions, such as discounts, arrearage forgiveness, fuel funds, credit, volunteer, WX materials, waivers: disconnections, deposits, and reconnect fees, etc.	Several organizations, individuals	<i>The State coordinates leveraging with the LIHEAP program to provide consumer education with our clients to encourage them to conserve energy and the disadvantages of getting services interrupted. Leveraging resources also provide additional services to more clients in LIHEAP. Coordination also compliments our budget program in LIHEAP to allow clients to better manage resources.</i>
2	Private sources	Entergy Helping Hands	<i>Partnerships donated funds to pay energy bills</i>

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 15 - Training**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP)  
MODEL PLAN  
Section 15 – Training**

**Section 15: Training**

**15.1 Describe the training you provide for each of the following groups:**

**a. Grant recipient Staff:**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**b. Local Agencies:**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other - Describe:

**On-Site training**

**How often?**

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe:

**c. Vendors**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

**15.2 Does your training program address fraud reporting and prevention?**

Yes  No

**Section 16 - Performance Goals and Measures, 2605(b)**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 16 – Performance Goals and Measures**

**Section 16: Performance Goals and Measures, 2605(b) - Required for States Only**

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal Fiscal Year.**

The State of Mississippi has updated its centralized client tracking system, known as Virtual ROMA 2 (VR2), to capture, analyze, and submit information regarding energy burden targeting and the restoration/prevention of home energy service losses. The State continues to submit the LIHEAP Performance Measures Report and is collaborating with APPRISE to analyze this report, utilizing the data to enhance the LIHEAP Program. As part of our ongoing Vendor Agreement, we have updated the performance language, and the performance-related fields in the VR system now allow for the collection and reporting of the energy information needed to generate performance data reports and to identify high-energy users. In the current fiscal year, we plan to continue our efforts to effectively target clients with high energy burdens. We will maintain our partnerships with top vendors to obtain performance information on an annual basis.

Several specific enhancements have been made for LIHEAP, including:

- Refund checks are updated at the agency’s level to ensure proper alignment with the Benefit Matrix and the resumption of client services.
- The Housing Information Screen has been updated to indicate when the main heating fuel was last updated.
- The Housing Information Screen now identifies the type of housing, whether it is Heir Property or Owned.
- Equipment has been separated by Purchase and Installation to improve the reporting of households served in county Equipment Domain Reports.
- DCS can add and update Poverty Guidelines without needing assistance from the Management Information System (MIS).
- A Raw Data Download feature enables the creation of dashboards, tables, and other data manipulations.
- Vendor Reissue and Vendor Refund Reports have been implemented.
- The system can now capture services requested by existing clients.
- A Grant Management component has been added to help monitor and send alerts for better budget tracking for DCS.
- Emergency questions have been included to track the type of emergency and the use of the grant.
- CWP Updates:
  - Clients with full accounts can now upload documents from the Request for Additional Information Form.
  - The system can identify the type of assistance for all DCS programs.
- Planned System Enhancements for 2026 include:
  - An Energy Burden Indicator on the Household Profile.
  - Timeliness Reports (for aged appointments).
  - Agency Timeliness Report (outlining the lifecycle of an application).
  - An enhanced Grant Management component to help monitor and alert for budget attainment, including spending tracking at the agency level.
  - Implementation of text message alerts for service notifications.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 17 - Program Integrity, 2605(b)(10)**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 17 – Program Integrity**

**Section 17: Program Integrity, 2605(b)(10)**

**17.1 Fraud Reporting Mechanisms**

**a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.**

<input checked="" type="checkbox"/>	Online Fraud Reporting
<input checked="" type="checkbox"/>	Dedicated Fraud Reporting Hotline
<input checked="" type="checkbox"/>	Report directly to local agency/district office or Grant recipient office
<input type="checkbox"/>	Report to State Inspector General or Attorney General
<input checked="" type="checkbox"/>	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input checked="" type="checkbox"/>	Posted in local administering agencies offices
	Other - Describe:

**b. Describe strategies in place for advertising the above referenced resources. Select all that apply**

<input checked="" type="checkbox"/>	Printed outreach materials
<input type="checkbox"/>	Addressed on LIHEAP application
<input checked="" type="checkbox"/>	Website – MDHS Website
<input type="checkbox"/>	Printed outreach materials
	Other - Describe:

**17.2. Identification Documentation Requirements**

**a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.**

Type of Identification Collected	Collected from Whom?						
	Applicant Only		All Adults in Household		All Household Members		
Social Security card is photocopied and retained	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e., driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Describe any exceptions to the above policies.**

**17.3 Identification Verification**

**Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply**

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with state Department of Labor system

<input type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe: In person verification
<b>17.4. Citizenship or Legal Residency Verification</b>	
<b>What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.</b>	
<input type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input type="checkbox"/>	Other - Describe:
<b>17.5. Income Verification</b>	
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input type="checkbox"/>	Bank statements
<input type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input type="checkbox"/>	Unemployment Insurance letters
<input type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Computer data matches:
<input type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>	
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input type="checkbox"/>	Electronic files are protected in a secure location.
<input type="checkbox"/>	Other - Describe:
<b>17.7. Verifying the Authenticity</b>	
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>	
<input type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.

<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>	
<input type="checkbox"/>	Vendors are checked against an approved vendor list.
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
<b>Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.</b>	
<input type="checkbox"/>	Refer to state Inspector General.
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.

<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year (1 <sup>st</sup> offense), 2 years (2 <sup>nd</sup> offense), and Indefinitely (3 <sup>rd</sup> offense)
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

**Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95,  
03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 18 – Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

**Section 18: Certification Regarding Debarment, Suspension, and Other  
Responsibility Matters**

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary  
Covered Transactions**

**Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant**

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

#### **Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

##### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility a Voluntary Exclusion--Lower Tier Covered Transactions**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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## Section 19: Certification Regarding Drug-Free Workplace Requirements

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95,  
03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

#### Section 19 – Certification Regarding Drug-Free Workplace Requirements

##### Section 19: Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATEWIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

##### Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grant recipient is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grant recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grant recipients other than individuals, Alternate I applies.
4. For grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the grant recipient must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grant recipient's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

**Employee** means the employee of a grant recipient directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grant recipient's payroll. This definition does not include workers not on the payroll of the grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grant recipient's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant recipients Other Than Individuals)**

The grant recipient certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grant recipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about --
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grant recipient's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance (Street address, city, county, state, zip code)**

* Address Line 1, 200 South Lamar Street
Address Line 2
Address Line 3

*City	*State	*Zip Code
Jackson	MS	39201
<p><b>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</b></p> <p><b>(a) The grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;</b></p> <p><b>(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.</b></p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
<input checked="" type="checkbox"/>	<p><b>By checking this box, the prospective primary participant is providing the certification set out above.</b></p>	

**Section 20: Certification Regarding Lobbying**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95,  
03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 20 – Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

**(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.**

**(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “”“Disclosure Form to Report Lobbying,” in accordance with its instructions**

**(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

**If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, “”“Disclosure Form to Report Lobbying,” in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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## Section 21: Assurances

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95,  
03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Assurances

(1) use the funds available under this title to—

(A) conduct outreach activities and provide assistance to low-income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving-- (i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of -

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance

program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such

remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

\* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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**Plan Attachments**

**U.S. Department of Health and Human Services  
Administration for Children and Families**

**August 1987, revised 05/92, 02/95,  
03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027**

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Plan Attachments**

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes

# Attachments

**ATTACHMENT-TENTATIVE FFY 2027 ALLOCATIONS**

(These levels are dependent on the Federal LIHEAP award at the FFY 2026 level.  
Adjustments will be made once the final FFY 2027 awards are known.)

<b>Eligible Entities</b>	<b>Allocation</b>
AJFC CAA	\$1,540,459
Bolivar Co CAA	\$435,158
Central Mississippi	\$1,401,209
Coahoma Opportunities	\$446,762
Community Action of South MS	\$3,109,929
Hinds County HRA	\$2,304,816
LIFT	\$2,358,557
Madison Co. CSA	\$716,560
Mid-State Opportunities	\$1,978,519
Multi County CSA	\$2,419,479
Northeast MS	\$1,380,902
PRVO	\$3,936,730
Prairie Opportunity	\$2,048,144
South Central CAA	\$1,876,474
Southwest MS	\$977,655
Sunflower-Humphreys Co	\$527,992
WWISCAA	\$1,552,064
<b>Total</b>	<b>\$29,010,536</b>

## ATTACHMENT- POVERTY GUIDELINES

CSBG and LIHEAP applicants must first meet income guidelines to be eligible for assistance. Also, non-elderly/non-disabled clients must be placed in case management.

- A. CSBG:** The income of all household members may not exceed 125% of the federal poverty guidelines as established by Department of Health and Human Services (HHS).
- B. LIHEAP:** The income of all household members may not exceed 60% of the state median income for Mississippi.

<b>FEDERAL POVERTY GUIDELINES EFFECTIVE</b>				
<b>Effective Dates</b>		<b>10/1/2026</b>	<b>WX: 7/1/2026</b>	<b>10/1/2026</b>
<b>CSBG, LIHEAP, LIHEAP WX, DOE WX</b>		<b>CSBG</b>	<b>WX: DOE, BIL, LIHEAP</b>	<b>LIHEAP</b>
	<b>1</b>	<b>1.25</b>	<b>2</b>	<b>\$ 54,015</b>
<b>Number in Household</b>	<b>100 % Category</b>	<b>125% Category</b>	<b>200% Category</b>	<b>60% State Median Income</b>
<b>unit</b>	<b>Percent of Poverty</b>	<b>Percent of Poverty</b>	<b>Percent of Poverty</b>	<b>Percent of Poverty</b>
1	\$15,960	\$19,950	\$31,920	\$28,088
2	\$21,640	\$27,050	\$43,280	\$36,730
3	\$27,320	\$34,150	\$54,640	\$45,373
4	\$33,000	\$41,250	\$66,000	\$54,015
5	\$38,680	\$48,350	\$77,360	\$62,657
6	\$44,360	\$55,450	\$88,720	\$71,300
7	\$50,040	\$62,550	\$100,080	\$72,920
8	\$55,720	\$69,650	\$111,440	\$74,541
9	\$61,400	\$76,750	\$122,800	\$76,161
10	\$67,080	\$83,850	\$134,160	\$77,782
11	\$72,760	\$90,950	\$145,520	\$79,402
12	\$78,440	\$98,050	\$156,880	\$81,023
13	\$84,120	\$105,150	\$168,240	\$82,643
14	\$89,800	\$112,250	\$179,600	\$84,263
15	\$95,480	\$119,350	\$190,960	\$85,884
16	\$101,160	\$126,450	\$202,320	\$87,504
17	\$106,840	\$133,550	\$213,680	\$89,125
18	\$112,520	\$140,650	\$225,040	\$90,745
19	\$118,200	\$147,750	\$236,400	\$92,366
20	\$123,880	\$154,850	\$247,760	\$93,986
<b>For each additional family member add:</b>				<b>Contact MDHS/DCS@20 members for LIHEAP</b>
	<b>5680</b>	<b>7100</b>	<b>11360</b>	

## ATTACHMENT-2027 LIHEAP BENEFIT MATRIX

### LIHEAP Benefit Matrix (Fuel Types)

The LIHEAP Act stipulates that households with high energy costs and needs receive the greatest benefit. LIHEAP Benefits are now capped based on income levels and size of household income. LIHEAP benefits are capped at \$1500 per program year.

## 2027 LIHEAP BENEFIT MATRIX (Fuel Types)

Household Data	HH Size / Income	Energy Types					
	Household Size of 1	Propane	Electric*	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit**
	0 – 3,990	800	700	700	400	1500	1500
	3,991 – 7,980	750	650	650	360	1400	1400
	7981 – 11970	700	600	600	320	1300	1300
	11,971 - 15,960	650	550	550	280	1200	1200
	15,961 - 19,950	600	500	500	240	1100	1100
	19,951 - 28,088	550	450	450	200	1000	1000
	Over 28,088 for HH of 1	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 2	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 5,410	800	700	700	400	1500	1500
	5,411 - 10,820	750	650	650	360	1400	1400
	10,821 - 16,230	700	600	600	320	1300	1300
	16,231 - 21,640	650	550	550	280	1200	1200
	21,641 - 27,050	600	500	500	240	1100	1100
	27,051 - 36,730	550	450	450	200	1000	1000
	Over \$36,730 for HH of 2	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 3	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 6,830	800	700	700	400	1500	1500
	6,831 - 13,660	750	650	650	360	1400	1400
	13,661 - 20,490	700	600	600	320	1300	1300
	20,491 - 27,320	650	550	550	280	1200	1200
	27,321 - 34,150	600	500	500	240	1100	1100
	34,151 - 45,373	550	450	450	200	1000	1000
	Over 45,373 for HH of 3	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 4						
Income is between	0 - 8,250	800	700	700	400	1500	1500
	8,251 - 16,500	750	650	650	360	1400	1400
	16,501 - 24,750	700	600	600	320	1300	1300
	24,751 - 33,000	650	550	550	280	1200	1200
	33,001 - 41,250	600	500	500	240	1100	1100
	42,251 - 54,015	550	450	450	200	1000	1000
	Over 54,015 for HH of 4	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 5						
Income is between	0 - 9,670	800	700	700	400	1500	1500
	9,671 - 19,340	750	650	650	360	1400	1400
	19,341 - 29,010	700	600	600	320	1300	1300
	29,011 - 38,680	650	550	550	280	1200	1200
	38,681 - 48,350	600	500	500	240	1100	1100
	48,351 - 62,657	550	450	450	200	1000	1000
	Over 62,657 for HH of 5	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 6						
Income is between	0 - 11,090	800	700	700	400	1500	1500
	11,091 - 22,180	750	650	650	360	1400	1400
	22,181 - 33,270	700	600	600	320	1300	1300
	33,271 - 44,360	650	550	550	280	1200	1200
	44,361 - 55,450	600	500	500	240	1100	1100
	55,451 - 71,300	550	450	450	200	1000	1000
	Over 71,300 for HH of 6	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 7	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 12,510	800	700	700	400	1500	1500
	12,511 - 25,020	750	650	650	360	1400	1400
	25,021 - 37,530	700	600	600	320	1300	1300
	37,531 - 50,040	650	550	550	280	1200	1200
	50,041 - 62,550	600	500	500	240	1100	1100
	62,551 - 72,920	550	450	450	200	1000	1000
	Over 72,920 for HH of 7	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 8	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 13,930	800	700	700	400	1500	1500
	13,931 - 27,860	750	650	650	360	1400	1400
	27,861 - 41,790	700	600	600	320	1300	1300
	41,791 - 55,720	650	550	550	280	1200	1200
	55,721 - 74,541	600	500	500	240	1100	1100
	Over 74,541 for HH of 8	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 9	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 15,350	800	700	700	400	1500	1500
	15,351 - 30,700	750	650	650	360	1400	1400
	30,701 - 46,050	700	600	600	320	1300	1300
	46,051 - 61,400	650	550	550	280	1200	1200
	61,401 - 76,161	600	500	500	240	1100	1100
	Over 76,161 for HH of 9	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 10	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 16,770	800	700	700	400	1500	1500
	16,771 - 33,540	750	650	650	360	1400	1400
	33,541 - 50,310	700	600	600	320	1300	1300
	50,311 - 67,080	650	550	550	280	1200	1200
	67081 - 77,782	600	500	500	240	1100	1100
	Over 77,782 for HH of 10	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 11	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 18,190	800	700	700	400	1500	1500
	18,191 - 36,380	750	650	650	360	1400	1400
	36,381 - 54,570	700	600	600	320	1300	1300
	54,571 - 79,402	650	550	550	280	1200	1200
	Over 79,402 for HH of 11	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 12	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 19,610	800	700	700	400	1500	1500
	19611 - 39,220	750	650	650	360	1400	1400
	39,221 - 58,830	700	600	600	320	1300	1300
	58,831 - 81,023	650	550	550	280	1200	1200
	Over 81,023 for HH of 12	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 13	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 21,030	800	700	700	400	1500	1500
	21,031 - 42,060	750	650	650	360	1400	1400
	42,061 - 63,090	700	600	600	320	1300	1300
	63,091 - 82,643	650	550	550	280	1200	1200
	Over 82,643 or HH of 13	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 14	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 22,450	800	700	700	400	1500	1500
	22,451 - 44,900	750	650	650	360	1400	1400
	44,901 - 67,350	700	600	600	320	1300	1300
	67351 - 84,263	650	550	550	280	1200	1200
	Over 84,263 for HH of 14	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 15	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 23,870	800	700	700	400	1500	1500
	23,871 - 47,740	750	650	650	360	1400	1400
	47,741 - 71,610	700	600	600	320	1300	1300
	71,611 - 85,884	650	550	550	280	1200	1200
	Over 85,884 for HH of 15	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 16	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 25,290	800	700	700	400	1500	1500
	25,291 - 50,580	750	650	650	360	1400	1400
	50,581 - 75,870	700	600	600	320	1300	1300
	75,871 - 87,504	650	550	550	280	1200	1200
	Over 87,504 for HH of 16	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 17	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 26,710	800	700	700	400	1500	1500
	26,711 - 53,420	750	650	650	360	1400	1400
	53,421 - 80,130	700	600	600	320	1300	1300
	80,131 - 89,125	650	550	550	280	1200	1200
	Over 89,125 for HH of 17	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
	Household Size of 18	Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
Income is between	0 - 28,130	800	700	700	400	1500	1500
	28,131 - 56,260	750	650	650	360	1400	1400
	56,261 - 90,745	700	600	600	320	1300	1300
	Over 90,745 for HH of 18	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 19						
	0 - 29,550	800	700	700	400	1500	1500
	29,551 - 59,100	750	650	650	360	1400	1400
	59,101 - 92,366	700	600	600	320	1300	1300
	Over 92,366 for HH of 19	0	0	0	0	0	0

Household Data	HH Size / Income	Energy Types					
		Propane	Electric	Natural Gas	Wood /Other Fuel	Maximum Benefit	Total Electric Benefit
	Household Size of 20						
Income is between	0 - 30,970	800	700	700	400	1500	1500
	30,971 - 61,940	750	650	650	360	1400	1400
	61,941 - 93,986	700	600	600	320	1300	1300
	Over 93,986 for HH of 20	0	0	0	0	0	0

\*The electric column represents the amount for households with main heating fuel other than electric.

\*\*The total electric column represents the amount that can be paid for households with electric as their main heating fuel.

**Note:** The minimum amount that a household can receive is \$1 because the State of Mississippi pays the amount of the bill.

## ATTACHMENT-ELIGIBILITY

The State assures through Virtual ROMA that it will provide, in a timely manner, the highest level of assistance to those households (with the highest home energy needs which takes into account both the energy burden and the unique situation of the vulnerable population) which have the lowest incomes and the highest home energy cost in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in the above referenced clauses.

The State further assures that it will not differentiate in the treatment of households eligible for services because of their income and as the recipients of TANF, Food Stamps, SSI or certain means-tested veterans program certified as “categorically eligible”. This applies to all LIHEAP components (cooling, heating, crisis and weatherization).

The specific measures to ensure there is no difference in eligibility determination and benefit amounts is not to use categorical eligibility in all components. All applicant households must complete the established application process, case management process and eligibility determination.

The utilization of Virtual ROMA has resulted in additional fiscal control tracking capabilities for LIHEAP funds by:

- All LIHEAP funds expended must originate via Virtual ROMA.
- LIHEAP payments only occur based on client services that are in “approved” status in Virtual ROMA.
- Greater visibility by State to view, monitor and track fiscal process and payment on a state-wide basis across agencies.
- Agency programmatic staff must work closely with agency fiscal staff to determine timeframe for payment so that program reports are generated for the specified timeframe and given to fiscal.
  - Fiscal compares, reviews and authorizes payment reports before any payment. Any discrepancies identified between program reports and the electronic payment files are reconciled by Fiscal and Program before payment occurs.
- Virtual ROMA prohibits approvals from unauthorized program users and restricts any Fiscal User from the ability to approve client services.
- Energy vendors who are registered users of Virtual ROMA are able to review their clients’ approved amounts and compare to ensure accuracy of amounts and clients’ accounts.

## **ATTACHMENT- ELIGIBILITY AND BENEFIT DETERMINATION**

Each applicant household requesting for LIHEAP assistance must complete application process for eligibility determination.

Income eligibility is set at or below 60% of the State Median Income guidelines that are in effect at the time of submission of the application. An application is taken on the applicant household by the local subgrantee agencies. All applications must be taken in the Virtual ROMA system. Assistance from another program may also be provided to eligible households, especially those households enrolled in and complying with an established service plan.

A household cannot receive more than \$1,500 in benefits for the program year unless the State issues supplemental payments. Total benefit for year (can be divided between heating, cooling or crisis). This amount may be adjusted from year to year based on the state's allocation. An exception will be given to clients in need of a heating/cooling unit. The cost of the unit is not included in the \$1,500 maximum benefit amount.

Priority is given to the elderly, disabled, households with a child under the age of 5 and household with a high energy burden. Live-in attendants' income can be excluded if it is determined that (1) the live-in is essential to the care and well-being of the person; and (2) would not be living in the unit except to provide the necessary supportive services.

## ATTACHMENT-RENTERS ELIGIBILITY FOR WEATHERIZATION

### Statutory reference 2605(b) (5)

#### Rental Procedures

The benefits of the Weatherization Assistance Program to occupants of rental units have been enhanced by the recent revisions to the rental agreement which follows and addresses the requirements of 440.22. The restriction regarding the time when an owner can increase the cost of the unit has been extended to two (2) years and the specificity with regard to what constitutes an allowable increase in the rent during the two (2) year period has been greatly enhanced.

Before the weatherization of any dwelling is allowable, proof of ownership must be established regardless of who is living in the dwelling (required for both owner occupied and rental units). Lifetime estates are to be treated as owner occupied dwellings. The following documents are acceptable as proof of ownership:

- 1) Copy of Deed;
- 2) Copy of Mortgage or Mortgage Payment Book;
- 3) Property Tax Receipts (must show address of property to be weatherized); or
- 4) Statement from the Office of the Tax Assessor, Chancery Clerk, or Record of Deeds.

If a dwelling is to be weatherized for a client who is not the owner of the dwelling, an agreement must be entered into between the landlord and the subgrantee agency, which outlines the owner's responsibilities. The agreement must be signed before work can begin on the weatherization project. In the Weatherization Selection Tool, priority, with regard to the selection of homes to be weatherized, will be given to landlords who provide assistance in the weatherization of their property. This assistance may be given through donated materials, monetary assistance or a combination of the two. A condition of the agreement includes the agreement not to raise the tenant's rent for two (2) years (some exceptions apply) beginning on the date of the weatherization projection completion (that is the approved post inspection date). Additionally, the owner cannot evict the tenant without cause during that period. Should the owner chose to violate the agreement, he or she may be billed for the pro-rated share of cost of the weatherization project.

The allowable exceptions to the prohibition of the two (2) year rent increase include increases due to higher property taxes, insurance premiums, necessary replacement (or extensive repairs) to appliances, plumbing, or wiring. These allowable costs must be spread over the period of one (1) year.

The owner agrees that the dwelling is not presently being offered for sale and agrees to give the subgrantee agency thirty (30) day's notice of the sale should the property be offered for sale prior to the expiration of the rental agreement. At least ten (10) days prior to the sale, the owner agrees to obtain a notarized statement of the purchaser's consent to assume the rental agreement obligation. If this consent is not obtained, the owner agrees to pay the full cost of the weatherization project based on the pro-rated number of months remaining in the rental agreement. Should the property be transferred via a will or heir ship, the same obligations would be placed on the new owners.

Additionally, the owner agrees that the terms and obligations of the rental agreement shall supersede any inconsistent provision of any oral or written lease or other agreement affecting the rent collected for the eligible dwelling unit.

## ATTACHMENT-COORDINATION OF LIHEAP ACTIVITIES

### **Statutory reference 2605 (b) (4)**

The State agrees to coordinate its activities under this title with similar and related programs administered by the Federal Government and the State, particularly low-income energy-related programs under Subtitle B of Title VI (relating to Community Services Block Grant Program), under the Supplemental Security Income Program under Part A of Title IV of the Social Security Act, under Title XX of the Social Security Act, under the Low-Income Weatherization Assistance Program, under Title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964, before the date of the enactment of this Act.

The Division of Community Services (DCS) of the Mississippi Department of Human Services administers LIHEAP, the Community Services Block Grant (CSBG), and the Low-Income Weatherization Assistance Program (WAP). By operating these programs under one division, it provides high potential for enhancing coordination. Also, it minimizes duplication of services between LIHEAP and other related programs under the Social Security Act, the Energy Conservation and Production Act and other related programs which are administered under the Economic Opportunity Act of 1964. A referral mechanism is in place (through the case management approach) to refer to and receive referrals from other social service providers and energy vendors. LIHEAP clients identified as high energy users due to the poor condition of their homes are referred to the Weatherization Assistance Program, and priority is given to elderly and disabled individuals.

Other forms of coordination involves soliciting local funds as leveraging from organizations, individuals, philanthropy agencies and energy vendors. The leveraging funds generated are used to maintain the level of service or to assist additional eligible clients. Subgrantees are encouraged to participate in leveraging local funds to supplement LIHEAP.

DCS will use one automated intake application for all the programs (LIHEAP, WAP, and CSBG), called the Virtual ROMA Tracking System. In addition, each applicant household's case folder (personal data information) is placed in one file known as a single filing system. The one intake application process and single filing system are viable means of coordinating efforts. It has the potential of cost savings.

MDHS elects to approach recipients of the LIHEAP program in a manner with the goal of assisting those in need of immediate assistance and to assist with the long-term success of the whole family through the use of referrals and assessments.

## ATTACHMENT- CRISIS ASSISTANCE

### Statutory reference 2604 (c), 2605 (c) (1) (A)

Mississippi offers a year-round crisis assistance component of LIHEAP, entitled the **Energy Crisis Intervention Program (ECIP)**, provides assistance to low-income households who have encountered a crisis situation within the last 30 days. **Agencies should utilize partnerships to alleviate crisis until client's eligibility is determined.**

- A. Life Threatening Crisis (LTE) – Eligible households with a life-threatening energy crisis must have the crisis relieved within **18 hours** of an approved application. Resolution of a life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered life threatening.
- 1) Disaster (fire, gas, leak, etc.)
  - 2) Person(s) on life support or medical devices that require electricity. In the event an applicant is at risk of disconnection of a utility that is a necessity for any medical equipment or devices needed to sustain life, the applicant should be treated as a Life-Threatening Crisis case and should be interviewed the same day and approved within 18 hours of the applicant's initial application. Supporting documents should be provided at the time of interview and scanned into Virtual ROMA and placed in the applicant's file.
  - 3) Domestic violence, and/or
  - 4) The abuse/neglect of elderly, disabled, or child
- B. Non-Life-Threatening Crisis (NON-LTE) – Eligible households with a non-life-threatening energy crisis must have the crisis relieved within **48 hours** of an approved application. Resolution of a non-life-threatening crisis may include, but is not limited to: arranging for an immediate supply of fuel, securing a payment arrangement with the energy vendor, pledging the amount of the bill to prevent shutoff, or to restore service, purchase of heating/cooling equipment, etc. The following are considered non-life threatening.
- 1) Unexpected expense such as death of an immediate family member, funeral expenses, high medical expenses, etc;
  - 2) Income loss within the last thirty (30) days (of the date the subgrantee was contacted) due to layoff or termination of benefits;
  - 3) Services are disconnected or threatened to be turned off;
  - 4) Theft;
  - 5) Displacement of a minor child (under the age of 18) due to the client's inability to pay utilities, rent, etc.; and/or
  - 6) Other documented emergencies within the last thirty (30) days, as deemed acceptable by the subgrantee.
- C. LIHEAP Assistance for Disaster Relief – Natural disaster (fire, hurricane, tornado, flood, etc.) or extreme inclement weather conditions determined by the National Weather Service and/or

declared by the President or Governor. Allowable uses of LIHEAP funds for home energy-related needs resulting from a natural disaster or disasters include:

- 1) Costs to temporarily house or shelter individuals in which homes have been destroyed or damaged
  - i. Hotels (up to 5 days),
  - ii. Apartments (1 month rent and deposit), or
  - iii. Other living situations that place people in settings to preserve health and safety and to move them away from the crisis situation
- 2) Costs for transportation (such as cars, shuttles, buses, etc.) to move individuals away from the crisis area to shelters, when their health and safety is endangered by loss of access to heating or cooling
- 3) Utility reconnection costs (does not include water and sewage),
- 4) Repair or replacement cost for furnaces, air conditioners and heaters,
- 5) Insulation repair,
- 6) Coats and blankets, as tangible benefits to keep individuals warm,
- 7) Crisis payments for utilities and utility deposits,
- 8) Purchase and installation of fans, air conditioners and heaters,
- 9) Purchase and installation of generators,
- 10) Costs associated with mobile outreach, and
- 11) Other needed items (contact DCS for approval).

The costs related to utility cost such as utilities, deposits, reconnect fees, and late fees are counted against the annual matrix amount per household. Other costs shall not be counted against the annual matrix benefit amount per household.

- D. Subgrantees shall, under no circumstances, state the applicant must have a disconnect notice to apply for assistance. This may put a household in a crisis situation which could be avoided by assisting with regular LIHEAP assistance.
- E. Applicants who are ineligible for crisis benefits shall be referred to other organizations that may be able to assist, or the subgrantee may contact energy vendor(s) on the applicant's behalf to see if a payment arrangement or extension is available.
- F. Multiple emergency requests by a client may result in the subgrantee referring client to CSBG program for intensive case management. However, case management is not a requirement for LIHEAP services.

*Source: Miss. Code Ann. § 43-1-2(4); Miss. Code Ann. § 43-1-4. Revised: September 2025*

## **ATTACHMENT-PROGRAM, FISCAL MONITORING AND AUDIT**

### **Statutory reference 2605 (b)(10)**

#### **Fiscal, Accounting and Tracking Requirements**

The State requires Subgrantees requesting LIHEAP funds to submit Monthly Cost Worksheets in Smartsheet. These Cost Worksheets show expenditures such as Program Assistance (regular), ECIP, Assurance 16 (if budgeted) and Administration. Subgrantees are required to submit Claim Support Forms (to request funds) based on Current Needs. Federal funds made available to the State under this title will disburse administrative and programmatic funds to Subgrantees in accordance with the LIHEAP Statute, and the overall contractual allocation for each subgrantee regulates the maximum allowable expenditures. The draw down requests and expenditures reports are reviewed, processed and tracked in the Division of Community Services. The SF-425 Federal Fiscal Reports (FFR) are generated in the MDHS – Division of Budgets & Accounting as well as the monthly Budget Status reports for DCS verification and tracking. Documentation from Virtual ROMA will be required to support costs reflected on Cost Worksheets and Claims Support Forms as a means to adhere to mandates by Division of Monitoring to monitor costs reported. Procedural manuals are in place which covers a range of fiscal and accounting rules and regulations with which Subgrantees must comply. Also, to further account for LIHEAP federal funds, 13 of 17 DCS Subgrantees use the same accounting software, GMS, which allows tracking through Virtual ROMA. It allows easy access in training new personnel, as well as existing personnel in the effective use of the GMS software and DCS requirements.

Subgrantees are required to have and submit an annual audit performed annually by an independent Certified Public Accountant. Also, the State complies with the Single Audit Act requirement.

The State continuously provides training and technical assistance to the subgrantees on program and fiscal management to enhance program compliance and quality service delivery to eligible households, and special training for new staff to ensure program compliance.

Subgrants will be monitored no less frequently than every two (2) years by the Division of Monitoring. Periodic reviews to the subgrantee, both announced and unannounced, will be conducted by the Division of Community Services.

The Director of Monitoring reviews and approves audit findings received from the Monitoring Supervisor. Audit findings are addressed on the monitoring report.

**SINGLE AUDIT MANAGEMENT REPORT AND FINDINGS REPORT**

*(Attached on next page.)*



**STATE OF MISSISSIPPI  
OFFICE OF THE STATE AUDITOR  
SHAD WHITE  
STATE AUDITOR**

April 2, 2026

**Single Audit Management Report**

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

Dear Mr. Anderson:

Enclosed for your review are the single audit findings for the Mississippi Department of Human Services for Fiscal Year 2024. In these findings, the Auditor's Office recommends the Mississippi Department of Human Services:

Single Audit Findings

1. Strengthen Controls to Ensure Compliance with Eligibility Requirements of the Temporary Assistance for Needy Families (TANF) Program.
2. Strengthen Controls to Ensure Compliance with Earmarking Requirements of the Child Care Development Fund.
3. Strengthen Controls to Ensure Compliance with the Federal Funding Accountability and Transparency Act (FFATA) Reporting Requirements.
4. Strengthen Controls Over On-site Monitoring for the Temporary Assistance for Needy Families (TANF) Program.
5. Strengthen Controls over Subrecipient Monitoring to Ensure Compliance with Uniform Guidance Auditing Requirements.

Please review the recommendations and submit a plan to implement them by April 8, 2026. The enclosed findings contain more information about our recommendations.

During future engagements, we may review the findings in this management report to ensure procedures have been initiated to address these findings.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance on each major federal program and the results of that testing based on the requirements of *Uniform Guidance*. Accordingly, this report is not suitable for any other purpose. However, this report is a matter of public record and its distribution is not limited.

Mississippi Department of Human Services

April 2, 2026

Page 2

I hope you find our recommendations enable the Mississippi Department of Human Services to carry out its mission more efficiently. I appreciate the cooperation and courtesy extended by the officials and employees of the Mississippi Department of Human Services. If you have any questions or need more information, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Meade".

Lisa Meade, CPA  
Director, Agency Federal Audit  
Enclosures

compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of Mississippi Department of Human Services's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Mississippi Department of Human Services's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

#### **Report on Internal Control over Compliance**

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as items **2024-035**, **2024-036**, and **2024-037** to be material weaknesses.

*A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as items **2024-038** and **2024-039** to be significant deficiencies.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed. *Government Auditing Standards* requires the auditor to perform limited procedures on the Mississippi Department of Human Services's response to the noncompliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Mississippi Department of Human Services's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

### SINGLE AUDIT FINDINGS

In conjunction with our audit of federal assistance received by the State of Mississippi, the Office of the State Auditor has completed its audit of the State's major federal programs administered by the Mississippi Department of Human Services for the year ended June 30, 2024.

Our procedures and tests cannot and do not provide absolute assurance that all federal legal requirements have been met. In accordance with *Section 7-7-211, Mississippi Code Annotated (1972)*, the Office of the State Auditor, when deemed necessary, may conduct additional procedures and tests of transactions for this or other fiscal years to ensure compliance with legal requirements.

#### **Report on Compliance for Each Major Federal Program**

We have audited the Mississippi Department of Human Services's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the federal programs selected for audit that are administered by the Mississippi Department of Human Services for the year ended June 30, 2024.

#### **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Mississippi Department of Human Services's federal programs.

#### **Auditor's Responsibilities for the Audit of Compliance**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the State of Mississippi's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Mississippi Department of Human Services's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Mississippi Department of Human Services's compliance with the

**Findings and Recommendations**

**ELIGIBILITY**

***Material Weakness***

***Material Noncompliance***

<b>2024-035</b>	Strengthen Controls to Ensure Compliance with Eligibility Requirements of the Temporary Assistance for Needy Families (TANF) Program.
<b>ALN Number</b>	93.558 Temporary Assistance for Needy Families (TANF)
<b>Federal Award No.</b>	All Current Active Grants
<b>Federal Agency</b>	Department of Health and Human Services (HHS)
<b>Pass-through Entity</b>	N/A
<b>Questioned Costs</b>	\$2,592
<b>Criteria</b>	<p>Per the Mississippi Department of Human Services TANF Policy Manual, "Current immunization is a condition of eligibility for TANF children from birth through age 17. Therefore, verification is mandatory."</p> <p>Per the Mississippi Department of Human Services TANF Policy Manual, "A 25% sanction of the monthly TANF benefit will be imposed after the 30-day notification period has expired and the caretaker has failed without good cause to obtain the recommended immunizations for the children in their care. The sanction will remain in place until verification of compliance/good cause is provided for all noncompliant children in the assistance budget."</p> <p>Per the Mississippi Department of Human Services TANF Policy Manual, "The age limit for a dependent child to receive a TANF benefit is 18. The child will no longer be eligible beginning with the month after his/her 18th birthday, unless the date of birth falls on the first of the month. The child must be under 18 at least one day of the month to be eligible. The date of birth must be verified for each child in the TANF assistance unit."</p> <p>Per the Mississippi Department of Human Services TANF Policy Manual, "The procedures for authorization are: 1. All authorization for initial certification and subsequent determinations of eligibility and access to and availability of benefits, will be accomplished through the Authorization of Supervisor (AUSP) screen in MAVERICS. 2. The county director and his/her designee will authorize changes in eligibility and amount of benefits."</p> <p>Per the Mississippi Department of Human Services TANF Policy Manual, "The monthly work stipend amount will be determined on a case-by-case basis, based on the scheduled hours per week the participant is scheduled to participate."</p> <p>Per the Mississippi Department of Human Services TANF Policy Manual, "When a work stipend is authorized on TSAU, the case manager will request a full or partial payment. JAWS keeps track of the total scheduled hours range and all</p>

payments issued for the benefit month. When the case manager authorizes a payment, JAWS will calculate the appropriate payment amount based on the total scheduled hours range, deduct any previous payments for that benefit month, and pay the balance due.”

*Code of Federal Regulations (45 CFR 206.10(a)(1)(ii))* states the agency shall require a written application, signed under a penalty of perjury, on a form prescribed by the State agency, from the applicant himself, or his authorized representative, or, where the applicant is incompetent or incapacitated, someone acting responsibly for him.

Per the Mississippi Department of Human Services TANF Policy Manual, “The appropriate application for TANF transitional services (TCC or TT) must be received within 30 days after the TANF case closes due to earned income.”

Per the Mississippi Department of Human Services TANF Policy Manual, “The individual must provide documentation to verify continued employment and attendance hours as requested by the case manager, but no less than quarterly. The case manager will send a request for continued employment verification no later than the eighteenth day of the last month in the projection period.”

**Condition**

During testwork performed over eligibility requirements for the Temporary Assistance for Needy Families (TANF) Program as of June 30, 2024, the auditor tested 160 TANF payments and noted the following:

- Four instances (or 3 percent) in which a child's current immunization status was not verified within 30 days. Full TANF benefits were paid to the recipients, resulting in overpayments.
- One instance (or 1 percent) in which TANF benefits were not reduced promptly once a dependent child reached 18 years old, resulting in an overpayment.
- Two instances (or 1 percent) in which a TANF benefit payment was approved by an unknown authorizer.
- One instance (or 1 percent) in which a transportation work stipend was overpaid based on the recipient's scheduled hours.
- Four instances (or 3 percent) in which transitional work stipends were paid to recipients without completed applications on file.
- Four instances (or 3 percent) in which transitional work stipend amounts paid to recipients were incorrect based on attendance records. Two of those instances were overpayments based on hours worked while the other two instances lacked any attendance records.

**Cause**

MDHS did not have adequate internal controls to ensure compliance with eligibility requirements.

<b>Effect</b>	Failure to comply with eligibility requirements could result in ineligible beneficiaries being determined eligible, resulting in questioned costs and the possible recoupment of funds by the federal granting agency.
<b>Recommendation</b>	We recommend MDHS strengthen controls to ensure compliance with eligibility requirements of the Temporary Assistance for Needy Families (TANF) Program.
<b>Repeat Finding</b>	No.
<b>Statistically Valid</b>	Yes.

**EARMARKING**

*Material Weakness  
 Material Noncompliance*

<b>2024-036</b>	Strengthen Controls to Ensure Compliance with Earmarking Requirements of the Child Care Development Fund.
<b>ALN Number</b>	93.489, 93.575, and 93.596 Child Care Development Fund (CCDF)
<b>Federal Award No.</b>	2101MSCCDF
<b>Federal Agency</b>	Department of Health and Human Services (HHS)
<b>Pass-through Entity</b>	N/A
<b>Questioned Costs</b>	\$138,329
<b>Criteria</b>	The <i>Code of Federal Regulations (45 CFR 98.50)</i> states that no less than three percent shall be used to carry out activities at 98.53(a)(4) as such activities relate to the quality of care for infants and toddlers.
<b>Condition</b>	When performing testwork related to earmarking as of June 30, 2024, the auditor noted Infant and Toddler quality expenditures fell below the three percent earmarking requirement.
<b>Cause</b>	Staff were either unaware or did not follow identified policies and procedures for earmarking requirements.
<b>Effect</b>	Failure to comply with earmarking requirements could result in questioned costs and potential recoupment of funds by the federal grant agency, as well as could lead to a reduction in federal award funding in future fiscal years.
<b>Recommendation</b>	We recommend the Mississippi Department of Human Services strengthen controls to ensure compliance with earmarking requirements of the Child Care Development Fund.

**Repeat Finding** No.  
**Statistically Valid** No.

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**REPORTING**

*Material Weakness*  
*Material Noncompliance*

**2024-037** Strengthen Controls to Ensure Compliance with Federal Funding Accountability and Transparency Act (FFATA) Reporting Requirements.

**ALN Number** 93.558 Temporary Assistance for Needy Families (TANF)  
93.568 Low-Income Home Energy Assistance Program (LIHEAP)

**Federal Award No.** All Current Active Grants

**Federal Agency** Department of Health and Human Services (HHS)

**Pass-through Entity** N/A

**Questioned Costs** None

**Criteria** *The Code of Federal Regulations (2 CFR 170, Appendix A((1)(a)(2)(ii)) states a subaward must be reported in FSRS by the last day of the month following the obligation date, which is defined as the date the subaward is signed.*

*The Internal Control – Integrated Framework published by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and the U.S. Government Accountability Office Standards for Internal Control in the Federal Government (Green Book) specifies that a satisfactory control environment is only effective when control activities exist. This includes but is not limited to the entity determining which laws and regulations apply to the entity and setting objectives that incorporate these requirements.*

**Condition** When performing testwork related to Federal Funding Accountability and Transparency Act (FFATA) Reporting as of June 30, 2024, the auditor noted the following exceptions:

- One instance (or 8 percent) for Temporary Assistance for Needy Families (TANF) in which the subaward amount reported on SAM.gov did not match the total award amount listed on the subgrant agreement.
- Eight instances (or 62 percent) for Temporary Assistance for Needy Families (TANF) and six instances (or 100 percent) tested for Low-Income Energy Assistance Program (LIHEAP) in which the reports were not submitted within the required timeframe. 14 instances total shown below.

Transactions Tested	Subaward Not Reported	Report Not Timely	Subaward Amount Incorrect	Subaward Missing Key Elements
20	0	14	1	0
Dollar Amount Tested For Transactions	Subaward Not Reported	Report Not Timely	Subaward Amount Incorrect	Subaward Missing Key Elements
\$30,263,515	\$0	\$26,209,720	\$445	\$0

**Cause** MDHS personnel did not ensure timely submission of FFATA reporting.

**Effect** Failure to report any applicable awards and subawards in a timely manner resulted in MDHS being in noncompliance with federal reporting requirements.

**Recommendation** We recommend the Mississippi Department of Human Services strengthen controls to ensure compliance with Federal Funding Accountability and Transparency Act (FFATA) Reporting Requirements.

**Repeat Finding** Yes, 2023-016, 2022-019, and 2021-010.

**Statistically Valid** Yes.

**SUBRECIPIENT MONITORING**

*Significant Deficiency  
 Immaterial Noncompliance*

**2024-038** Strengthen Controls over On-Site Monitoring for the Temporary Assistance for Needy Families (TANF) Program.

**ALN Number** 93.558 Temporary Assistance for Needy Families (TANF)

**Federal Award No.** All Current Active Grants

**Federal Agency** Department of Health and Human Services(HHS)

**Pass-through Entity** N/A

**Questioned Costs** None

**Criteria** The auditor evaluated MDHS's compliance with subrecipient monitoring requirements based on written policies and procedures designed by MDHS's Division of Program Integrity – Division of Monitoring (DM) to satisfy during-the-award monitoring requirements. DM procedures require: an on-site monitoring/desk reviews of all MDHS subgrants annually for programmatic and fiscal compliance. Monitoring tools/checklists are used during each on-site monitoring review to provide guidance and to document a review was performed.

The on-site monitoring workpapers are reviewed and approved by DM supervisory personnel prior to issuance of a written report. The Division of Monitoring will issue an Initial Findings Letter within thirty (30) calendar days after the exit conference. The monitoring report will provide a description of each finding of noncompliance, identified questioned costs, and any required corrective action(s) to be taken by the subgrantee. The subgrantee is required to provide a written response to the Division of Monitoring within thirty (30) calendar days of receipt of the Initial Findings Letter. The written response must include a statement of whether the subgrantee agrees with the finding or not, a detailed plan of how the subgrantee will correct each individual finding, and be signed by the Authorized Official or designee.

Additionally, *The Internal Control – Integrated Framework published by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) Manual* specifies that a satisfactory control environment is only effective when there are adequate control activities in place. Effective control activities dictate that: the agency perform appropriate multi-level reviews over the monitoring process and the agency ensures timely communication from the subgrantees and timely resolution of findings in order to prevent; detect; and deter fraud, waste, and abuse or the misuse of federal funds.

<b>Condition</b>	When performing testwork over subrecipient on-site monitoring for state fiscal year 2023, we noted one instance out of ten subrecipients tested (or ten percent) in which the Mississippi Department of Human Services did not issue the Initial Findings Letter within 30 calendar days after the exit conference.
<b>Cause</b>	Staff were either unaware or did not follow identified policies and procedures for monitoring requirements.
<b>Effect</b>	MDHS programmatic funding divisions rely upon DM monitoring procedures to verify compliance with program regulations and to identify potential problem areas needing corrective action. Failure to properly monitor subrecipients in an effective manner could allow noncompliance with federal regulations to occur and go undetected, potentially resulting in unresolved questioned costs.
<b>Recommendation</b>	We recommend the Mississippi Department of Human Services' Division of Program Integrity – Division of Monitoring (DM) strengthen controls over subrecipient monitoring. We also recommend the Mississippi Department of Human Services' Office of Compliance - Division of Monitoring perform monitoring reviews over subrecipients as prescribed by the Code of Federal Regulations and MDHS' monitoring policies and procedures.
<b>Repeat Finding</b>	Yes, 2023-017, 2022-017, and 2021-013.
<b>Statistically Valid</b>	Yes.

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**SUBRECIPIENT MONITORING**

*Significant Deficiency  
Immaterial Noncompliance*

**2024-039**                    Strengthen Controls over Subrecipient Monitoring to Ensure Compliance with Uniform Guidance Auditing Requirements.

**ALN Number**            93.558 Temporary Assistance for Needy Families (TANF)  
93.489, 93.575, 93.596 Child Care Development Fund (CCDF)  
93.568 Low Income Household Energy Assistance Program (LIHEAP)

**Federal Award No.**    All Current Active Grants

**Federal Agency**        Department of Health and Human Services (HHS)

**Pass-through Entity**    N/A

**Questioned Costs**     None

**Criteria**                    *Code of Federal Regulations (2 CFR 200.512(a)(1))* states the audit must be completed and the data collection form described in paragraph (b) of this section and reporting package described in paragraph (c) of this section must be submitted within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day.

*Code of Federal Regulations (2 CFR 200.332(d)(2))* states all pass-through entities must monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.

*Code of Federal Regulations (2 CFR 200.332(f))* states all pass-through entities must verify that every subrecipient is audited as required by Subpart F of this part when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 200.501.

**Condition**                    When performing testwork related to OMB Single Audit Monitoring as of June 30, 2024, the auditor noted the following:

- Four instances (or 33.33 percent) in which there was no documentation of communication between the agency and the subrecipient regarding

audit reports that had not been received within nine months of the subrecipients fiscal year-end.

- One instance (or 8 percent) in which there was no documentation that a corrective action plan was provided.

<b>Cause</b>	Staff were either unaware or did not follow identified policies and procedures for monitoring requirements.
<b>Effect</b>	Failure to properly monitor subrecipients could allow noncompliance with federal regulations to occur and go undetected, potentially resulting in fraud, waste, and abuse within the agency.
<b>Recommendation</b>	We recommend the Mississippi Department of Human Services' Division of Program Integrity - Division of Monitoring (DM) strengthen controls over subrecipient monitoring for Uniform Guidance audits to ensure recipients expending \$750,000 or more in Federal funds during their fiscal year are meeting Uniform Guidance Audit requirements.
<b>Repeat Finding</b>	Yes, 2023-018, 2022-018, and 2021-014.
<b>Statistically Valid</b>	Yes.

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**End of Report**



# State of Mississippi

**TATE REEVES**  
Governor

August 14, 2025

Janelle George, Acting Director  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street, S.W. 5<sup>th</sup> Floor  
Washington, DC 20201

Dear Ms. George:

I hereby authorize Mr. Robert G. "Bob" Anderson, Executive Director of the Mississippi Department of Human Services ("MDHS") to be the official signature authority for all funds appropriated to MDHS by the U.S. Department of Health and Human Services. In addition, I authorize Mr. Anderson to sign all assurances for the Community Services Block Grant ("CSBG") and Low-Income Home Energy Assistance Program ("LIHEAP") grant applications outlined in the respective statute, as amended. Further, I, Tate Reeves, Governor of the State of Mississippi delegate my authority to Mr. Anderson, Executive Director of MDHS to certify to the 16 assurances outlined in the Low-Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low-Income Home Energy Assistance Program.

Should you need additional information, please contact Mr. Anderson at (601)359-4457, P.O. Box 352, Jackson, Mississippi 39205, or via email at [Bob.Anderson@mdhs.ms.gov](mailto:Bob.Anderson@mdhs.ms.gov).

Sincerely,

A handwritten signature in blue ink that reads "Tate Reeves".

Tate Reeves  
Governor

cc: Bob Anderson, Executive Director, MDHS

November 1, 2025

Janelle George, Acting Director  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street, S.W. 5<sup>th</sup> Floor  
Washington, DC 20201

Dear Ms. George:

I hereby authorize the Director of the Division of Community Services (DCS) of the Mississippi Department of Human Services (MDHS), to be the official designee of signature authority for all funds appropriated to MDHS-DCS by the U.S. Department of Health and Human Services for the On-Line Data Collection System (OLDC) purpose only. In addition, I authorize the Director of the Division of Community Services to sign all assurances for the Community Services Block Grant (CSBG) and Low-Income Home Energy Assistance Program (LIHEAP) grant applications outlined in the respective statutes, as amended. I, Bob Anderson, Executive Director of MDHS delegate my authority to the Director of the Division of Community Services to certify to the 16 assurances outlined in the Low-Income Home Energy Assistance Act of 1981, as amended, and otherwise perform all necessary functions to properly administer the Low-Income Home Energy Assistance Program.

The Director of the Division of Community Services, Ms. Nicole McBeath, will serve as the state liaison for the implementation of the CSBG and LIHEAP programs. All routine correspondence from your office should be directed to Ms. McBeath and you may contact her directly at P.O. Box 352, Jackson, Mississippi 39205 or telephone (601)359-4765.

Sincerely,



Robert G. "Bob" Anderson  
Executive Director

BA:nm

## ATTACHMENT – COMPLIANCE MONITORING

### Statutory Reference 2605(b)(10)

### Division of Monitoring

#### Overview

The Division of Monitoring is tasked with ensuring that all subgrants of the Mississippi Department of Human Services (MDHS) are administered in compliance with laws and regulations applicable to Federal financial assistance programs, agency policies and in accordance with the terms of the subgrant agreement and the Subgrant Manual in its entirety. Monitoring is a review process used in determining a Subgrantee's compliance with the requirements of MDHS and/or Federal programs, adhering to applicable laws and regulations, and measuring progress toward stated results and outcomes. The Division of Monitoring along with the Funding Divisions are responsible for oversight of the development of appropriate monitoring instruments specifically designed to ensure compliance with program requirements, cost principles, and federal regulations.

MDHS monitoring reviews are performed in accordance with 2 C.F.R. §200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

**For additional guidance, please refer to Title 18 of the Administrative Code, Part 8, Chapter 8, Monitoring at <https://www.sos.ms.gov/adminsearch/ACCode/00000325c.pdf>.**

## **Division of Community Services (DCS)**

### **Statutory Reference 2605(b)(10)**

#### **TRAINING & TECHNICAL ASSISTANCE (T&TA)**

DCS staff uses several tools and checklists to conduct an overall comprehensive review of the agencies' operations. Throughout both the programmatic and fiscal review process there should be ongoing, open communication with the staff to facilitate clarification of facts and prevent misunderstandings, provide the reviewer with a full understanding of the agencies' operations, and provide the agency with a full understanding of the review process.

Preliminary areas of noncompliance should be summarized and discussed with the Executive Director and/or designated staff during the exit conference. Copies of specific documents, supporting schedules, and reports obtained during the site visit to facilitate preparation of the report should be discussed during the exit conference. The agency is given the opportunity to provide comments and present additional information or explanation regarding a specific finding before it is included in the report.

The report should include specific timelines for any required corrective action associated with each finding. Copies of the report should be mailed to agency's Board and the agency's Executive Director. A copy should also be provided to the DCS Program Director and Compliance Officer.

The agency is required to respond in writing to each of the findings and observations mentioned in the report, including a detailed plan for taking corrective actions and implementing required changes. The initial response is due within 30 days from the date of the report. The agency's plan for resolution and corrective action will be reviewed by Compliance Team to ensure that all findings have been adequately addressed.

In the event an agency is unable or unwilling to correct a specified area of noncompliance within the prescribed timeline, DCS will report the deficiency to MDHS-Inspector General. If MDHS determines that the agency remains noncompliance in a specified area, DCS may contact DHHS to initiate proceedings to terminate the organization's designation as a Community Action Agency.

## ATTACHMENT- CLIENT FAIR HEARINGS AND APPEALS PROCESSES

### Statutory Reference 2605(b)(13)

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An applicant or recipient has the right to request a Hearing or Appeal if they are dissatisfied with the denial, delay, cancellation, or any adverse decision related to your application for services.

#### A. Types of Hearings

##### 1) Appeal (Agency Level)

###### i. Basis for an Appeal

- Incorrect bill submitted
  - Information provided is insufficient to determine eligibility
  - Requested additional information not returned within ten (10) calendar days
  - Non-compliance with CSBG Case Management Plan
  - Threatening behavior toward staff
  - Your claim for assistance was not acted upon with reasonable promptness
- If a client submits a Fair Hearing request for any of the above-mentioned reasons their request will be automatically denied.

###### ii. The client must submit a **request for an appeal** within **thirty (30) calendar days** of the denial or adverse action.

The request must be submitted on <https://virtualroma.mdhs.ms.gov/> and include all of the following:

Name of Community Service Agency  
Full Name and Address  
Date of Denial or Adverse Action Notice  
Stated Reason(s) for Denial or Action  
Reason(s) for Appeal Request

The client's request will be submitted to the Executive Director and Board Chair. **The Executive Director and Board Chair will have 15 calendar days to contact the client to schedule an appeal. After scheduling and hearing the grievance, the Executive Director and Board Chair will then have 15 calendar days to make a final determination in regard to the appeal.**

##### 2) Fair Hearing (MDHS Level)

###### i. Basis for a Fair Hearing

- If the client was denied at the agency level and has met all the criteria for a complete application, but still feels they are eligible for services for the following reasons:

- Disagreement with the denial itself
  - Incorrect information or assessment
  - Procedural error
  - Discrimination
  - Failure to make a timely decision
  - Changes in circumstances
  - Other \_\_\_\_\_
- ii. The client can request a fair hearing by submitting the required form in several different ways:
- Complete a MDHS Programmatic Appeal Request form (<https://www.mdhs.ms.gov/wp-content/uploads/2023/12/MDHS-OIG-200-Programmatic-Appeal-Request-Form.pdf>). Submit the MDHS Programmatic Appeal Request form through any of the following:

Email: [admin.hearings@mdhs.ms.gov](mailto:admin.hearings@mdhs.ms.gov)

Fax: 601-359-5047

Mail: Mississippi Department of Human Services  
Office of the Inspector General  
Administrative Hearings  
P.O. Box 352  
Jackson, MS 39201

Phone: 601-359-4921.

After a client requests a fair hearing, they will receive a notice letting them know a date and time for their fair hearing. Usually, fair hearings are conducted over the phone.

During the hearing, the client will be given the opportunity to present their position fully and explain why they believe that the decision made by Agency was wrong. The client may bring any evidence that they believe supports their position. MDHS may also present information about why the agency believes the decision was correct.

After hearing from both sides, the hearing officer will make a decision about whether the agency's decision was wrong and should be changed or the agency's decision was correct and should not be changed.

### **Important Information**

If at any point during the appeals process, the initial denial or adverse action is reversed, appropriate corrective actions, including processing payments or reinstating services, will be taken by the Community Service Agency in a timely manner.

Please note: **Lack of available funding** in your county is not subject to a Fair Hearing. In such cases, subgrantees should:

- 1) Refer applicants to other service providers,

- 2) Utilize non-federal funds where possible,
- 3) Maintain a waitlist of applicants to prioritize once funds become available.

### **Contact Information**

If the client has questions about this notice or the appeals process, please have them to contact the local **Community Service Agency/Human Resource Agency** or the **Mississippi Department of Human Services** at [admin.hearings@mdhs.ms.gov](mailto:admin.hearings@mdhs.ms.gov).

\*A copy of the Fair Hearing & Appeal Process must be posted at each agency and county office for clients to view.

*Source: Miss. Code Ann. § 43-1-2(4); Miss. Code Ann. § 43-1-4. Revised: September 2025*

## ATTACHMENT- WASTE, FRAUD & ABUSE

The Mississippi Department of Human Services has zero tolerance for the commission or concealment of acts of waste, fraud and abuse. Allegations of such acts will be investigated and pursued until the logical conclusion, including legal action when warranted.

### A. Definitions of Waste, Fraud and Abuse

Waste involves the taxpayers not receiving a reasonable value for money in connection with any government funded activities due to an inappropriate act or omission by players with control over or access to government resources.

Fraud is a type of illegal act of obtaining something of value through willful misrepresentation or a false representation of a material fact, whether by words or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed, which deceives another so that he acts, or fails to act to his detriment.

Abuse involves behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary business practice given the facts and circumstances. Abuse also includes misuse of authority or position for personal financial interests or those of an immediate or close family member or business associate.

Additional examples of Waste, Fraud and Abuse include but are not limited to:

- i. Misrepresenting household size or income
- ii. Falsifying application
- iii. Forging documents needed to complete intake
- iv. Omitting client information
- v. Creating ghost clients
- vi. Charging application fees
- vii. Former employee having access to software and system
- viii. Receiving kickbacks from vendor
- ix. Gross mismanagement or gross waste of funds

### B. General Reporting of Waste, Fraud and Abuse

DCS encourages and enables, without retaliation or the fear of retaliation, employees, board of directors, vendors, volunteers, clients and the general public to disclose information believed to be waste, fraud, and abuse of CSBG & LIHEAP funding.

Complaints of waste, fraud and abuse will be handled according to the process established in this policy.

Anonymous reports may be submitted to the Office of Inspector General via 1-800-299-6905 or by mail.

MDHS  
Office of Inspector General  
200 South Lamar Street  
Jackson, MS 39201

Providing specific occurrence details of suspected waste, fraud, and abuse will expedite investigative efforts. There is no requirement to submit identifying information from those who wish to report suspected waste, fraud, and abuse.

Tips will be investigated in the order that they have been received with no preference given to those who provided identifying information.

### C. Agency Reported Suspected Waste, Fraud and Abuse

#### 1) Reporting Suspected Client Fraud

If an agency suspects that a client has committed waste, fraud or abuse, it is incumbent upon the agency to do their due diligence to review and provide documentation in support of their claim (documentation should include but is not limited to proof of misrepresentation or falsified document). All suspected fraud should be reported immediately.

- i. All claims must be submitted to DCS for review. Documentation should be uploaded into Virtual ROMA for DCS to complete a thorough review. Upon completion of DCS' review, a response will be provided to the agency indicating if the claim has been substantiated, denied, or referred. If the claim cannot be substantiated or denied by DCS, the claim will be referred to the MDHS Office of Inspector General.
- ii. For substantiated claims, clients will be denied assistance following program penalties and will be coded as sanctioned in Virtual ROMA.

#### 1) Reporting Suspected Representative of an Agency Fraud - Representatives of an agency include employees, board members, or volunteers.

If it is suspected that a representative of an agency has committed waste, fraud or abuse, it is incumbent upon the individual reporting the fraud to provide documentation in support of their claim. Documentation should include but is not limited to proof of misrepresentation or falsified document. All suspected fraud should be reported immediately.

- i Suspected waste, fraud or abuse by an employee of an agency should be reported to their immediate supervisor. If the reporter's supervisor is suspected of fraud, it should be reported to the Executive Director. If it is believed that the Executive Director may be committing fraud, the activity should be reported to the Board of Directors. The Division of Community Services should also be notified when an executive director has been reported to the Board.
- ii If it is believed that a member of the Board of Directors is involved, then the activity shall be reported to the Office of Inspector General at 1-800-299-6905 or by mail. The Division of Community Services should also be notified.

MDHS  
Office of Inspector General  
200 South Lamar Street  
Jackson, MS 39201

- iii In the event that the agency is unable to support its claim but suspects that waste, fraud and abuse has taken place, the case **must** be referred to MDHS Office of Inspector General for investigation at 1-800-299-6905 or email [fraud@mdhs.ms.gov](mailto:fraud@mdhs.ms.gov).

#### 2) Reporting Vendor Suspected Waste, Fraud, or Abuse

If it is suspected that a vendor has committed waste, fraud or abuse, it is incumbent upon the individual reporting the fraud to do their due diligence to provide documentation in support of their claim. Documentation should include, but is not limited to, proof of misrepresentation or falsified document.

- i. All claims must be submitted to DCS for review. Documents must be uploaded into Virtual ROMA for DCS to review. Upon completion of DCS' review, a response will be provided to the agency indicating if the claim has been substantiated, denied, or referred. If the claim cannot be substantiated or denied by DCS, the claim will be referred to the MDHS Office of Inspector General.

D. Penalties for Waste, Fraud and Abuse

- 1) A client who has committed waste, fraud and abuse will be subject to the following sanctions:
  - i. If it is the client's first offense, the individual's household will be ineligible for services for an entire year from the date of the decision and benefits will be recouped if necessary. Caseworkers must also code the client's case as sanctioned in Virtual ROMA.
    - If the client is an Employee/Board Member or Volunteer of the agency they must also be terminated, removed from the board or deemed as ineligible to volunteer with any of the agency's programs.
  - ii. If it is the client's second offense, the individual's household will be ineligible for services for twenty-four months from the date of the decision and benefits will be recouped if necessary.
  - iii. If it is the client's third offense, the individual will be disqualified permanently from all DCS funded programs and is subject to prosecution and/or recoupment of any benefits provided, following due process as defined in agency regulations.
- 2) If a representative of the Agency has committed Waste, Fraud and Abuse shall be terminated or removed from the board. Additionally, they may be subject to prosecution and/or recoupment of any benefits provided, following due process as defined in agency regulations.
- 3) If a vendor has committed waste, fraud and abuse, the vendor will be suspended from participation and may be subject to prosecution and/or recoupment of any benefits provided, following due process as defined in agency regulations.
- 4) If there is an error that was caused by the subgrantee's mistake, misrepresentation or fraud and it results in overpayment, the client, agency representative or vendor must not be held responsible for repayment. The subgrantee is responsible for repayment from non-federal funds.

Source: *Miss. Code Ann. § 43-1-2(4); Miss. Code Ann. § 43-1-4. Revised: September 2025*

**ATTACHMENT-LEGAL NOTICE & PUBLIC COMMENTS**

**Statutory reference 2605 (b) (12)**

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF COMMUNITY SERVICES  
MEMORANDUM**

**TO:** Veronica Ratliff  
Division of Procurement Services

**FROM:** Nicole McBeath  
Division of Community Services

**DATE:** June 2, 2026

**SUBJECT:** Publication of Legal Notice

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The Division of Community Services requests that a legal notice concerning the Legislative Public Hearing on the Community Services Block Grant and Low-Income Home Energy Assistance Programs be published in the classified section of the twelve newspapers listed (See attachment). The information should be advertised on **June 10, 2026 and July 01, 2026**, in each newspaper. **Please send us the copies of the newspaper advertisements from three different publishers as soon as they are announced.**

Should you have any questions, please contact Nicole McBeath at 601-359-4765 or Jayda Lee at 601-359-4769.

NM;jl

Attachments

LEGAL GRANTS  
(Block Grants)  
MISSISSIPPI DEPARTMENT OF  
HUMAN SERVICES  
Division of Community Services  
Legislative Public Hearing

The Mississippi Department of Human Services, Division of Community Services will be conducting the Legislative Public Hearing on the Community Services Block Grant and Low-Income Home Energy Assistance Programs under Title 26 of the Omnibus Budget Reconciliation Act of 1981, as amended. The hearing for the 2027 programs is scheduled for Tuesday, July 14, 2026, at 11:00 am at the Sun-N-Sand Conference Center, 401 N Lamar St., Jackson, MS 39202, 2<sup>nd</sup> Floor Conference Room.

The Community Services Block Grant provides funds for a range of activities to ameliorate the causes and effects of poverty. For Fiscal Year 2027, at least 90 percent of the funds allocated to the State through these grants will be contracted to non-profit community action agencies, migrant seasonal farm worker organizations or community-based organizations that meet the eligibility requirements as described in Section 675 of the Community Services Block Grant Act, as amended. The eligibility requirements for the program are outlined in the application process.

The Low-Income Home Energy Assistance Program assists eligible households to pay the costs of home energy bills and other energy-related services, for example, wood, kerosene, electricity, gas, heaters, blankets, fans, and air conditioners. For Fiscal Year 2027, at least 90 percent of the funds allocated to the State through these grants will be contracted to private, nonprofit, and public agencies designated in accordance with Public Law 97-35, as amended. The eligibility requirements for the program are outlined in the application process.

Copies of the State Plans are available for review at the Mississippi Department of Human Services by calling 601-359-4768 or 1-800-421-0762.

Inquiries, comments, or suggestions regarding the block grant plans and/or eligibility requirements must be received on or before July 21, 2026, by the Division of Community Services, P. O. Box 352, Jackson, Mississippi 39205. Public comments will be reviewed before finalizing the 2027 State Plans for these programs.

Mississippi Department of Human Services  
Division of Community Services

**NEWSPAPERS**

- |    |   |     |   |
|----|---|-----|---|
| 1. | <b>The Jackson Advocate</b><br>115 East Hamilton<br>Jackson, MS 39202           | 7.  | <b>The Clarion Ledger</b><br>Post Office Box 40<br>Jackson, MS 39205-0040             |
| 2. | <b>The Natchez Democrat</b><br>Post Office Box 1447<br>Natchez, MS 39121-39221  | 8.  | <b>The Vicksburg Evening Post</b><br>Post Office Box 951<br>Vicksburg, MS 39180       |
| 3. | <b>The Commercial Dispatch</b><br>Post Office Box 511<br>Columbus, MS 39703     | 9.  | <b>The Northeast MS Daily Journal</b><br>Post Office Box 909<br>Tupelo, MS 38801      |
| 4. | <b>The Delta Democrat Times</b><br>Post Office Box 1618<br>Greenville, MS 38701 | 10. | <b>The Hattiesburg American</b><br>Post Office Box 1111<br>Hattiesburg, MS 39401      |
| 5. | <b>The Daily Corinthian</b><br>Post Office Box 119<br>Corinth, MS 38834         | 11. | <b>The Clarksdale Press Registrar</b><br>Post Office Box 1119<br>Clarksdale, MS 38614 |
| 6. | <b>The Gulf Publishing Company</b><br>Post Office Box 4567<br>Biloxi, MS 39535  | 12. | <b>The Meridian Star</b><br>Post Office Box 1591<br>Meridian, MS 39301                |

**ATTACHMENT- 2026 LIHEAP & CSBG PUBLIC HEARING AGENDA**

*Agenda will be provided after the hearing.*

**ATTACHMENT- PUBLIC COMMENTS**

*Transcript will be provided after the hearing.*

**ATTACHMENT- VENDOR AGREEMENT FORM**

**Mississippi Department of Human Services (MDHS)  
Division of Community Services (DCS)**

**Vendor Agreement  
Low-Income Home Energy Assistance Program**

The Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to eligible low-income households to pay home energy costs. Payments for assistance will be made by \_\_\_\_\_ (LIHEAP Agency) on behalf of eligible households to the LIHEAP Energy Vendor who provides the source of electricity or gas services. Checks or ACH deposit will be issued to the LIHEAP Energy Vendor with a list of eligible households attached to it.

This vendor agreement is between:

LIHEAP Agency:	Address, Phone Number and Email Address:
LIHEAP Energy Vendor Legal Name:	Address, Phone Number and Email Address:
Tax ID Number/EIN Number:	

Services provided and billed by LIHEAP Energy Vendor (Mark an "X"):

Electricity Fees  Natural Gas Fees   
Propane Fees  Other Fees (please list) \_\_\_\_\_

Counties served by your company: \_\_\_\_\_

By signing this agreement and accepting payments on behalf of eligible households, the LIHEAP Energy Vendor assures:

- The account number is assigned to each household eligible for electric or gas assistance;
- That eligible households will be charged in a normal business process, the difference between the actual cost of electricity or gas services and the amount of payment made through this program;
- That eligible households will not be treated adversely or differently because of such assistance;
- That there will be no discrimination either in the cost of goods supplied or services provided, against the households on whose behalf payments are made;
- That the amount paid by LIHEAP agency will be credited to individual eligible household account indicated on the listing that accompanies the check or ACH deposit;
- Provide electricity or gas services to each eligible and approved residential household for which payment is provided under LIHEAP;
- Restore electricity or gas services upon payment for households that have been disconnected;

Revised: December 2025

- To not refuse service or otherwise discriminate in the marketing and provision of service to any household because of race, religion, color, national origin, gender, familial status, source of income, level of income, disability, financial status or qualification for low-income services;
- To not take any adverse action on a household account when an application for assistance is pending, until such time that eligibility for services is determined;
- To not interrupt services if a pledge was sent to LIHEAP Energy Vendor and the LIHEAP agency is meeting the obligations under this agreement;
- That it will cooperate with DCS by providing requested information to DCS regarding annual electricity or gas usage and cost for LIHEAP households, if applicable;
- To provide at no cost to the LIHEAP Agency, household, or MDHS-DCS, written information on a household's home electricity or gas costs, bill payment history or arrearage history for no more than the previous 12 monthly billing periods; and
- To report any instance of fraud, waste, and abuse concerning customer (household), LIHEAP agency, employee, or LIHEAP Energy Vendor, please contact the MDHS Division of Program Integrity at 1-800-299-6905. The report may result in an investigation being conducted and/or permanent disqualification from participating in the LIHEAP.

The LIHEAP Energy Vendor agrees to handle payments in the following manner:

- Payments must be applied **ONLY** to electricity or gas accounts of the individuals listed, except if: (a) the account is in the name of the spouse who lives at the same address; (b) the account is in the name of a deceased spouse; or (c) verification is obtained from vendor or landlord stating that applicant is responsible for affected utility bill;
- Payments must not be applied to account balances that have previously been written off or paid with other funds;
- Provide written reconciliation and confirmation on a regular basis to LIHEAP agency that benefits have been credited appropriately to households and their services have been restored on a timely basis or disconnection status has been removed if applicable;
- Payments must not be applied to business accounts;
- Payment must be applied **only** for home electricity or gas services. The following payments are prohibited: water, sewer, repairs, garbage collections, fraudulent services, meter tampering and returned check fees;
- **CASH REFUNDS TO THE HOUSEHOLD OR LIHEAP AGENCY ARE STRICTLY PROHIBITED;**
- Should a credit balance result on an account in which the account holder dies (and there are no other adults in household), or moves out of the LIHEAP Energy Vendor's service area, any amount exceeding the balance owed the LIHEAP Energy Vendor must be refunded to the LIHEAP Agency within 60 days;
- Refund any interest resulting from unused LIHEAP payment made on behalf of the household;
- All household accounts should be credited immediately, but no later than ten (10) days after receipt of check from LIHEAP agency. It is important that all branch offices of LIHEAP Energy Vendor are contacted to ensure that household accounts are credited in a timely manner;
- The LIHEAP Energy Vendor agrees to provide at least one contact person and phone number to the LIHEAP Agency who will ensure that all accounts are credited and answer questions concerning electricity or gas disconnections and payments;
- Refunds must be identified with the year credit occurred, name, address, and account number of the recipient;
- Reconnection fees shall be waived, unless prohibited by ordinance, company bylaws or policies, and a listing be provided to LIHEAP agency on an annual basis;
- Cooperate with any Federal, State, or local investigation, audit, or program review. The LIHEAP Energy Vendor will allow LIHEAP Agency representatives access to all books and records

Revised: December 2025

relating to LIHEAP households for the purpose of compliance verification with this Agreement;  
and;

- Understand that failure to cooperate with any Federal, State, or local investigation, audit, or program review may result in the immediate disqualification from participation in the LIHEAP.

By signing this agreement and pledging payments of eligible households, the LIHEAP agency assures:

- To not provide pledges on behalf of households without having adequate funds to pay such pledge;
- Pledges will be made only on approved applications in the MDHS Virtual ROMA system;
- Payment will occur within twenty (20) business days after application has been approved; and
- Provide LIHEAP Energy Vendor with a list of names, telephone numbers and email addresses of LIHEAP Agency staff designated to approve pledges on behalf of the agency.

The parties acknowledge that this Agreement and the services provided by the LIHEAP Energy Vendor and the LIHEAP Agency are governed by and subject to the federal and state laws and regulations in accordance with the Low-Income Home Energy Assistance Program.

The Mississippi Department of Human Services may terminate this agreement by written notice for failure of either party to comply with the provisions stated herein or when it is deemed to be in the best interest of the State, household, or to comply with applicable laws and regulations.

\_\_\_\_\_  
Signature of LIHEAP Agency Officer

\_\_\_\_\_  
Signature of LIHEAP Energy Vendor Officer

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Revised: December 2025