MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

FFY 2027-2030

MISSISSIPPI STATE PLAN ON AGING

Tate Reeves
Governor of Mississippi

Robert G. Anderson
Executive Director of MDHS

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MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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Letter from the Director

In 1965, President Lyndon B. Johnson signed the Older Americans Act into law, calling it the "seed-corn" in the development of a comprehensive and coordinated program of services for older citizens. At that time, approximately 9% of the population of Mississippi was aged 65 or older. In 2025, the percentage of the population of Mississippians over the age of 65 has increased to nearly 17%. By 2030 over 25% of the population of the state, or over 1 in 4 residents, will be over the age of 65.

All states are required, at least every four years, to outline a plan for how Older Americans Act resources will be used to address the needs of older residents, especially those who are in the greatest social and economic need. The Division of Aging and Adult Services within the Mississippi Division of Aging and Adult Services has been working since early fall of 2025 to collect input from over 2000 people on what should be in the plan for the next four years. We heard from older Mississippians, the people who care for older Mississippians, the organizations who provide services to them, and others. This plan is the culmination of that effort.

Seventy years after its inception, the OAA continues to sustain the infrastructure of that comprehensive and coordinated network and services. This plan outlines a coordinated, data-informed approach to strengthening the state's aging services system and improving access to core Older Americans Act programs.

The plan prioritizes older adults' health and well-being by expanding home- and community-based services, strengthening caregiver and dementia supports, improving navigation through the No Wrong Door system, and reinforcing elder rights protections. Through alignment with Area Agencies on Aging and cross-sector partners, the plan emphasizes accountability, consistent implementation, and measurable outcomes to ensure effective stewardship of public resources and equitable service delivery statewide.

Sincerely,

KenYada Blake-Washington

KenYada Blake-Washington
Mississippi State Unit on Aging

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Verification of Intent

June 30, 2026

The State Plan on Aging for the period October 1, 2026, through September 30, 2030, is hereby submitted for the State of Mississippi by the Division of Aging and Adult Services within the Mississippi Department of Human Services. The State agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all State activities related to the purpose of the Act.

This includes the development of comprehensive and coordinated systems for the purpose of promoting multipurpose senior centers; delivering supportive services, nutrition services, in-home services, evidence-based health promotion services; advancing vulnerable elder rights protection activities; as well as establishing effective, visible advocacy organizations for older adults in the state.
As Governor of the State of Mississippi, I hereby approved this State Plan on Aging. This approval constitutes authorization to proceed with activities under the plan upon approval of the U.S. Assistant Secretary for Aging. This plan assures that no individual is subject to a conflict of interest prohibited under the Older Americans Act.

The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, State, and other funds and thus, is subject to change depending upon actual receipts and/or changes in circumstances. I hereby approve this State Plan on Aging and submit it to the Administrator for the Administration for Community Living/U.S. Assistant Secretary for Aging.

Tate Reeves
Governor of Mississippi

Executive Summary

The Mississippi Division of Aging and Adult Services (DAAS), the State Unit on Aging within the Mississippi Department of Human Services, presents its State Plan on Aging for state fiscal years 2027–2030 to guide the administration of Older Americans Act (OAA) programs and related aging services. Grounded in extensive community engagement including survey responses from 1,872 stakeholders, listening sessions, and review of Area Agency on Aging (AAA) plans, the plan reflects demographic realities and service priorities identified across the state.

Mississippi is experiencing rapid growth in its older population, particularly among rural residents and communities of color. Over 23 percent of residents are aged 60 or older, and the state faces increasing demand for home- and community-based services (HCBS), caregiver support, dementia services, and protections against abuse and exploitation. Limited funding and workforce shortages heighten the importance of strategic coordination, targeted outreach, and system efficiency.

The State Plan is organized around five strategic goals:

1

STRENGTHEN OAA CORE PROGRAMS

DAAS will improve access to nutrition services, supportive services, legal assistance, health promotion, and SHIP counseling. Emphasis is placed on expanding congregate meal sites, increasing utilization of Title III funds, strengthening compliance with updated federal requirements, and enhancing performance accountability.

2

IMPROVE OUTCOMES FOR INDIVIDUALS WITH GREATEST SOCIAL AND ECONOMIC NEED

The plan prioritizes outreach to low-income, rural, minority, limited English proficient, and socially isolated older adults. Strategies include targeted data-driven outreach, improved coordination across No Wrong Door (NWD) and other community partners, culturally appropriate service delivery, and expanded benefit enrollment support.

3

EXPAND ACCESS TO HCBS AND NAVIGATION THROUGH NO WRONG DOOR AND BRAIN HEALTH INITIATIVES

Mississippi will strengthen the Mississippi Access to Care (MAC) Centers as centralized entry points, standardize case management practices, improve referral systems, and expand prevention-focused initiatives, including brain health education and dementia services.

4

STRENGTHEN SUPPORT FOR FAMILY CAREGIVERS

Through respite services, caregiver education, IDEA! dementia training, adult day care expansion, and improved care coordination, the plan aims to reduce caregiver burden and increase caregivers' ability to sustain their roles.

5

PROTECT THE RIGHTS AND SAFETY OF OLDER ADULTS

The plan advances elder justice through enhanced legal services, Ombudsman program strengthening, Adult Protective Services (APS) modernization, financial exploitation prevention, public awareness campaigns, and legislative advocacy.

Across all goals, DAAS emphasizes measurable short-, intermediate-, and long-term outcomes, including increased service utilization, reduced disparities, improved caregiver resilience, expanded HCBS access, and enhanced elder protections. Performance will be tracked using established data systems (e.g., OAAPS, WellSky, SHIP data, APS reports) to ensure accountability and continuous improvement.

Collectively, this State Plan establishes a coordinated, person-centered framework to help older Mississippians remain healthy, safe, and independent in their homes and communities while strengthening stewardship of federal and state resources.

Introduction & Context

The Division of Aging and Adult Services (DAAS) serves as Mississippi's designated State Unit on Aging. DAAS is committed to protecting the rights of older Mississippians while expanding access to high-quality, person-centered services that support independence, dignity, and choice. The Division's vision is for every older Mississippian to live the best life possible, supported by a coordinated network of services that promote health, safety, and community connection.

DAAS plans, coordinates, advocates for, and oversees services funded under the Older Americans Act (OAA), including nutrition, supportive and legal services, information and assistance, case management, and the National Family Caregiver Support Program. In addition to OAA programs, DAAS administers the Mississippi Dementia Care Program through an Administration for Community Living (ACL) grant and serves as the statewide hub for State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) counseling. The State Long-Term Care Ombudsman Program and Adult Protective Services (APS) are also housed within DAAS, further strengthening its role in safeguarding older and vulnerable adults.

DAAS operates within the Mississippi Department of Human Services (MDHS), an agency dedicated to helping Mississippians live better lives. This organizational structure supports collaboration across human service programs, including Economic Assistance Eligibility, Youth Services, Community Services, Early Childhood and Child Care, Workforce Development, and the Long-Term Care Ombudsman Program. In partnership with MDHS' other agencies, DAAS supports the administration of services that are crucial to keeping Mississippians in social and economic need healthy and safe, across the lifespan.

The Kinship Navigator Program represents a strong foundation for future inter-agency collaboration focused on supporting Mississippians across the lifespan. Through a partnership between the Mississippi Department of Child Protection Services and Catholic Charities of Mississippi, the program was established to support relative and fictive kin caregivers who have taken on primary caregiving responsibilities for children from birth through age 18.

The Kinship Navigator Program serves grandparents, aunts, uncles, siblings, and non-related kin who are caring for children such as grandchildren, nieces, nephews, or younger siblings. According to the Kids Count data

center[1], 7% of children are being raised by grandparents in Mississippi, compared to the national average of 3%.

Through individualized support, caregivers receive information, referrals, and navigation assistance to access local, state, and federal resources that support both the children in their care and the caregivers themselves. Using a family-driven and holistic approach, the program addresses family needs, stressors, health, safety, and overall well-being in order to strengthen and sustain kinship care arrangements.

This collaboration presents an opportunity to expand the program's impact. By sharing resources, referral pathways, and outreach efforts across networks, this partnership can increase awareness of Kinship Navigator services while also promoting Family Caregiver Support Program resources for older relative caregivers. This coordinated approach would enhance service delivery, reduce duplication, and better support kinship families throughout different stages of the lifespan.

Mississippi's aging services system is administered locally through ten Area Agencies on Aging (AAAs), each housed within one of the state's Planning and Development Districts (PDDs). State statute defines the roles and responsibilities of the PDDs and AAAs, which together serve as the primary planning, coordination, and service delivery entities for older adults across Mississippi. This statewide structure ensures geographic coverage while allowing services to be tailored to local community needs. Refer to Attachment D for details on the location of each AAA and the planning and service areas that they are each responsible for serving.

DAAS collaborates with a broad network of partners beyond the AAAs to deliver coordinated and effective services. Local partners include senior centers, faith-based organizations, community action agencies, home health providers, and adult day centers. At the state and federal level, key partners include Mississippi Medicaid, the Departments of Public Health and Mental Health, legal aid organizations, the Department of Human Services, and law enforcement and protective services. Health and clinical partners such as hospitals, federally qualified health centers, primary care networks, and hospice organizations play a critical role in care coordination. Additional collaboration occurs with transportation agencies, SNAP and local food programs, volunteer organizations, advocacy groups, caregiver coalitions, Alzheimer's organizations, elder justice coalitions, and culturally specific community partners.

Collaboration across the aging services network is facilitated through formal agreements, including memoranda of understanding, contracts, and grant subawards that clearly define roles, deliverables, and data-sharing expectations. Coordinated referral pathways and shared intake processes support timely access to services through warm handoffs between programs. DAAS also convenes joint planning advisory councils and multi-agency workgroups to align strategies, share data, and address system barriers. Cross-training initiatives and shared data promote consistent practice standards, while common reporting tools and performance dashboards support informed decision-making. Regional stakeholder meetings and community listening sessions further ensure that services are responsive to local needs.

Changing Demographics

Mississippi is experiencing a significant demographic shift driven through the rapid growth of its older adult population. Between 2010 and 2020, the number of Mississippians aged 65 and older increased by 34 percent[2]. More recent data reinforces this trend. In 2023, Mississippi's total population was approximately 2.95 million, with more than 495,000 residents, over 23 percent of the population, aged 60 or older. The majority of these older adults are women, and more than 200,000 identify as Black[3].

The aging of Mississippi's population reflects national trends associated with the baby boom generation, but it is compounded by declining birth rates and the out-migration of working-age adults. While the state recorded more than 35,000 births in 2023, it also experienced over 38,000 deaths and a net loss of residents due to migration[4]. This demographic imbalance has accelerated growth in the proportion

[1]The Annie E. Casey Foundation Kids Count Data Center - https://datacenter.aecf.org/
[2]https://extension.msstate.edu/publications/demographic-dynamics-mississippi-transition-aging-society
[3]https://datausa.io/profile/geo/mississippi?pums5RacesPyramid=pums5Race2
[4]https://datausa.io/profile/geo/mississippi?pums5RacesPyramid=pums5Race2

of older adults residing in the state and is expected to continue through 2030, when the youngest baby boomers reach age 65.

According to the 2023 Mississippi Healthy Aging Data Report[5], the population aged 65 and older grew by 29.3 percent between 2010 and 2021, even as the state's overall population declined slightly (overall U.S. population grew 7.3 percent during the same period). The report examines county-level health indicators, including chronic disease prevalence, dementia, diabetes, and fall-related risk. For DAAS, these data are critical in identifying communities with elevated needs for long-term services and supports.

Mississippi has the highest rate of family caregiving in the United States, with 34% of adults (approximately 761,000 people) providing care to older relatives, spouses, or other loved ones. Many provide complex care, with higher risk of putting their own health and well-being at risk[6].

A related and pressing concern is Mississippi's rising dependency ratio—the number of older adults relative to the working-age population. From 2010 to 2020, the ratio increased from 22 to 29 older adults per 100 working-age individuals, exceeding the national average[7]. This trend has implications for workforce availability, particularly in direct care roles, and underscores the importance of strengthening home- and community-based services.

Meeting the Greatest Needs

The OAA provides services that are critical to keeping older Mississippians healthy, safe, and independent, but limited funding restricts the OAA's ability to meet every need for every older Mississippian. OAA services are especially critical to meeting older Mississippians' nutritional needs. To be used most effectively, OAA funded services are targeted to older Mississippians in greatest economic or greatest social need.

DAAS defines "Greatest economic need" as the need resulting from an income level at or below the current Federal poverty level, combined with other local and individual factors, such as geography or high living expenses. "Greatest social need", means the need caused by noneconomic factors, which include:

- Physical and mental disabilities.
- Language barriers.
- Cultural, social, or geographical isolation that:
    - Restricts the ability of an individual to perform normal or routine daily tasks; or
    - Threatens the capacity of the individual to live independently;
- Barriers to technology (broadband, telephone access).
- Loss of primary caregiver; or
- Living alone.

To reach individuals facing these challenges, Mississippi's aging network employs multiple outreach strategies. DAAS and the AAAs conduct mobile outreach clinics and partner with trusted community organizations—including faith-based institutions, public housing sites, and cultural events—to meet older adults where they are. The network distributes multilingual materials, such as one-page "How to Get Help" cards, through clinics, grocery stores, municipal offices, and community organizations. These resources improve awareness of available services, with a specific focus on reaching those with greatest economic or social need.

Lessons learned during the COVID-19 pandemic reinforced the importance of localized outreach, particularly in rural communities with limited broadband access. In partnership with the Mississippi Municipal League, DAAS strengthened connections with towns of fewer than 500 residents, using senior

[5]Dugan E, Silverstein, N, Lee CM, Jansen T, Xu S & Su YJ. (2023). The 2023 Mississippi Health Aging Data Report. Report prepared by the Healthy Aging Data Report Lab in the Gerontology Institute of the University of Massachusetts Boston. Boston, MA.
[6]AARP and National Alliance for Caregiving. Caregiving in the US 2025: Caring Across States, Washington, DC: AARP, October 2025. https://doi.org/10.26419/ppi.00383.001
[7]2020 Decennial census data

centers, churches, and other community hubs as access points. These partnerships continue to play a critical role in reducing isolation and improving service access.
To further strengthen targeting, DAAS is embedding explicit outreach requirements into AAA area plans. Each AAA will be required to identify priority populations and targeting strategies within its service area. DAAS will support these efforts through technical assistance, updated monitoring tools, site visits, and corrective action plans when needed. The Division will also encourage AAAs to deepen partnerships with municipalities, housing authorities, faith-based organizations, and community leaders to build shared responsibility for reaching older adults with the greatest needs.

A strong example of a coordinated outreach program to reach older adults with greatest social and economic need is the Senior Companion Program in Jackson County. Funded through the Corporation for National and Community Service, this program recruits, trains and places older adult volunteers in homes and community volunteer stations to assist low-income older adults with daily living needs. The program also provides meaningful companionship to homebound individuals, helping them remain independent in their homes and reducing the likelihood of premature institutionalization.

Needs Assessment

COMMUNITY ENGAGEMENT

To inform the development of this State Plan on Aging, DAAS conducted a comprehensive needs assessment designed to capture input from older adults, caregivers, service providers, and other stakeholders across Mississippi. This multi-pronged approach ensured that the plan reflects both statewide trends and local realities, while grounding priorities in lived experience and service system data.

The needs assessment consisted of three primary components: a statewide community survey, stakeholder listening sessions, and in-person meetings with leadership from each of the AAAs. Together, these methods provided both quantitative and qualitative insight into service gaps, emerging needs, and opportunities for system improvement.

The statewide community survey, included in Appendix A, was distributed in October through AAAs, senior centers, service providers, faith-based organizations, MDHS communication channels, and other community partners. The survey explored priority needs at both the individual and community level, awareness of long-term services and supports, experiences navigating aging services, and concerns related to financial exploitation and elder abuse. A total of 1,872 responses were received, representing diverse geographic regions and demographic groups across the state.

To supplement survey findings, DAAS convened stakeholder listening sessions with aging service providers, advocates, and community organizations. These sessions provided deeper context around barriers to access, workforce challenges, funding constraints, and the need for improved coordination across programs. Participants consistently emphasized the importance of transportation, affordable housing, in-home supports, caregiver services, nutrition, mental and behavioral health, and protections for elder rights.

AREA PLANS AND AAA ENGAGEMENT

DAAS also conducted a detailed review of the AAA area plans submitted in 2024. Each plan was analyzed to identify shared priorities, regional differences, and innovative practices. Key themes were synthesized into a single summary document and incorporated into the narrative, goals, and objectives of this State Plan. This represents the first State Plan on Aging in Mississippi that is formally and systematically informed by AAA area plans, strengthening alignment between state-level strategy and local implementation.

DAAS raised this topic in a series of meetings with the leadership teams at all of the state's AAAs in October 2025 Feedback from AAA leadership highlighted opportunities to further strengthen the area planning process, including the development of a more streamlined statewide template, a consistent needs assessment instrument, and a revised timeline with earlier start dates and clearly defined milestones. DAAS will collaborate with the AAAs to evaluate and refine the area planning framework over the coming planning cycle to ensure it continues to meaningfully inform future state plans.

Stewardship & Oversight

Services and Programs

The services and programs that DAAS administers, oversees, and collaborates on are critical to ensuring the health and safety of older adults with social and economic needs. These services and programs also reflect DAAS's commitment to prevention-focused, community-based strategies that help older adults maintain health, function, and independence. Supporting older adult health and well-being is embedded across nutrition, caregiver support, disease prevention, and access-to-care efforts that reduce avoidable decline and support aging in place.

OAA

The Older Americans Act (OAA) is the keystone that holds together the infrastructure of programs, services, and organizations that serve older adults in Mississippi. Since 1965 the OAA has been, and continues to be, the "seed corn" of the aging network – providing core services and funding the administration of a coordinated system of services and supports that allow older Mississippians to age with dignity in their homes and communities.

In partnership with Mississippi's 10 Area Agencies on Aging, DAAS served 149, 591 individuals in 2025 with services funded by OAA Title III:

NUTRITION PROGRAMS AND SERVICES

Mississippi's Older Adult Nutrition Program, funded through OAA Title III-C funds, offers home-delivered and congregate meals to Mississippians aged 60 and older and their spouses. Nutrition services are recognized not only as social supports, but as foundational health interventions that reduce malnutrition, support chronic disease management, improve medication adherence, and mitigate social isolation—key drivers of avoidable hospitalization and institutionalization.

In Federal Fiscal Year (FFY) 2025, the Mississippi Older Adult Nutrition Program served a total of 9,444 older adults through the home-delivered meals program and 3,461 older adults through the congregate meals program. In that same period, DAAS' nutrition programs served 1,519,260 Nutrition Services Incentive Program (NSIP)-qualified home delivered meals and 403,503 NSIP-qualified congregate meals.

These nutrition programs serve some of Mississippi's most economically and socially vulnerable older adults, providing them with reliable and nutritious meals that support their ability to age in place. In FFY 2025, roughly 59% of older adults participating in the home-delivered meals program and 61% of older adults participating in the congregate meals program were at or below the Federal Poverty Level, highlighting the high economic need of the nutrition program participants. DAAS has worked hard to ensure older adults residing in rural areas have access to the services and supports available through the OAA, and this is demonstrated in the high proportion of nutrition program participants that reside in rural areas: 79% of older adults who received a home-delivered meal and 68% of older adults who received a congregate meal resided in a rural area. Additionally, 49% of older adults who received a home-delivered meal and 52% of older adults who received a congregate meal identified as racial or ethnic minorities.

FAMILY CAREGIVER SUPPORT PROGRAM

Title III-E services currently provided by Mississippi's AAAs are information to caregivers about available services, assistance to caregivers in gaining access to services, individual counseling, support groups, caregiver training, respite care, and supplemental services. Supporting caregiver health and well-being is essential to maintaining the health and well-being of older adults in their homes and communities.

Mississippi's Family Caregiver Support Program served 484 registered persons in FFY 2025. Of the people served, approximately 66% were aged 60 years or older, indicating a high proportion of older adults engaging in caregiving activities. Caregivers also have access to evidence-based assessments and tools through the Title III-D services, including TCare and Trualta.

LEGAL ASSISTANCE AND ABUSE, NEGLECT, AND EXPLOITATION PREVENTION ACTIVITIES

Mississippi Legal Assistance and Advocacy Services assist older Mississippians to help protect their rights, secure benefits, and promote a higher quality of life. These services include referrals for legal assistance for older people who need legal advice, consultation and/or representation, as well as elder abuse prevention activities to help prevent abuse, fraud, and exploitation. During FFY 2025, Mississippi Legal Assistance services provided legal services for 1,903 cases, 389 of which related to the defense of guardianship or protective services, and 445 cases related to housing.

HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS

Through the AAAs, DAAS provides a range of evidence-based programs designed to keep older Mississippians healthy and safe. Older Mississippians can access classes like Matter of Balance and Walk with Ease to prevent falls through safer movement.

Mississippi Dementia Care Program

The Mississippi Dementia Care Program (MDCP) was established in 2024 to provide respite services and training for caregivers of people with Alzheimer's disease and related dementias. DAAS partners with home health and adult day centers across the state to provide respite care that helps caregivers "recharge their batteries" and reduce their stress levels. The state also uses the IDEA survey to call caregivers, evaluate their stress, and provide targeted education to meet the needs of their care recipient.

There is no out of pocket expense to the caregiver for these services. Once approved to participate, the caregiver simply finds a provider who has agreed to provide the services for the state, and the state reimburses that provider directly. Initial results from the program highlighted workforce challenges mirroring those experienced by providers across the state. These results led DAAS to increase the hourly rate for providers from $22/hour to $25 in order to recruit adequate provider numbers.

The most common needs identified by the MDCP include education and training on dementia progression, symptom management, and effective caregiving strategies, particularly for managing behavioral and psychological symptoms such as agitation, wandering, and aggression.

Access to respite is also a critical need, as caregivers often experience physical exhaustion and emotional burnout due to the continuous nature of dementia care. Caregivers identified a strong need for emotional and mental health support, including counseling, peer support groups, and stress-management resources to address caregiver burden, depression, and social isolation.

Navigation of health and long-term care systems is another priority. Caregivers frequently require assistance understanding available services, coordinating medical care, managing medications, and accessing community-based support. Financial strain is commonly reported, with caregivers needing guidance on benefits, insurance coverage, long-term care planning, and legal matters such as power of attorney, guardianship, and advance care planning.

Safety support within the home is also a significant concern, including strategies to prevent falls, manage wandering, and ensure overall environmental safety. As dementia progresses, caregivers increasingly need support with end-of-life planning and decision-making.

The program is administered within DAAS and is funded through a grant from the Administration for Community Living Alzheimer's Disease Programs Initiative until August of 2026. While the original grant is funded for one year, the agency is preparing their application to extend the grant for an additional year. The grant will end in August 2026.

Mississippi Access to Care Network

The Mississippi Access to Care (MAC) Centers serve as Mississippi's "No Wrong Door" access points for long-term services and supports, providing information, referral, options counseling, and application assistance. Operated within DAAS and housed in Planning and Development Districts, the MAC Centers reduce fragmentation by offering a single entry point to Medicaid waivers, aging services, and other human services programs.

Each of the MAC Centers is housed within the PDD for that geographic planning and service area:

MAC Center Location	Planning & Development District
Pontotoc	Three Rivers Planning & Development District
Greenville	South Delta Planning & Development District
Jackson	Central Mississippi Planning & Development District
Gulfport	Southern Mississippi Planning & Development District

The MAC Centers are a central source of the unbiased, objective, and reliable information that people need to make informed decisions about long term services and supports. Through the MAC network, Mississippians can access Medicaid waivers for older adults, people with physical or intellectual/developmental disabilities or brain injury as well as the full range of human services offered by the state's Department of Human Services. The goal of the MAC network is to improve access to needed services and information and reduce people's experience of fragmentation across the governmental silos through a unified navigation strategy.

The MAC Centers provide information and referral assistance, and options counseling with specialists trained in person-centered counseling. Through shared referral pathways, closed-loop follow-up, and person-centered counseling, the MAC network supports informed decision-making and timely access to services. DAAS continues to strengthen integration by aligning policies, data collection, and

performance measures across programs, while fostering collaboration with healthcare systems, housing providers, legal services, and community organizations.

The MAC Centers are funded primarily through administrative claiming under Federal Financial Participation (FFP), with half of the funding provided at the state level and the remaining half matched through the Mississippi Division of Medicaid (DOM).

In 2024, the four MAC Centers conducted 31,815 interactions through telephone, email, walk-in visits, meetings, fax and website. The Centers established contact via phone with 22,930 individuals. The Centers provided 17,043 individuals with person-centered counseling and referred 6,490 people to AAAs in their catchment areas.

Medicaid Elderly and Disabled Waiver

Mississippi offers two Medicaid home and community-based service (HCBS) waivers specifically for older adults, the Elderly & Disabled (E&D), and the Assisted Living waiver. These waiver programs are operated by the Mississippi Division of Medicaid Office of Long-Term Supports. Although not directly administered by DAAS, these waivers are critical elements in the state's spectrum of long-term services and supports, with the AAAs playing an important role in accessing and managing these for older individuals.

The E&D waiver may serve up to 22,200 people with a wide range of services, including: case management, personal care, adult day care, home health, home delivered meals, respite care, and medication management. These services are designed to support older adults who may otherwise need to live in a nursing facility, allowing them to remain in home- and community- based settings.

Mississippi's AAAs enroll individuals in the E&D waiver following eligibility determination and then develop and update service plans. People who are functionally eligible for nursing facility care may choose the E&D waiver and receive access to a range of services.

Adult Protective Services

The Division is home to the Mississippi Adult Protective Services (APS). APS investigates reports on vulnerable adults aged 18 and older. APS received 5,802 reports of abuse, neglect and exploitation in federal fiscal year 2024, and opened investigations into 3,436 cases[8].

Based on anecdotal evidence, the unit is seeing an increase in reports of financial exploitation, particularly in the gulf coast area that is home to a growing number of retirees. APS staff are working with the Vulnerable Persons Unit within the state's Attorney General's office to implement updated thresholds for prioritization and criminal charges in response to the increasing prevalence of financial exploitation cases.

DAAS launched a statewide billboard campaign to raise awareness about the importance of reporting vulnerable adult abuse. The campaign aims to educate the public on recognizing signs of abuse, neglect, or exploitation, and to encourage timely reporting to protect vulnerable adults.

The billboards serve as a highly visible reminder that older adults have the right to live in safe and supportive environments, and that community members play a critical role in safeguarding their well-being. Messaging highlights key reporting resources, including the hotline number to report any suspected vulnerable person abuse.

By strategically placing billboards in high-traffic areas across the state, the campaign seeks to reach a broad audience, including family members, caregivers, neighbors, and professionals who interact

[8]National Adult Maltreatment Reporting System

with older adults. The initiative supports DAAS's mission to prevent abuse, promote safety, and foster community responsibility for protecting the state's older population.

Mississippi State Health Insurance Assistance Program

Mississippi has an estimated 290,000 sixty-five plus aging population who could be eligible for Medicare benefits, and another 200,000 under sixty-five, who will move from Social Security Disability to Medicare after being on SSI for twenty-four months.

Working with SHIP counselors located in ten AAAs regions, the goal is to educate Medicare beneficiaries on changes to Medicare, provide SHIP counseling to those who need answers with understanding their plans, and direct those who are facing budget challenges Extra help program assistance.

Mississippi SHIP is also tasked with developing community partnerships to assist in reaching people to raise awareness of our services. Partnerships like Mississippi Industry for the Blind's SHIP call center play an enormous role in taking overflow calls from Medicare beneficiaries during Part D Open Enrollment, when there are staff shortages or vacancies in SHIP offices. The SHIP State Director and SHIP coordinator is engaged in ongoing relationships with faith-based organizations like Church of God and Christ working to onboard 120 churches in Mississippi to create in-church Medicare Ambassadors to provide Medicare resources to church members there 57% of their congregation identified as elderly.

Through our relationship with Mississippi Municipal League, we have been able to identify small towns with population under 700 people who lack grocery stores, pharmacies, or broadband, to keep them linked to outside resources. Mississippi Municipal League has given us a platform at their yearly conference to meet small town mayors, aldermen and alderwomen, city clerks and many involved in key programs related to town aging citizens. Our SHIP Small Town program has impacted these in getting the word out by providing information at the City Clerk's office, working town aldermen to organize public meetings in their areas.

Multisector Plan on Aging

Mississippi is in the early stages of aligning its Multisector Plan on Aging with the State's "No Wrong Door" system to create a more coordinated, accessible, and person-centered network of services for older adults and caregivers. The Multisector Plan for Aging (MPA) Learning Collaborative, led by the Center for Health Care Strategies (CHCS), supports states in advancing coordinated, cross-sector approaches to improve outcomes for older adults. With funding from The SCAN Foundation, West Health, the May & Stanley Smith Charitable Trust, and The Henry and Marilyn Taub Foundation, this 12-month collaborative brings together multidisciplinary state teams to strengthen the planning, implementation, and sustainability of MPAs. Through peer-to-peer learning, expert guidance, and targeted technical assistance, participating states, including Mississippi, are building cross-sector buy-in and aligning policies and systems to promote healthy aging, health equity, and improved quality of life for older adults.

This initiative is designed to streamline access to resources, reduce barriers to support, and ensure that individuals can connect with the services they need regardless of where they enter the system.

Programmatic staff from the Division of Aging and Adult Services will play an active role in this collaborative effort, working alongside key partners including the Mississippi Department of Health, AARP, and Dementia Friends Mississippi. Together, these stakeholders will contribute expertise, guidance, and practical insight to strengthen service integration, enhance community awareness, and expand navigation and referral capacity.

By engaging program staff directly in the planning and implementation process, this initiative will foster cross-sector collaboration, ensure alignment between aging and health systems, and lay the foundation for a more seamless, responsive, and holistic support network for Mississippi's aging population.

Quality Assurance and Accountability

MONITORING AND OVERSIGHT

DAAS is committed to strong stewardship of public resources and to ensuring that programs are implemented effectively and in compliance with federal and state requirements. Oversight of Older Americans Act programs and related aging services is conducted in close collaboration with the Mississippi Department of Human Services Office of Compliance, which houses formal monitoring functions. MDHS and DAAS enhanced programmatic monitoring and oversight since the last state plan on aging to ensure comprehensive and consistent stewardship of federal funds.

DAAS works collaboratively with the Monitoring Division to maintain consistent standards, provide monitoring tools, and support the AAAs and service providers with robust technical assistance. Monitoring activity focuses on compliance with program requirements, accuracy of reporting, fiscal accountability, and implementation of corrective actions when deficiencies are identified. Results of monitoring reviews are shared with AAAs, along with clear timelines for response, appeal, and corrective action.

AAAs are active partners in the oversight process and are encouraged to use monitoring tools internally to promote continuous quality improvement. DAAS supports these efforts through provider trainings, quarterly meetings, written guidance, and one-on-one technical assistance. When corrective action plans are required, the AAA has an opportunity to respond and/or appeal. DAAS works with the AAA to support timely and successful resolutions.

In addition to formal monitoring, DAAS program staff conduct site visits with AAAs to strengthen relationships, provide programmatic guidance, and assess service capacity at the local level. Staff also offer training, resources, and opportunities for open dialogue to address challenges and share innovative approaches. These visits support consistency in service delivery, promote best practices, and create opportunities for shared learning across the network.

DAAS utilizes beneficiary satisfaction surveys for the SHIP program and tracks service quality and outcomes through a performance dashboard. SHIP counseling sessions are followed by client satisfaction surveys, the results of which are reviewed regularly to identify training needs and inform continuous improvement. Fiscal oversight is further supported through contracted fiscal monitoring and quarterly documentation reviews to ensure appropriate use of funds.

NEW OAA REQUIREMENTS

The implementation of new OAA requirements over the course of 2024 and 2025 provided DAAS with an opportunity to update all the policies and procedures with the release of the first comprehensive OAA policy and procedures manual in October of 2025. This new manual creates a stronger policy foundation for DAAS to provide clarity and consistency for both the agency and the AAAs in the administration of the OAA in coming years.

DAAS will use feedback from the AAAs, monitoring results, and requests for technical assistance, as part of their ongoing review of the new policies and procedures. DAAS will modify policies and procedures as appropriate based on feedback and changing circumstances.

Keeping Older Mississippians Healthy & Safe

DAAS envisions a Mississippi where older adults thrive in safe, stable, and supportive communities, with timely access to person-centered services that preserve health, independence, safety, and family connections. The Division emphasizes prevention and sustainable support so older adults can remain in home and community settings for as long as possible.

Driving this vision is the fact that an increasing older adult population with complex chronic conditions demands scalable, community-based supports. Aging intersects with health care, long-term care, housing, legal services, and public safety and requires an integrated response. Meeting these needs in a cost-effective manner requires an integrated response that is rooted in person-centered values to support health maintenance and ensure that older adults are able to age in the setting that they choose, helping to reduce avoidable institutionalization and potentially reducing health care expenditures. A changing federal landscape has created new opportunities to motivate outcomes and performance improvement.

To advance this vision, DAAS is taking deliberate and strategic actions to strengthen Mississippi's aging services system. Through these initiatives, DAAS continues to build a coordinated, person-centered system that promotes independence, safety, and well-being for older adults and vulnerable adults across the state.

To Achieve this Vision

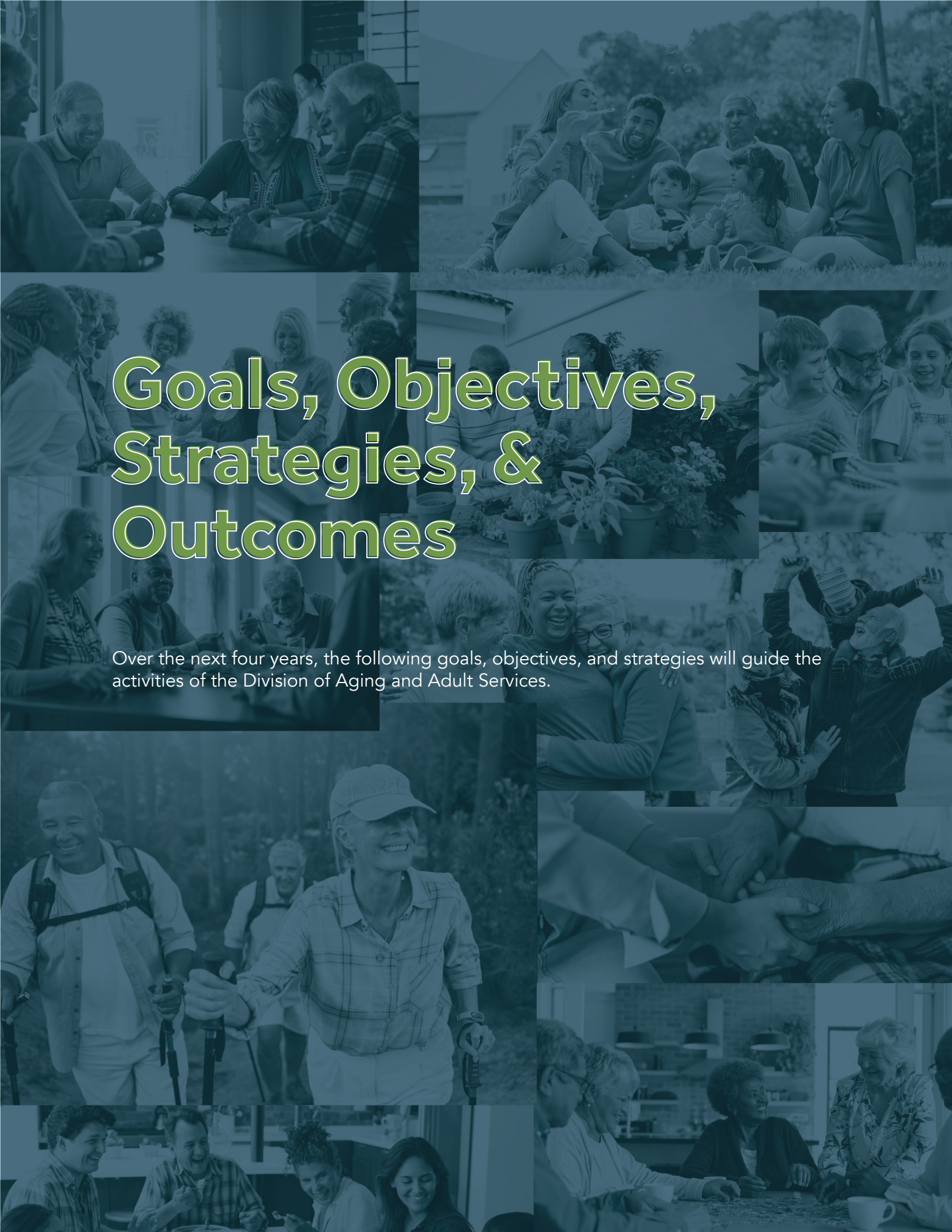
DAAS is pursuing a comprehensive, measurable plan to advance its vision for older adults and vulnerable adults across Mississippi. A primary goal is to increase access to HCBS by expanding the capacity of congregate meals, homemaker services, and transportation over a three-year period. Progress will be measured through increased numbers of people served, reduced waitlists, and expanded geographic coverage. DAAS is also committed to strengthening caregiver supports and dementia services by providing evidence-based training and respite services to caregivers annually, with outcomes measured by the number of caregivers served, respite hours provided, and reductions in caregiver burden.

Strengthening service delivery in rural and underserved communities is a critical goal. DAAS plans to close service gaps through targeted funding and focused capacity-building, with progress assessed by service availability per capita and satisfaction across demographic groups. To ensure accountability and continuous improvement, DAAS will work with partners to produce an annual outcomes report that includes key performance indicators, trend analysis, and improvement strategies to transparently demonstrate impact year over year.

Fostering Greater Collaboration

To strengthen system integration, DAAS can further institutionalize cross-sector governance by establishing or enhancing a formal State Aging Partnership structure with executive-level representation to support shared decision-making. Standardizing data-sharing agreements with appropriate privacy protections would allow partners to track referrals and outcomes more effectively. Investments in shared technology, case-management systems, and joint workforce development initiatives will further streamline coordination. By implementing formal feedback loops, promoting community co-design with caregivers and older adults, and measuring collaboration-specific outcomes, DAAS can foster a more connected, efficient, and person-centered aging services system statewide.

DAAS's vision is achievable through strategic alignment of programs, measurable goals, and intentional partnerships across health, social services, legal, and community sectors. By continuing to standardize processes, investing in shared infrastructure, and center family-driven, culturally responsive approaches, DAAS will strengthen the safety net for Mississippi's older adults and caregivers while improving outcomes and stewardship of public resources.



Goals, Objectives, Strategies, & Outcomes

Over the next four years, the following goals, objectives, and strategies will guide the activities of the Division of Aging and Adult Services.

1 STRENGTHEN OAA CORE PROGRAMS

Strengthen access to and delivery of core older Americans Act services to support independence and community living.

Outcomes

SHORT-TERM

Increased numbers of congregate meal sites; pilot transportation program; increased recruitment of volunteers; pilot new AAA business relationship; increased access to State Health Insurance Assistance Program (SHIP) counseling

INTERMEDIATE

Increased participation in congregate meals; increased access to transportation services; pilot transportation program; increased homemaker and chore service units; increased SHIP counseling units

LONG-TERM

Improved quality of life for participants; reduced nutritional risk; increased satisfaction with benefits counseling

MEASURES: III-C1 units; III-B transportation units; III-B homemaker and chore units; SHIP units; Client surveys; monitoring reports

DATA SOURCES: WellSky; Smartsheet; SHIP Tracking and Reporting System

Objectives & Strategies

1.1 Improve the nutritional well-being, reduce food insecurity, and enhance social connectedness among older adults by increasing participation in the Congregate Meal Program.

- Utilize National Nutrition and Aging Resource Center to identify tools and technical assistance resources to support Mississippi's AAAs in the enhancement of their Congregate Meal programs.
- Work with the AAAs to evaluate and grow capacity in the Congregate meal program to serve more older Mississippians through the addition congregate meal sites.
- Work with the AAAs to ensure that meal sites meet updated federal nutrition standards.
- Collaborate with the AAAs to facilitate the attendance of at least one nutrition director to attend a National Association of Nutrition and Aging conference each year.

1.2 Maximize older Mississippians' access to transportation services that can meet their medical and non-medical needs in more flexible and consumer-driven ways.

- Conduct a statewide review of medical, non-medical, and transit services that are available to older Mississippians to identify barriers and service gaps.
- Collaborate with the Mississippi Department of Transportation to increase shared understanding of funding streams and associated requirements for federally funded transportation services.
- Connect with the National Aging and Disability Transportation Center to explore the feasibility of technical assistance and to identify emerging or best practices in other states.
- Partner with willing AAAs and/or service providers to test new transportation models; evaluate and scale up if successful.

1.3 Enhance the ability of older adults to maintain safe, healthy, and independent living through increasing statewide capacity to provide homemaker assistance.

- Work with the state's AAAs to identify and partner with volunteer organizations or service corps to supplement yard and home maintenance support.
- Encourage and support a willing AAA to pilot a seasonal yard care assistance program for older adults with mobility limitations.
- Develop a statewide training module for providers' homemaker staff on aging-related needs and safety practices.
- Develop and implement a feedback loop using client satisfaction surveys gathered by providers to improve the quality of services.
- Collaborate with the AAAs and service providers to explore technology solutions (e.g., scheduling apps, digital check-ins) to streamline service coordination.
- Use Older Americans Act Performance System (OAAPS) data to monitor geographic coverage and capacity to identify and reduce service gaps. Reallocate III-B/III-C resources as needed to increase service hours.

1.4 Enhance the delivery and quality of core OAA services through continued implementation of new OAA requirements.

- Collaborate with the DHS Monitoring unit to update monitoring standards based on the new OAA requirements.
- Develop and deploy technical assistance and tools, and one-on-one in-person support to aid the AAAs in their implementation of new OAA policy requirements.
- Enhance AAA compliance with new standards through consistent administration of new policies and procedures.
- Produce an annual outcomes report that includes key performance indicators, trend analysis, and improvement strategies to transparently demonstrate impact year over year.
- Collaborate with the AAAs to update the AAA plan process, documentation, and instructions to support robust state planning based on, and informed by, the area plans on aging.

1.5 Maximize the utilization of Title III-D funds through expansion of programming.

- Encourage and support the AAAs to develop inter-PSA partnerships to promote a more collective approach to the utilization of III-D funds.
- Strengthen partnerships with community providers to expand resources and opportunities for people to access evidence-based health promotion and disease prevention programs.
- Encourage senior centers across the state to create space for evidence-based health promotion and disease prevention programs.
- Encourage the AAAs to partner with community-based arts and cultural organizations to identify and offer evidence-based creative aging programs that support cognitive health, social engagement, and overall well-being among older adults.

1.6 Increase participation in SHIP counseling and MIPPA by reducing barriers and increasing public awareness of SHIP Medicare counseling.

- Increase the number of Mississippi Community SHIP counseling site locations in each county of the AAA planning and service areas.
- Increase the number of certified volunteer SHIP counselors to two per county.
- Increase public knowledge through community outreach and education.

1.7 Empower and support the AAAs to identify and develop new business relationships as a potential path to new ways to serve older adults who may not otherwise receive OAA-funded services.

- Encourage the AAAs to take advantage of USAging and ACL resources for the development of business acumen.
- Convene a community of practice for interested and willing AAA participants to focus on developing relationships and sharing information and resources on new business opportunities.

1.8 Increase availability of legal services to vulnerable adults in Mississippi.

- Collaborate with the AAAs and other partners to ensure the availability of an attorney in every county to provide legal assistance to vulnerable adults.
- Increase the "per case/unit cost" fee to $250.
- Ensure that all AAAs conduct an annual legal clinic in their PSA.
- Support the AAAs in conducting workshops on elder rights every year in the 20 chancery districts with both chancellors and their staff.

2 IMPROVE OUTCOMES FOR INDIVIDUALS WITH GREATEST SOCIAL AND ECONOMIC NEED

Improve service utilization and outcomes for older adults with the greatest social and economic need.

Outcomes

SHORT-TERM

Increased SHIP volunteers; increased referrals to/from tribal partners; increased penetration of Medicare beneficiaries; increased outreach activities in rural and low-income areas

INTERMEDIATE

Increased numbers of people receiving SHIP counseling; increased services to people in rural and low-income areas

LONG-TERM

Improved satisfaction with benefits counseling; increased independence and quality-of-life in service recipients

MEASURES: SHIP counseling units; Title III units; client surveys; number of outreach activities

DATA SOURCES: SHIP Tracking and Reporting System; Wellsky; Client Satisfaction Surveys

Objectives & Strategies

2.1 Establish a sustainable and culturally respectful partnership between the MS No Wrong Door (NWD) system and tribal communities, ensuring equitable access to services and resources for all tribal members.

- Develop and maintain open lines of communication with tribal leaders and community members.
- Collaborate with tribal communities to identify service gaps and specific needs and to improve coordination of services between and among Title III and Title VI services.
- Ensure policies support the long-term sustainability and equity of services for tribal members.
- Conduct outreach meetings with tribal leaders and community members to understand their needs, concerns, and expectations.
- Develop and implement a plan to integrate tribal specific services into the NWD system ensuring they are accessible and culturally appropriate.

2.2 Increase equitable access to core OAA services by targeting outreach to older adults with the greatest social and economic need, including rural and underserved populations.

- Use data-driven planning to identify service gaps and underserved populations.
- Prioritize outreach to individuals with low income, limited English proficiency, disabilities, and those living in rural or underserved areas.
  Strengthen cross-program coordination between SHIP, NWD, and community partners.
- Reduce disparities in service access by monitoring demographic reach and targeting outcomes and by using culturally and linguistically appropriate outreach methods.
- Partner with rural healthcare providers with education and outreach materials about long-term supports and services and home- and community-based services.

2.3 Proactively reach underserved, isolated, or hard-to-reach older adults, vulnerable adults, and caregivers to raise awareness, reduce barriers, and engage them in aging services.

- Develop outreach plans per AAA region, targeting areas with low service penetration (e.g. rural).
- Partner with community organizations (faith-based, senior centers, clinics, libraries, community-based arts organizations) to host outreach opportunities.
  Utilize media (radio, newspapers, social media) and translate materials for engagement.
- Train outreach staff in cultural competency, communication, and referral protocols for hard-to-reach communities, including people isolated by their rural status, their English proficiency, or diseases such as cancer, dementia, or HIV.
- Monitor the return on investment of outreach strategies (which strategies yield most enrollments) and redirect resources accordingly.
- Increase participation in SCSEP by qualified individuals by expanding upon referral protocols and partnerships between the AAAs and the Mississippi Department of Employment Security.

2.4 Enhance the affordability of health care for hard-to-reach, low-income, rural and non-native English-speaking Mississippians, through increased access to SHIP services and enrollment assistance in programs that may reduce their healthcare expenses.

- Evaluate and enhance existing educational materials to ensure the target population are able to understand SHIP services, their benefits, and how to access them.
- Ensure that outreach efforts are culturally and linguistically appropriate to encourage the target population to seek SHIP services.
- Provide education and technical assistance for SHIP counselors and AAAs to foster a more supportive environment for the target population.

3 EXPAND ACCESS TO HCBS AND NAVIGATION THROUGH NO WRONG DOOR AND BRAIN HEALTH INITIATIVES

Expand access to information and home and community-based services through No-Wrong Door (NWD) and brain health initiatives.

Outcomes

SHORT-TERM

Increased awareness of MAC services; increased awareness of brain health measurement and preventive activities; increased database resources

INTERMEDIATE

Increased cognitive screenings; new grant funding; increased utilization of III-D services; expanded MAC access points across the state

LONG-TERM

Improved person-centered practices

MEASURES: Calls to MAC Centers; numbers of I&RA calls in AAAs; client surveys; funding levels; III-D units

DATA SOURCES: MAC Center data (Mississippi LTSS); WellSky, survey data; Smartsheet; funding reports

Objectives & Strategies

3.1 Improve access to information and referral services through increased awareness of NWD entry points.

- Develop and deploy a statewide billboard campaign to publicize the MAC Centers.
- Develop and implement comprehensive outreach material to educate the public about the NWD system and its benefits.
- Coordinate with the MAC Center staff to distribute outreach materials within the wider community, including hospitals and medical practices.

3.2 Remove barriers to HCBS using NWD systems.

- Establish a comprehensive and structured training curriculum for the NWD system that is based on a thorough analysis of current practices, essential skills and knowledge and assessment of specific training needs of staff members, and that includes both onboarding and ongoing information requirements.
- Ensure that the MAC Center database is up to date through the establishment of updated protocols and increasing the frequency of updating resources in the database by 25%.
- Simplify the process for accessing HCBS by creating a more unified intake and referral system.

3.3 Increase funding opportunities to expand the NWD system.

- Conduct research to identify relevant grants, government programs and private donors.
- Conduct quarterly reviews of funding opportunities and increase the number of funding proposals submitted by 20%.
- Network with other organizations to identify funding sources.
- Educate legislators about NWD to increase their awareness of the importance of NWD.
- Maximize administrative claiming dollars.

3.4 Provide high-quality, person-centered case management services to older and vulnerable adults to assess needs, coordinate services, monitor outcomes, and prevent or delay institutionalization.

- Develop and enforce uniform case management protocols.
- Implement quality assurance measures.
- Use data analytics to identify gaps, trends, and high-risk populations.
- Support AAA in developing programs that address social isolation, transportation, and nutrition needs.
- Conduct statewide evaluations of case management programs.
- Use client satisfaction surveys to measure person-centeredness.

3.5 Provide accessible, accurate, and comprehensive information, referral, and assistance services (I&R/A) to older adults, adults with disabilities, and caregivers as the front door to the aging services network.

- Ensure staff are well-trained in resource databases, eligibility rules, communication skills.
- Maintain up-to-date, comprehensive resource directories (electronic and printed).
- Implement callback or follow-up protocols to confirm referral uptake.
- Use client feedback and tracking data to refine referral processes.
- Promote I&R/A through outreach, public campaigns, and partnerships

3.6 Enhance public understanding and awareness of brain health and cognitive decline, emphasizing the significance of early detection, timely diagnosis, and risk reduction through culturally tailored approaches.

- Organize workshops and outreach events in local communities to educate Mississippians about
- Alzheimer's Disease and related dementias (ADRD).
- Collaborate with local health organizations to disseminate brain health/ADRD information to Mississippians.
- Provide brochures and online resources about early signs and the benefits of early detection.
- Promote and support local dementia support groups to provide a safe space for sharing experiences.
- Create and distribute directories of local dementia care resources and services.
- Engage in community outreach programs to inform Mississippians about the resources available to them.

3.7 Secure sustainable funding to expand and enhance the dementia care program by cultivating partnerships with at least 3 potential grantmakers or sponsoring organizations.

- Conduct a funding needs assessment for the dementia care program.
- Research funding trends related to dementia and elder care.
- Identify types of funding sources (grants, corporate sponsorships, major donors, government support).
- Draft a fundraising strategy, including timeline, goals, and communication plan.
- Research potential donors, grant makers, and/or sponsors aligned with dementia care.
- Write compelling grant proposals based on prospectus guidelines.
- Track responses and awards from submitted proposals.

4 STRENGTHEN SUPPORT FOR FAMILY CAREGIVERS

Strengthen support for family caregivers through coordinated, person- and family-centered services.

Outcomes

SHORT-TERM
Increased awareness and utilization of Title III-E services; increased numbers of adult day care centers

INTERMEDIATE
Increased utilization of adult day services

LONG-TERM
Reduced caregiver stress

MEASURES: III-E services; TCare scores; III-E service units; pre-and post-intervention assessment scores

DATA SOURCES: WellSky; Smartsheet

Objectives & Strategies

4.1 Empower and support family caregivers by providing comprehensive services, including respite care, counseling, training, and referrals to reduce stress, enhance well-being, and sustain their caregiving capacity over time.

- Conduct outreach to identify and recruit caregivers (via AAAs, healthcare, community groups).
- Provide a menu of caregiver services to be available in case file (information, counseling, support groups, respite vouchers, training).
- Streamline voucher/respite disbursement to reduce barriers (e.g. paperwork, delays).
- Offer caregiver education on self-care, stress management, navigating services.
- Collaborate with local providers to expand respite capacity.
- Use data systems to track caregiver outcomes and service utilization.
- Explore the possibility of reapplying for the LifeSpan Respite program to increase access to respite services.

4.2 Support the health, safety, and social well-being of older adults, while providing respite and support for caregivers, by promoting expanded access to quality adult day care services.

- Conduct a geographic assessment of adult day services across the state of Mississippi.
- Survey stakeholders, including AAAs, healthcare providers, senior centers, and members of the public to determine the unmet need for adult day services and to understand barriers to building system capacity.
- Promote the establishment of adequate and consistent payment structures for adult day service providers.

4.3 Promote the well-being of older relative caregivers through expanded service provision and coordination.

- Collaborate with Catholic Charities of Mississippi to share information and resources and develop referral pathways between the Kinship Navigator and Family Caregiver Support programs.
- Connect with the Grandfamilies and Kinship Support Network Technical Assistance Center to identify emerging and best practices from other states in supporting older relative caregivers.
- Partner with willing AAAs and/or service providers to pilot new approaches to support families led by older adults raising grandchildren.
- Encourage the AAAs to partner with community arts organizations to offer creative engagement opportunities that support caregiver well-being and provide enriching activities for both caregivers and care recipients.

4.4 Enhance outreach initiatives to connect Mississippians affected by dementia and their caregivers with essential resources and services, ensuring equitable access to support that improves their quality of life and overall well-being.

- Seek ongoing funding and resources to support dementia care initiatives and ensure their sustainability.
- Implement IDEA! Intervention training to educate caregivers of people with Alzheimer's and related dementias.
- Conduct regular assessments to evaluate the effectiveness of care and support services.
- Engage with policymakers to highlight the importance of dementia care and the needs of caregivers.

4.5 Enhance The Division of Aging and Adult Services' capacity to support caregivers through the deployment of assistive technology.

- Inventory AAA utilization of assistive technology in the state; identify best practices for dissemination and scaling up.
- Partner with Mississippi Department of Rehabilitation Services to participate in Project START
- Join the Expanding Technologies Engagement Network to access best practices in technology utilization by other State Units on Aging.

5 PROTECT THE RIGHTS AND SAFETY OF OLDER ADULTS

Promote and protect the rights, safety, and well-being of older adults.

Outcomes

SHORT-TERM

Increased awareness of Adult Protective Services (APS), the State Long-Term Care Ombudsman (SLTCO), and the availability of Legal Services; improved APS recruiting and retention

INTERMEDIATE

Improved resolution of SLTCO complaints; improved reporting of financial exploitation; increased utilization of legal assistance services; improved quality of life for Nursing Facility residents

LONG-TERM

Reduced repeat maltreatment of older adults; reduced reliance on guardianship

MEASURES: Participation in community events; numbers of Family Councils established, Legal Assistance Services units; improved Minimum Data Set (MDS) Section J scores; APS turnover and staffing data

DATA SOURCES: WellSky; Minimum Data Set (MDS) data; Event counts; personnel data; Smartsheet; judicial system data; MonAmi

Objectives & Strategies

5.1 Increase community awareness of abuse, neglect, and exploitation.

- Develop and distribute 5,000 copies of elder rights educational materials across the state.
- Establish a radio, print, and/or television media campaign on the civil and legal rights of vulnerable adults in Mississippi.
- Collaborate with the AAAs to conduct at least one community workshops in each of the counties in their planning and service area to educate vulnerable adults on their civil and legal rights.

5.2 Enhance protection from abuse, neglect and exploitation.

- Conduct elder rights training with every county sheriff's department on recognizing and facilitation of elder abuse, neglect, and exploitation by July 1, 2027.
- Develop a statewide elder abuse prevention task force comprised of representatives from health care, law enforcement, state agencies (including Mississippi Department of Human Services, Mississippi Department of Health, Medicaid, and Mental Health), hospitals, long-term care facilities, and chancellors by July 1, 2027.
- Draft and advocate for at least one legislative provision a year to strengthen elder legal protections.

5.3 Eradicate financial exploitation of vulnerable adults in Mississippi.

- Collaborate with the AAAs to conduct at least one training session in each PSA with financial institutions, legal aid, APS, and law enforcement across the state by July 1, 2027.
- Conduct an annual workshop with nursing home owners and administrators regarding financial exploitation among vulnerable adults.
- Increase usage of protective tools to prevent/curtail financial exploitation among vulnerable adults.
- Community workshops with stakeholders on powers of attorney, conservatorships and guardianship in all counties.
- Establish a radio, print, and/or television media campaign on financial exploitation of vulnerable adults in Mississippi in every county to be delivered as public service announcements each
- October for Financial Exploitation Awareness Month.
- Draft and advocate for at least one legislative provision a year that addresses financial exploitation of vulnerable adults in Mississippi.
- Conduct at least ten workshops that help vulnerable adults secure financial plans or establish trusted fiduciaries.
- Establish a public recognition program for financial institutions who are partnering with SUA, local law enforcement, and caregivers of vulnerable adults, as evident in their policy and procedures, memorandums of understanding with SUA, and overall engagement to curtail financial exploitation.

5.4 Improve nursing home residents' ability to independently meet personal needs by facilitating an increase in the Personal Needs Allowance (PNA) to $65 per month for residents with Medicaid as their primary payer.

- Conduct a qualitative survey of nursing facility residents to determine how they use their PNA, if and how their PNA is augmented with other funds, and identify the scope of unmet needs across the state.
- Educate Medicaid and other state partners on the extent of unmet needs and the potential positive impact adjusting the PNA will have.
- Work with legislative liaison and Aging attorney to educate stakeholders in the legislature and other organizations about the role and importance of the PNA to residents.

5.5 Increase the percentage of complaints resolved, either partially or fully, to the satisfaction of the resident.

- Provide quarterly training sessions with District/Local Ombudsmen focused on effective complaint investigation, conflict resolution, and communication skills.
- Educate residents, their families and resident counsels on how to file complaints with the Ombudsman program and what to expect from the resolution process.
- The District/Local Ombudsmen will follow up with complainants at defined intervals to assess satisfaction and address any ongoing concerns.
- Establish regular communication with long-term care facilities and administration to facilitate quicker and more cooperative complaint resolution.

5.6 Increase awareness of the Long-Term Care Ombudsman Program (LTCOP) throughout the state.

The District/Local Ombudsmen will each conduct at least three community education events per year to raise awareness of the LTCOP within their communities.
The State Ombudsman will collaborate with District/Local Ombudsmen to update the facility posters and educational material for LTC residents to be included in facility admission packets.

- District/Local Ombudsman will increase awareness of the LTCOP by educating long-term care residents of Ombudsman services during monthly routine visits.
- District/Local Ombudsman will be supported in building rapport with Resident Council leaders and members and encouraged to work with facilities to establish Family Councils to enhance the process of providing feedback to facilities.
- The State Long-Term Care Ombudsman will share educational program information and data with federal, state and local partners to promote awareness of the LTCOP.

5.7 Enhance the quality and capacity of Mississippi's Adult Protective Services (APS) program by securing sustainable funding.

- Educate DHS leadership and legislative staff to advocate for needed state funding to meet new APS requirements.
- Conduct research to identify and apply for relevant grants from public and private grantmakers.
- Develop compelling grant proposals that support staffing expansion, workforce training, and quality assurance initiatives.

5.8 Improve APS quality through full implementation of the APS Final Rule.

- Collaborate with internal and external stakeholders to determine needed changes to APS policies and procedures to align with best practices and new APS requirements, ensuring clarity and comprehensiveness.
- Develop and provide comprehensive training to staff and other impacted stakeholders based on new APS requirements.

5.9 Revise and modernize the Vulnerable Persons Act by collaborating with legal experts and policymakers to develop and advocate for the Mississippi Adult Protective Services Act, ensuring it reflects the current needs of vulnerable adults.

- Conduct a statewide needs assessment of changes needed to the Vulnerable Persons Act, based on best practices and the APS Final Rule.
- Develop a strategic plan with advocates to support programmatic, staffing, policy, and service delivery changes needed across the APS program.

5.10 Establish long-term sustained service delivery improvements across the APS program by implementation of policy and operational changes upon securement of legislative and funding changes.

- Increase staffing as appropriate across the call center, front line workers, and training unit, including supervisors to improve oversight and support.
- Develop and deploy an updated, comprehensive, and structured staff training program to support effective new hire onboarding, and ongoing learning for all APS staff.
- Develop and implement an enhanced Quality Assurance program for APS that includes regular audits, structured feedback, and data reporting that track performance, highlight trends, and guide strategic improvements.

Attachments

Attachment A - State Plan Assurances and Required Activities

OLDER AMERICANS ACT, AS AMENEDED IN 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

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

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

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

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

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

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

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

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

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

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

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

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

(4) (A)(i) (I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach

activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

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

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

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

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

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

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

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

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

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a

contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b) (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

(d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs

under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such

annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

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

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

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

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

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

(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and

to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under

this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

(B) Such assessment may include—

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

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

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

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

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency

preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

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

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

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

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

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

(b) (3) (E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse,

neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order…

Kenyada Blake-Washington

Signature and Title of Authorized Official

7/1/2026

Date

Attachment B - Information Requirements

Except as indicated where optional, the State Plan must state how the following provision(s) will be met:

GREATEST ECONOMIC AND GREATEST SOCIAL NEED

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

1. How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
2. The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"Greatest economic need" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"Greatest social need" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

1. Identify and consider populations in greatest economic need and greatest social need;
2. Describe how they target the identified the populations for service provision;
3. Establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
4. Establish methods for serving the prioritized populations; and
5. Use data to evaluate whether and how the prioritized populations are being served.

RESPONSE:
The State of Mississippi defines "greatest economic need" as the need resulting from an income level at or below the current Federal Poverty Level and/or other local and individual factors, including geography and expenses. The State of Mississippi will use the 2025 federal poverty guidelines to target individuals with greatest economic need for services. AAAs have the option to further define greatest economic need using geographic and/or local factors as determined by their needs assessment and described in Area Plans.

The State of Mississippi defines "greatest social need" as the need caused by noneconomic factors, including:

1. Physical and mental disabilities;
2. Language barriers;
3. Cultural, social, or geographical isolation that:
   a. Restricts an individual's ability to perform normal or routine daily tasks; or
   b. The individual's capacity to live independently;
4. Barriers to technology, including broadband or telephone access;
5. Loss of a primary caregiver; and
6. Living alone.

Identification and Targeting of Populations with GEN/GSN
The Mississippi Division of Aging and Adult Services (DAAS) and Area Agencies on Aging (AAAs) identify and target populations with greatest economic and social need through multiple strategies, including:

- Application of weighted variables for low-income, minority, and rural older adults within Mississippi's Intrastate Funding Formula (IFF);
- Comprehensive needs assessments conducted by AAAs during each multi-year Area Plan cycle;
- Use of census data, WellSky service data, and service utilization trends to identify unmet needs;
- Utilization of evidence-based programs that provide measurable participant outcomes;
- Collaborating with Medicaid, SNAP, and public health databases to identify older adults with chronic health conditions, food insecurity, or housing instability;
- Using geographic information systems to map concentrations of older adults with low income, minority status, and rural isolation for targeted outreach.
- Incorporating data from recent disasters to identify vulnerable older adults affected by power outages, transportation disruptions, and food shortages.
- Training case managers, home-delivered meal drivers, and congregate site staff to screen for social isolation, mental health concerns, and unmet needs during routine interactions.
- Identifying older adults lacking internet or device access to ensure equitable participation in telehealth and virtual programs.
- Outreach through community events, partnerships with faith-based and community organizations, and dissemination of translated materials where feasible; and
- Coordination with local public health, housing, transportation, disability, and social service partners to identify older adults experiencing food insecurity, housing instability, chronic conditions, and social isolation.

Prioritization and Service Delivery Methods
DAAS requires AAAs to maintain a comprehensive and coordinated service delivery system that gives preference to older individuals with greatest economic and social need. Target populations must be served at least at their proportion of the eligible population, with AAAs encouraged to increase service reach based on identified needs and available resources.

Methods for prioritization include:

- Weighted funding allocations through the IFF;
- Targeting service contracts for nutrition and supportive services in communities with high concentrations of low-income and socially isolated older adults;
- Encouraging AAAs to contract with community-based organizations;
- Leveraging trusted local networks, such as community health workers and faith-based organizations, to reach older adults who may not engage with formal systems due to cultural or language barriers;
- Requiring minimum expenditures for in-home services and home-delivered meals to support individuals with disabilities; and
- Requiring AAAs and providers to ensure services to low-income and minority older adults are not reduced and are delivered proportionate to identified need.

Evaluation of Targeting Efforts
DAAS evaluates whether prioritized populations are being served through:

- National Aging Program Information System (NAPIS) and state-level reporting;
- Review of demographic data by service category;
- Monitoring AAA performance measures aligned with Area Plans and annual implementation plans; and
- Implementing client satisfaction surveys and focus groups to capture emerging needs and adjust service delivery accordingly.

NATIVE AMERICANS: GREATEST ECONOMIC AND GREATEST SOCIAL NEED

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

RESPONSE:
The State of Mississippi demonstrates that determinations of greatest economic need and greatest social need for Native American older adults are informed through ongoing communication and engagement with Tribal governments, Tribal organizations, and Native communities. Mississippi's only federally recognized tribe is the Mississippi Band of Choctaw Indians. In 2024, the Mississippi Division of Aging and Adult Services (DAAS) initiated formal consultation with the Mississippi Band of Choctaw Indians and Title VI representatives to establish communication channels, discuss policy development, and better understand the needs of Tribal elders and the services currently provided through Title VI programs.

As a result of this engagement, DAAS developed a formal Title III/Title VI Coordination Policy. The Title VI grantee was provided the opportunity to review and provide feedback on the draft policy prior to finalization. The policy was implemented in September 2025 and establishes a framework for ongoing communication, including regular meetings, email distribution lists, technical assistance, and opportunities for Tribal representation on advisory councils. These efforts ensure that Tribal input continues to inform the identification and prioritization of greatest economic and social needs among Native American older adults.

The policy further ensures that services provided under Title III are coordinated, where applicable, with services provided under Title VI. During this State Plan cycle, DAAS will develop and implement a formal referral process to facilitate connections between Title VI programs and Title III services, improving access and continuity of care for eligible Native American older adults.

In addition, DAAS requires Area Agencies on Aging (AAAs) to conduct targeted outreach to Native American older adults within their Planning and Service Areas (PSAs), including those residing outside of reservations and other Tribal lands. AAAs must document in their Area Plans how they:

- Engage with Tribal governments, Tribal organizations, and Native communities;
- Coordinate services with Title VI providers; and
- Conduct outreach to Native American older adults, regardless of geographic location.

AAAs are also required to annually share Title III service information and contact details with Title VI grantees and Tribal or Urban Indian organizations within their PSAs. Furthermore, DAAS encourages AAAs to meet at least annually with Title VI representatives, where applicable, and to include Tribal members and Title VI representatives in advisory councils to strengthen coordination and ensure culturally appropriate service delivery.

Through these coordinated efforts, Mississippi ensures that Native American older adults' greatest economic and social needs are identified through direct Tribal engagement, that Title III and Title VI services are aligned, and that outreach is conducted to all eligible individuals, including those living outside of Tribal lands.

ACTIVITIES TO INCREASE ACCESS AND COORDINATION FOR NATIVE AMERICAN OLDER ADULTS

OAA Section 307(a)(21): The plan shall —

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable; How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(4) How services will be provided in a culturally appropriate and trauma-informed manner; and

(5) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

RESPONSE:
The State of Mississippi has developed policies and procedures that formalize coordination and cooperation between DAAS, the state's area agencies on aging, and Title VI grantees. Earlier this year, DAAS completed a comprehensive update to agency policies and procedures, including the establishment of policies and procedures to facilitate and support coordinated referral and service provision between Title III and Title VI grantees. Development of these policies and procedures was done in consultation and collaboration with the AAAs, tribal organizations, and other stakeholders. These policies and procedures provide guidance for how the DAAS, the AAAs and the tribes will collaborate to ensure outreach, services and supports reach older Native Americans regardless of where they live (on/off tribal land). Additionally, Mississippi DAAS intends to pursue activities to increase access by Native American older adults to all aging programs and benefits administered by the agency. These coordination and access activities will include:

Outreach

- Collaboration with Tribal leadership and community organizations to provide information on Title III and Title VII services;
- Outreach to Native American elders and caregivers through community events and partnerships.

Communication

- Sharing information regarding funding opportunities, trainings, and technical assistance with Title VI programs;
- Inclusion of Tribal contacts in relevant distribution lists and stakeholder communications.

Coordination and Referrals

- Development of referral pathways between Title VI and Title III programs;
- Coordination between AAAs and Tribal service providers to ensure continuity of services.

Culturally Appropriate and Trauma-Informed Services

- Encouraging culturally respectful service delivery and participation in relevant trainings.

Advisory and Leadership Opportunities

- Providing opportunities for Tribal representatives to participate in AAA advisory councils and statewide planning efforts when feasible.

LOW INCOME MINORITY OLDER ADULTS

OAA Section 307(a)(14):

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

RESPONSE:
Based on the most recent available data from the US Census Bureau 2020-2024 American Community Survey (ACS), Mississippi identified 54,002 low-income minority older adults (age 60+) within the state. DAAS utilizes its Intrastate Funding Formula, which assigns a weighted variable of thirty (30%) percent for low-income minority individuals age 60 and older.

2020-2024 American Community Survey (ACS) data reports that 14.9% of those 60+ in Mississippi identify as below the federal poverty level and 52% of those 60+ identify as minority. Total statewide 60+ low-income minority population considered for the preceding fiscal year is 54,002 and the variable has the assigned weight of 30%. During the assessment for III-B, C, D, and E services data is obtained regarding race, ethnicity, and poverty-level to ensure services are meeting those with the greatest social and economic need and that target populations are being served.

The older adult population with Limited English Proficiency (LEP) is extremely small in Mississippi. According to 2019-2024 American Community Survey (ACS) data, only 1.9% of Mississippians age 65+ speak a language other than English. Of those age 65+ that speak a language other than English, only 0.8% reported that they speak English "less than very well". The base funds portion of the funding formula covers this small group. All the target groups, including limited English proficiency, are captured in the assessment of every client, which allows the state to track the groups. Mississippi DAAS and the AAAs shall provide older adults with LEP access to community resources and/or assist them in identifying and securing resources or services to enhance wellness and remain in the community for as long as safely as possible.

Methods to Meet Service Needs
DAAS and AAAs address the needs of low-income minority older adults and those with LEP by:

- Targeting funding allocations through the IFF;
- Providing access to community resources and assistance in identifying and securing services;
- Conducting outreach and education through trusted community partners;
- Tracking race, ethnicity, income, and LEP status through assessments and service records; and
- Ensuring service prioritization procedures reflect economic, functional, and social need.

RURAL AREAS – HOLD HARMLESS

OAA Section 307(a)(3): The plan shall—

(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

RESPONSE:
Mississippi is a predominantly rural state, with 65 of the state's 82 counties classified as rural by the Mississippi Department of Health. Based on 2020-2024 American Community Survey (ACS) data, 80.91% of older adults aged 60+ in Mississippi live in a rural area. Mississippi DAAS continually seeks opportunities to ensure AAAs can meet the needs of older adults living in rural areas within their PSAs. DAAS achieves this through:

- Application of a fifteen (15) percent weighted variable in the IFF for individuals aged 60 and older residing in rural areas;
- Annual budget allocation processes; and
- Use of census and WellSky data to identify rural populations.

At the beginning of each fiscal year, the Division of Aging Services (DAAS) issues a budget allocation. Each distribution ensures that older individuals residing in rural areas within each service region receive targeted funding. A key component of DAAS's Intrastate Funding Formula (IFF) is the emphasis on rural populations aged 60 and older, reflected by a 15 percent weighted variable applied to this demographic. The table below shows the total funding allocations by PSA, percentage the PSA received of the 15% weighted variable for rural populations, and the total funding allocation by PSA for older adults living in rural areas. As noted in the table, in FY 2000, AAAs were allocated a total of $178,476 for services to older adults living in rural areas. In FY 2024, AAAs were allocated a total of $262,852 for services to older adults living in rural areas. Allocations in FY 2024 exceeded FY 2000 allocations by $84,374. Mississippi DAAS monitors allocations to rural areas each year to ensure that the amount expended for services to rural areas is not less than the amount expended for such services for fiscal year 2000.

AAA	FY 2024 Allocations			FY 2000 Allocations		
	Total Allocation	60+ Rural 15%	Allocations for Rural Populations	Total Allocation	60+ Rural 15%	Allocations for Rural Populations
North Delta	$958,644	0.01115293	$10,692	$807,940	0.0107	$8,653
South Delta	$726,783	0.00630001	$4,579	$766,491	0.0052	$3,986
North Central	$784,233	0.00699544	$5,486	$725,905	0.0087	$6,323
Golden Triangle	$793,502	0.00919505	$7,296	$659,906	0.0103	$6,784
Three Rivers	$917,698	0.01324560	$12,155	$881,299	0.0181	$15,925
Northeast	$585,233	0.00910342	$5,328	$577,349	0.0131	$7,569
Central	$2,390,948	0.02490178	$59,539	$1,654,720	0.0175	$28,974
East Central	$1,110,152	0.01322248	$14,679	$1,029,210	0.0197	$20,296
Southern	$2,928,459	0.04434017	$129,848	$1,837,520	0.0322	$59,205
Southwest	$1,147,886	0.01154311	$13,250	$935,183	0.0222	$20,761
Total	**$12,343,538**		**$262,852**	**$9,875,523**		**$178,476**

To identify the location of older adults living in rural Mississippi, DAAS employs several tools, including geographic mapping, census data, and analysis through its data management system (Wellsky). Once these areas are identified, Area Agencies on Aging (AAAs) focus on reaching these individuals using a person-centered approach to service delivery. This approach is designed to help older adults and individuals with disabilities live longer, safely, and with an enhanced quality of life.

RURAL AREAS – NEEDS AND FUND ALLOCATIONS

OAA Section 307(a)(10):

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

RESPONSE:
Mississippi ensures that the special needs of older adults residing in rural areas are taken into consideration through its Intrastate Funding Formula and service delivery policies.

DAAS allocates funds using:

- A fifteen (15) percent weighted variable for rural residents age 60 and older; and
- A twenty-five (25) percent weighted variable for older adults below the poverty level.

The State Unit on Aging (SUA) is committed to ensuring equitable access to services for older adults residing in rural areas. In alignment with the Older Americans Act and 45 CFR §1321.9(c)(2)(viii), the SUA employs the Interstate Funding Formula (IFF) to allocate Title III funds in a manner that prioritizes rural communities. This approach includes maintaining the federally required minimum expenditure levels for rural services, projecting future costs to sustain service delivery, and implementing a comprehensive plan to address the unique needs of older individuals in rural areas. Through these strategies, the SUA seeks to reduce service gaps, strengthen local capacity, and promote aging in place for rural populations, ensuring that resources are distributed fairly and effectively across the state.

ASSISTIVE TECHNOLOGY

OAA Section 306(a)(6)(I):

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

RESPONSE:
The Mississippi Division of Aging and Adult Services (DAAS) will ensure compliance with Older Americans Act (OAA) Section 306(a)(6)(I) by requiring Area Agencies on Aging (AAAs) to include in their Area Plans specific strategies describing how they will, to the extent feasible, coordinate with the State assistive technology entity to disseminate information and improve access to assistive technology for older individuals.

DAAS will collaborate and support statewide coordination and outreach efforts. AAAs will incorporate assistive technology education, referral pathways, and coordination strategies within their service delivery systems. Specific assistive technology activities will include, but are not limited to:

- Promoting and facilitating access to assistive technology device demonstration programs to help older adults and caregivers learn about equipment that supports independence, mobility, communication, and daily living activities.
- Incorporating assistive technology screenings and referrals into Information and Assistance services, Options Counseling, and caregiver support programming.
- Providing training and education to AAA staff, service providers, caregivers, and community partners on assistive technology resources, device usage, and referral procedures.
- Disseminating educational materials and resource guides that increase awareness of assistive technology options and funding resources.
- Coordinating with Centers for Independent Living, disability service organizations, healthcare providers, and housing partners to support home modifications and assistive technology utilization that promotes aging in place.
- Supporting fall prevention, medication management, and home safety initiatives through the integration of assistive technology solutions.

DAAS will monitor compliance through the Area Plan review and approval process, ongoing programmatic monitoring, and technical assistance provided to AAAs. AAAs will be required to demonstrate coordination efforts, outreach activities, and referral practices related to assistive technology services. Monitoring findings will be used to strengthen collaboration, improve service delivery, and ensure older adults have access to assistive technology that supports independence, safety, and community living.

Through these coordinated activities, DAAS and the AAAs will increase awareness and access to assistive technology resources and support older Mississippians in maintaining independence and remaining safely in their homes and communities.

MINIMUM PROPORTION OF FUNDS

OAA Section 307(a)(2):

The plan shall provide that the State agency will —…

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified

in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

RESPONSE:
The State has established the following minimum percentages of OAA Title III-B Funds to ensure provisions of essential services to older adults. AAAs shall expend funds within the following priority service categories to comply with the Minimum Adequate Portion of Funds as set forth by 45 CFR § 1321.9(c)(2)(v)—Minimum Adequate Proportion:

- 30% for services associated with access: transportation, outreach, and Information and Referral/ Assistance;
- 20% for in-home services: homemaker and home health aide, telephone reassurance, and core maintenance; and
- 1% or what was budgeted the previous federal fiscal year for legal assistance.

ASSESSMENT OF STATEWIDE SERVICE DELIVERY MODEL

OAA Section 307(a)(27):

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

(B) Such assessment may include—

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

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

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

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

RESPONSE:
Mississippi elects to not include an assessment of statewide service delivery readiness.

SHELF STABLE, PICK-UP, CARRY-OUT, DRIVE-THROUGH, OR SIMILAR MEALS USING TITLE III CONGREGATE NUTRITION (C-1) SERVICE FUNDING *(OPTIONAL, ONLY FOR STATES THAT ELECT TO PURSUE THIS ACTIVITY)*

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

A. Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
B. Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to complement the congregate meal program:

A. During disaster or emergency situations affecting the provision of nutrition services;
B. To older individuals who have an occasional need for such meal; and/or

C. To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

1. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
2. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
3. Description of the eligibility criteria for service provision;
4. Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
5. Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE:
Mississippi will not elect to utilize shelf-stable, pick-up, carry-out, drive-through, or similar meal flexibilities under Title III-C1 at this time.

FUNDING ALLOCATION – OMBUDSMAN PROGRAM

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE:
DAAS coordinates with the State Long-Term Care Ombudsman to allocate and use Title III and Title VII funds in compliance with federal and state requirements. Funds to the State Long-term Care Ombudsman Program are distributed via Mississippi's Intrastate Funding Formula and the State Long Term Care Ombudsman has full authority to direct the use of funds and administer the program. Funds are used by the Program to support advocacy, complaint investigation, and protection of resident rights.

FUNDING ALLOCATION – ELDER ABUSE, NEGLECT, AND EXPLOITATION

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE:
Mississippi uses Title VII funds to support prevention, education, and coordination efforts addressing elder abuse, neglect, and exploitation. Activities include public awareness, professional training, coordination with APS and law enforcement, and support for multidisciplinary approaches.

In FFY25, Title VII funding allocations for Elder Abuse, Neglect, and Exploitation were retained in-house and utilized to launch a statewide awareness campaign through radio commercials. These commercials aired on three primary radio stations, which, with the support of their sister stations, reached the majority of the state. Each station developed messages designed to educate listeners on the various forms of abuse, neglect, and exploitation affecting older adults, as well as how to report these concerns to Adult

Protective Services.

MONITORING OF ASSURANCES

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE:
DAAS monitors compliance with State Plan assurances through:

- Review of AAA Area Plans and implementation reports;
- Fiscal and programmatic monitoring;
- Data analysis and reporting; and
- Targeted technical assistance and training.

STATE PLANS INFORMED BY AND BASED ON AREA PLANS

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE:
Mississippi's State Plan is informed by and based on Area Plans submitted by each AAA in 2024. All area plans were developed based on the requirements of the Older Americans Act and were required to utilize data from their comprehensive needs assessment to plan for addressing the needs of their planning and service area. DAAS staff reviewed these Area Plans, analyzed needs assessment data, and identified common themes to guide statewide goals and strategies.

As discussed in the Needs Assessment Section of the State Plan, key themes in the Area Plans were synthesized into a single summary document and these themes were incorporated throughout the State Plan's narrative, goals, and objectives. In coming years, DAAS intends to conduct an evaluation of the area plan processes and determine changes that are needed to timelines, templates, and/or instructions to encourage more robust area planning.

PUBLIC INPUT AND REVIEW

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE:
DAAS considered the views of older adults, caregivers, service providers, and the public through a community survey, stakeholder engagement public notice, and comment opportunities.

As detailed in the Needs Assessment Section of the State Plan, DAAS conducted a statewide community survey and stakeholder listening sessions to inform the development of the State Plan. The Community Survey is included in Appendix A and was distributed via AAAs, senior centers, service providers, faith-based organizations, MDHS communication channels, and other community partners to gain perspectives from a wide variety of members of the public. The survey asked respondents about

individual and community level needs for older adults in the state, public awareness of available long-term services and supports, experiences navigating aging services, and concerns related to financial exploitation and elder abuse.

In addition to the statewide community survey, DAAS also held stakeholder listening sessions to gain insights from aging service providers, advocates, and community organizations. These listening sessions discussed barriers to access, workforce challenges, funding constraints, and the need for improved coordination across programs. The perspectives provided in these listening sessions allowed DAAS to gain deeper understanding of what is important to, and the challenges currently faced by Mississippi's Aging Network.

Mississippi's 2027-2030 State Plan on Aging public comment period was held from March 10, 2026 – April 10, 2026. During this period, the draft State Plan was posted on the Mississippi Department of Human Services' homepage and the Mississippi Division of Aging and Adult Services webpage. DAAS provided email notification to relevant stakeholders of the opportunity to provide public comment on the plan and posted the public comment information on social media to encourage comments from the general public. Four comments were received during the public comment period, for information on how these comments were considered and incorporated into the Plan, see Attachment E – Evidence of Public Comment.

Program Development and Coordination Activities *(Optional, only for States that elect to pursue this activity)*
45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

RESPONSE:
Mississippi DAAS does not elect to pursue Program Development and Coordination Activities for this State Plan cycle.

LEGAL ASSISTANCE DEVELOPER

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE:
Mississippi will meet Legal Assistance Developer responsibilities by coordinating legal services, providing technical assistance, monitoring legal assistance programs, and collaborating with elder rights partners.

In accordance with Section 731 of the Older Americans Act (42 U.S.C. § 3058j) and 45 C.F.R. § 1324.303, Mississippi Division of Aging and Adult Services (DAAS) designated a Legal Assistance Developer (LAD) to lead statewide efforts to protect and advance the legal rights of older individuals. The LAD serves as the State's primary advocate for autonomy and self-determination, promoting least-restrictive alternatives to guardianship, and ensuring that older adults have access to legal tools such as powers of attorney, health care proxies, and supported decision-making agreements. This position is central to the State's commitment to safeguarding rights and preventing unnecessary loss of independence among older Mississippians.

The LAD provides statewide leadership and coordination for legal assistance services under Title III-B of the Older Americans Act, prioritizing support for individuals with the greatest economic or social need. Working closely with Area Agencies on Aging (AAAs), legal assistance providers, and advocacy partners, the LAD will develop program policies, offer technical assistance, and monitors compliance to ensure that services align with federal priorities. The LAD will also collaborate with the Long-Term Care Ombudsman Program, and Adult Protective Services to address systemic issues and strengthen protections for vulnerable older adults.

Education and capacity-building are core responsibilities of the LAD. The position will require regular training sessions to AAAs, legal providers, ombudsmen, and other stakeholders, equipping them with tools to identify legal issues and implement best practices. The LAD will maintain a speaker bank of elder law attorneys to expand outreach and enhance the quality of legal education statewide. Additionally, the LAD will lead public education initiatives to help older adults understand their rights and make informed decisions about financial and health care matters.

To ensure accountability and continuous improvement, the LAD will oversee data collection and reporting for Older Americans Act programs, will verify that resources are directed to priority case types, and will implement strategies to improve service quality. Conflict-of-interest safeguards per the Older Americans Act, will be strictly enforced. The LAD will not serve as Ombudsman, guardian, or legal counsel in related proceedings, preserving impartiality and independence in advocacy. Through leadership, collaboration, and education, the LAD strengthens Mississippi's aging network and ensures that older adults can live with dignity, autonomy, and security.

EMERGENCY PREPAREDNESS PLANS – COORDINATION AND DEVELOPMENT

OAA Section 307(a)(28):

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE:
DAAS requires AAAs to coordinate emergency preparedness planning with the Mississippi Emergency Management Agency (MEMA) and local response partners. AAAs must identify vulnerable populations, maintain continuity of operations plans, and ensure access to critical services during emergencies. Each Area Plan will include information detailing how the Area Agency on Aging (AAA) will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments, and other institutions that have responsibility for disaster relief service delivery. Each AAA is typically required to work with local and state emergency response teams. AAAs must describe how they identify vulnerable populations and plan to follow up with them in the event of a disaster. Each AAA will be required to develop a pandemic preparedness plan for their Continuity of Operations Plan. This plan will include how the AAA would continue essential operations in their PSA. This plan will also include details regarding how each AAA will continue providing critical agency infrastructure such as ensuring older adults are receiving meals during

an ongoing emergency.

EMERGENCY PREPAREDNESS PLANS – INVOLVEMENT OF THE HEAD OF THE STATE AGENCY

OAA Section 307(a)(29):

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

RESPONSE:
The DAAS Division Director and designated leadership are responsible for reviewing, approving, and implementing emergency preparedness policies. MDHS Emergency Management Coordinator provides direction to staff to begin implementation of contact and information dissemination to AAAs. DAAS will coordinate its disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the older adults in local communities. Each AAA completes disaster plans every four (4) years that is updated annually. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in-home services.

Attachment C – Intrastate Funding Formula

The State of Mississippi utilizes the following funding formula to enable the state's area agencies on aging (AAAs) to provide services to populations aged 60 years or older in the state and effectively target older Mississippians who are minorities, low-income, and/or reside in rural areas. The formula takes the following factors into account: 1) the geographical distribution of older persons in Mississippi (i.e., age 60 and older), 2) older persons with the greatest economic and social needs, 3) low-income minority older individuals, and 4) older persons residing in rural areas.

All OAA Title III funds, including Title III-D, are distributed using this formula after other allocations and withholds. Prior to distributing funds, Mississippi sets aside the following allocations:

- $114,000 Flat rate set aside for Ombudsman Program Administration
- 5% Set Aside for State Administration
- 10% Set Aside for AAA Administration

Should appropriations decrease and there is insufficient funding for each Planning and Service Area to receive the minimum funding levels, all Planning and Service Area funding will be reduced proportionately. Nutrition Services Incentives Program (NSIP) funds are distributed proportionately to each PSA's eligible meals for the previous fiscal year.

The Mississippi intrastate funding formula uses the following factors to distribute OAA funds within the state's planning and services areas (PSAs) based on demographics and geographic location.

Factor	Weight
Aged 60+	30%
Aged 60+ Rural	15%
Aged 60+ Below Poverty	25%
Aged 60+ Below Poverty & Minority Status	30%
Total	100%

Mississippi uses the federal poverty level for its funding formula factors, in alignment with its definition of "greatest economic need". Area plans may further define "greatest economic need" based on local and individual factors, including geography and expenses. Mississippi DAAS also aligns its funding formula factors with its definition of "greatest social need", which is defined as need caused by noneconomic factors, including:

1. Physical and mental disabilities;
2. Language barriers;
3. Cultural, social, or geographical isolation that:
   a. Restricts an individual's ability to perform normal or routine daily tasks; or
   b. Threatens the individual's capacity to live independently;
4. Barriers to technology, including broadband or telephone access;
5. Loss of a primary caregiver; and
6. Living alone.

Using the best available data from the U.S. Census Bureau American Community Survey (ACS) 5-year Totals from 2019-2024, each PSA shall be allotted an amount based on 30% of the population 60 and older, plus 15% of the rural population 60 and older, plus 25% of the low-income population 60 and older, plus 30% of the low-income minority population 60 and older in the PSA.

DAAS will always use the best available date when developing, reviewing, and updating the IFF. As

updated information becomes available, the agency will replace older IFF data. DAAS will update the population data annually but no more than every two years. When the agency develops new State Plans, DAAS will review the IFF and update it, as necessary.

TARGETED POPULATION DEFINITIONS

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

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

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

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

POPULATION DATA BY PSA FOR IFF FACTORS

	Aged 60+		Aged 60+ Rural		Aged 60+ Below Poverty		Aged 60+ Below Poverty & Minority	
PSA	Population	%	Population	%	Population	%	Population	%
Central	141,184	20%	91,140	16%	19,023	18%	13,005	24%
East Central	57,007	8%	50,680	9%	8,690	8%	4,516	8%
Golden Triangle	39,993	6%	32,825	6%	5,878	6%	3,521	6%
North Central	23,883	3%	25,848	5%	5,933	6%	4,079	8%
North Delta	63,330	9%	42,937	8%	7,407	7%	3,953	7%
Northeast	36,534	5%	34,686	6%	6,455	6%	1,920	3%
South Delta	25,744	4%	23,485	4%	5,360	5%	4,139	8%
Southern	195,860	28%	166,407	29%	26,568	26%	9,485	18%
Southwest	47,052	7%	44,542	8%	9,691	9%	6,267	12%
Three Rivers	66,249	10%	51,248	9%	8,838	9%	3,117	6%
State Total	696,836	100%	563,798	100%	103,843	100%	54,002	100%

The intrastate funding formula is represented mathematically as:
(30%A) + (15%B) + (25%C) + (30%D) = PSA allocation percentage

Where:
A = PSAs 60 and older population
B = PSAs rural 60 and older population
C = PSAs low-income population 60 and older
D = PSAs low-income minority population 60 and older

DEMONSTRATION OF THE ALLOCATION OF FUNDS THROUGH THE INTRASTATE FUNDING FORMULA (IFF)

	Area Plan Admin	Supportive Services (III-B)	Congregate Meals (III-C1)	Home Delivered Meals (III-C1)	Preventative Health (III-D)	Caregiver Services (III-E)	Total
Central	229,298	574,725	813,472	537,895	44,062	290,527	2,489,979
East Central	95,584	239,575	339,096	224,222	18,369	121,108	1,037,954
Golden Triangle	68,034	170,523	241,359	159,595	13,074	86,201	738,786
North Central	64,372	161,344	228,368	151,005	12,371	81,561	699,021
North Delta	88,771	222,498	314,925	208,240	17,060	112,475	963,969
Northeast	58,411	146,404	207,222	137,022	11,225	74,009	634,293
South Delta	60,888	152,605	215,996	142,826	11,705	77,146	661,166
Southern	276,016	691,814	979,198	647,481	53,044	349,720	2,997,273
Southwest	101,961	255,558	361,719	239,181	19,594	129,187	1,107,200
Three Rivers	91,431	229,157	324,345	214,469	17,576	115,843	992,821
State Total	1,134,765	2,844,201	4,025,700	2,661,936	218,079	1,437,777	12,322,458

NUMERICAL STATEMENT OF THE INTRASTATE FUNDING FORMULA

Area Agency on Aging (AAA)	Formula Share (%)
Central Mississippi Area Agency on Aging (CMAAA)	.20207101
East Central Area Agency on Aging (ECAAA)	.08423281
Golden Triangle Area Agency on Aging (GTAAA)	.059954677
North Central Area Agency on Aging (NCAAA)	.056727622
North Delta Area Agency on Aging (NDAAA)	.078228833
Northeast Mississippi Area Agency on Aging (NEMAAA)	.051474777
South Delta Area Agency on Aging (SDAAA)	.053653232
Southern Mississippi Area Agency on Aging (SMAAA)	.243236948
Southwest Mississippi Area Agency on Aging (SWMAAA)	.089852507
Three Rivers Area Agency on Aging (TRAAA)	.080567584
Total	100

DEMONSTRATION OF THE NSIP ALLOCATION OF FUNDS THROUGH THE INTRASTATE FUNDING FORMULA

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

AAA	Congregate	Home Delivered	Total NSIP Meals	Funding Formula	Award
Central	62,658	199,987	262,645	.136597698	133,148
East Central	78,874	204,180	283,054	.147212111	143,495
Golden Triangle	816	135,322	136,138	.070803318	69,016
North Central	77,463	72,809	150,272	.078154198	76,181
North Delta	8,705	147,763	156,468	.081376644	79,322
Northeast	6,206	82,865	89,071	.04624482	45,155
South Delta	25,980	106,810	132,790	.069062074	67,321
Southern	109,352	328,190	437,542	.227558987	221,813
Southwest	4,859	143,114	147,973	.076958523	75,015
Three Rivers	28,590	98,220	126,810	.065951966	64,287
State Total	403,503	1,519,260	1,922,763	100	974,751

Attachment D – Map of Planning and Service Areas and Area Agencies on Aging

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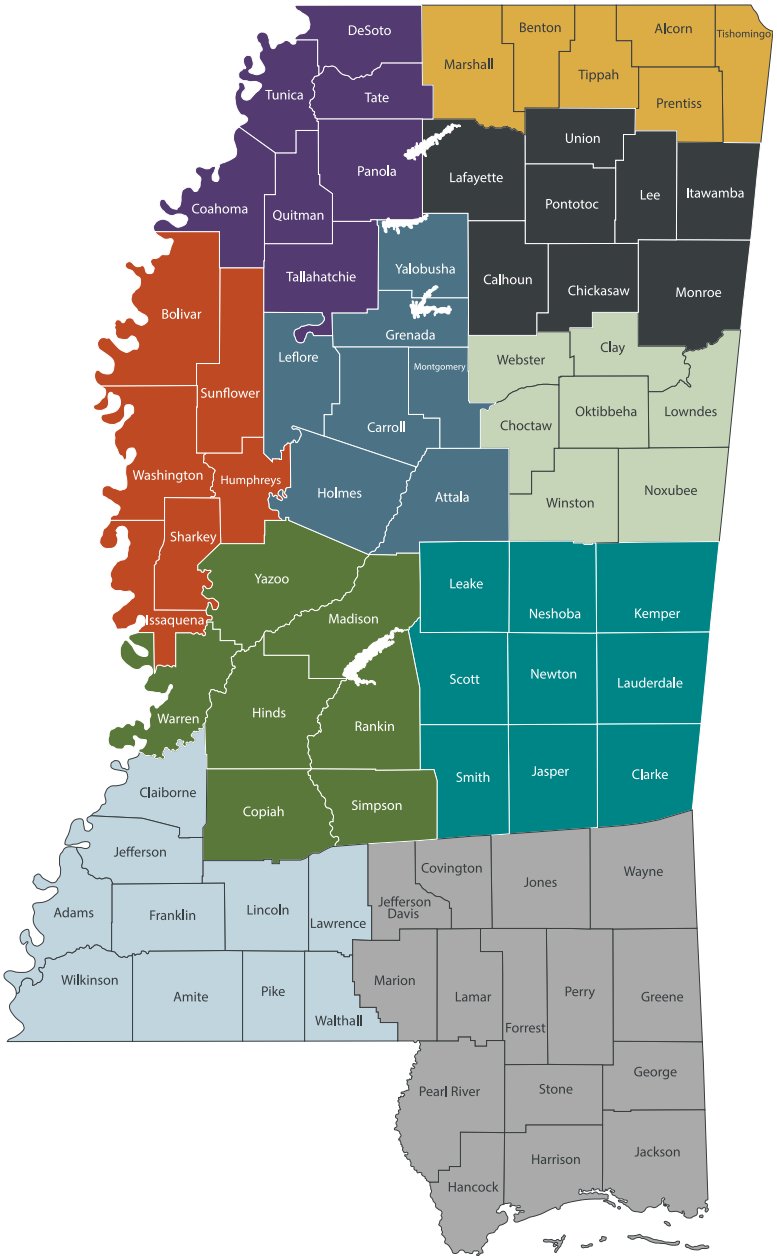

Attachment E – Evidence of Public Comment

Attachment E - Evidence of Providing the Minimum Public Comment Period must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

RESPONSE:
The State Plan public review and comment period was held from March 10, 2026, through April 10, 2026. During this period, the State Plan was posted on the Mississippi Department of Human Services' homepage and the Mississippi Division of Aging and Adult Services webpage.

Mississippi DAAS provided notice of the public comment period to the 10 Area Agencies on Aging and the 1 federally recognized tribe in the state via email. Mississippi DAAS also posted information about the drafted State Plan on Aging 2025-2029 and the public input process on the agency's website and social media pages. During the public input process, the public was able to provide comments via email, phone, or mail.

Public Comments Received
Mississippi DAAS received comments from the following organizations and community members:

- Madison County Citizens Services Agency
- Community Member who is a family caregiver
- Mississippi Arts Commission

Mississippi DAAS Response
DAAS appreciates the time these stakeholders took to read the plan and submit their thoughts. DAAS evaluated the substance of all comments that were received. As a result of the public comments, DAAS modified the goals and objectives of the plan as follows.

- A strategy was added to Objective 1.5;
- A strategy was modified in Objective 2.3; and
- A strategy was added to Objective 4.3.