

Mississippi
Department of Human Services
DIVISION OF AGING AND ADULT SERVICES



Older Americans Act
State Plan on Aging

2007 - 2010



SEP 29 2006

Governor Haley Barbour
State of Mississippi
Office of the Governor
P.O. Box 139
Jackson, MS 39205

Dear Governor Barbour:

It is my pleasure to inform you that the four-year Mississippi State Plan on Aging under the Older Americans Act beginning October 1, 2006, through September 30, 2010 is approved. I am particularly pleased with the efforts made by the Mississippi Division of Aging and Adult Services to obtain extensive public input in the development of the State Plan. As a result of these efforts, the State Plan reflects a proactive strategy to deliver high quality comprehensive services to meet the needs of older persons and their caregivers.

The Regional Office staff of the U.S. Administration on Aging in Atlanta and I look forward to working with you in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older persons in Mississippi.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Carbonell", is written over the typed name.

Josefina G. Carbonell
Assistant Secretary for Aging



DATE: September 22, 2006

TO: Josefina G. Carbonell
Assistant Secretary on Aging

THROUGH: Irma Tetzloff *I. Tetzloff*
Regional Office Liaison

FROM: Constantinos I. Miskis
Regional Administrator, Region IV

SUBJECT: Mississippi State Plan on Aging Approval

Overview: Mississippi State Plan on Aging developed by the Division of Aging and Adult Services (DAAS) captures the essence of the four program goals included in the AoA Strategic Action Plan by including these as the first four goals and objectives of the State Plan. Each goal and objective is expanded to include activities, events and actions steps that will be implemented at the State or local level during the next three year period.

Each of the four goals has "implementing objectives" which define how the State Plan will address or provide programs and services for older Mississippians.

Goal 1—is to develop ADRC access methodologies that include state of the art electronic information systems capable of answering inquiries about health, social supports and other components for intake. Care plans, assessment of need, service utilization, and tracking of service costs will be incorporated into this system.

Goal 2—is to partner with the Mississippi Department of Health to sponsor influenza/pneumonia vaccination events for seniors and to promote Medicare Prescription Plan Enrollment during public health related events.

Goal 3—is to provide information to family caregiver role and to educate the public about care giving and the importance of supporting caregivers.

Goal 4—is to provide information on elder rights, consumer protections issues, available programs and to educate the public on the importance of protecting the rights of older persons. The DAAS will soon assume the responsibility for the Adult Protective Services program and plans for implementing and monitoring this program are in progress. Coordination with the Department of Mental Health Development Disability Council is a part of the process in developing intervention strategies to support the concept of aging in place for seniors and persons with disabilities.

As a part of the implementing objectives, the DAAS will provide formula grants to AAAs to support the NFCSP and provide statewide client management system to document use of funds

Future Directions:

Priority initiatives of the AoA Strategic Plan that will direct the focus of the DAAS throughout the coming years are:

- ▶ Increasing access to an integrated array of health and social supports through development of model projects that promote consumer choice by partnering with Medicaid starting with the ADRC project;
- ▶ Increasing partnerships and promotional activities related to implementation of MMA.
- ▶ Helping older people stay active and healthy by promoting Healthy Aging Initiatives such as Department of Health influenza/pneumonia vaccination and health screening events;
- ▶ Developing evidenced-based health promotion and disease prevention initiatives with MS Department of Health and seeking out grant opportunities.
- ▶ Supporting families in their efforts to care for their love ones at home and in the community by promoting activities that expand and enhance the Family Caregiver program; increase interest and support for kinship care and grandparent rearing grandchildren;
- ▶ Maintaining support services to vulnerable elders in the Home and Community-Based Services Program;
- ▶ Ensuring the rights of older people and preventing abuse, neglect and exploitation by promoting activities that focus on prevention;
- ▶ Participating in the Mississippi Leadership Council on Aging organization;
- ▶ Promoting effective and responsive management by initiating developmental areas of focus in response to the Deficit Reduction Act that include consumer directed strategies for service delivery; construct partnerships with Medicaid to promote “money follows the person” and/or “cash and counseling” initiatives;
- ▶ Establishing long-term initiatives to strengthen partnerships with the Aging Network , e.g., the Mississippi Access to Benefits Coalition;
- ▶ Developing statewide electronic client management systems linked to the NAPIS and NORS;
- ▶ Promoting performance partnerships;
- ▶ Directing the senior prescription program for free and low-cost medications;
- ▶ Promoting new directions in nutrition wellness through partnerships between AAAs and Medicare/insurance companies that prescribe heart healthy/diabetic meals for their insured;
- ▶ Enhancing emergency preparedness for the special needs population (seniors and the disabled) through self-education and better planning at the local level; and
- ▶ Promoting long-term care preparedness for Baby Boomers.

The DAAS has some continuing challenges in coordinating with the State Medicaid agency. State legislative provisions give authority for local level management of the Medicaid program to the Planning and Development District Offices. Even though the AAAs are also housed in the same District Offices, coordination between the two programs is difficult because of the chain of command and authority over the Medicaid

program. Past efforts have created a strong foundation to improve program linkages as the State prepares for the anticipated population growth and increased needs.

Intrastate Funding Formula:

The Intrastate Funding Formula (IFF) included with the State Plan is new with different weights from the previous Plan. The formula weight changes are as follows:

- 60 + is weighted at 30%;
- 60 + below poverty level is 25%;
- 60 + minority living below poverty level is 30%; and
- 60 + living in rural areas is 15%.

The Plan includes charts to illustrate comparisons and difference by AAAs. The chart describes the census distribution by AAA; percent of loss or gain by AAA; and weighted variables in the formula narrative. Our review of the IFF indicates it meets the requirements of the Older Americans Act.

Public Hearings:

The public hearings were held throughout the state in each of the ten PSAs and were sponsored by the AAAs. These hearings took place over a month time span beginning June 19 and ending July 13. DAAS staff attended each of the hearings.

Recommendation:

Based upon the Regional Office review of the State Plan content and process for developing the Plan, I recommend your approval of the Mississippi State Plan on Aging.

Decision:

Approve:  Date:  Disapproved: _____ Date: _____
for ASD

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TO: Josefina G. Carbonell
Assistant Secretary on Aging

THROUGH: Irma Tetzloff
Regional Office Liaison

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Administrator, U:\State Plan 2006\Mississippi\Irma's revisions.doc

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	Reg IV	Rebecca Wright	9/22	O CBS	Int	9/26			
		Miskis	9/22						
	ROL	Tetzloff	9/22						

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Decision:

Approve: _____ Date: _____ Disapproved: _____ Date: _____

STATE PLAN REVIEW PROTOCOL

PLEASE NOTE THAT ONLY THE ASTERISKED () REQUIREMENTS NEED TO BE INCLUDED IN THE PLAN ITSELF. OTHER REQUIREMENTS SUCH AS THE AREA PLAN FORMAT MAY BE MET BY PROVIDING LOCATION INFORMATION (E.G. STATE AGENCY WEBSITE, FILES, ETC.) AND/OR OTHER APPROPRIATE DOCUMENTATION TO THE AOA REGIONAL OFFICE REVIEWER.**

Section I. State Plan Guidance (Current Program Instruction (PI))0

The plan includes all requirements listed in the current AoA State Plan Guidance Program Instruction (PI) related to State Plan development:

A. Objectives – found on page(s) 30 of this plan. **

Notes: Objectives and goals addressed in Section VII—pages 30 to 37; specific References to the development, expansion, and coordination of ADRC noted Throughout.

B. Standard Assurances from Sections 305, 306, 307 and 705 – found on page(s) 41 to 57 this plan. **

Notes:

C. Additional areas to be addressed in the State Plan as outlined in the current AoA State Plan Guidance Program Instruction (NOTE: THERE WILL NOT ALWAYS BE ADDITIONAL AREAS INCLUDED IN THE ANNUAL AOA PROGRAM INSTRUCTION) **

1 ADRC –DAAS is partnering with Central Mississippi AAA to develop the first ADRC pilot site in MS; goal is to expand Statewide.

Found on page(s) 18, 28 & 30 of this plan.

2 Access to Benefits Coalition – MMA

Found on page(s) 18 & 32 of this plan.

3 DAAs & AAAs are partnering with CMS and McKesson, Inc. to promote healthy life styles and disease management for Medicare recipients; on page 27 is reference to Senior RX MS State legislature 2004 mandated creation of this program for seniors & indigents who cannot afford medication.

Found on page(s) 26 & 27 of this plan.

Notes:

Incorporated throughout MS State Plan are the priority initiatives from AOA Strategic Plan; the Plan also includes how SUA efforts will be directed toward LTC initiatives; transportation United We Ride; influenza/pneumonia vaccination events. (Referenced: pp 28, 30, 34, & 37)

Section II. State Plan Provisions from Section 307

The State Plan can address the specific Section 307(a) provisions (i.e., (1)(A) & (B); (2)(A) & (B); (4); (5); (6); and (8)(A) by providing a statement of compliance which includes the re-stating of the specific provisions.

The plan includes a statement of compliance, which restates the specific provisions from Sec. 307(a) and is found **on page(s) 56-57.**

Section III. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(19)(G) – (required only if State funds in-home services not already defined in Sec. 102(19))
The State agency includes and defines on **page(s) 8,17,18, 19, & 23** the following in-home services in the plan:

In –home service other than the services stated that MS provide –emergency services –can be temporary, short-term or extended assistance designed to satisfy the unmet needs of elderly individuals; emergency response system—a personal ERS is installed in the home of the frail, elderly client for 24 hour use to signal for help.

Discussion of requirement is found **on page(s) 8 & 17 & 48 to 49 & 53.**

Notes: _____

Regional Staff Prompts:

- Does the State fund any in-home services other than the services of homemakers and home-health aides; visiting and telephone reassurance; chore maintenance; in-home respite and adult day care respite; minor home modification; and personal care services?

Section 305(a)(2)(E)

The State agency provides 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 minority individuals and older individuals residing in rural areas **and includes proposed methods of carrying out the preference on page(s) 6 & 46 & 61 in this State plan;**

Discussion of requirement is found **on page(s) 6, 46 & 61.**

Notes: Examples on pp 26 to 27 example of MS State legislature efforts to help seniors and indigents who have difficulty purchasing medications. State legislature actions created SenioRx passed 2004. Senior Olympics—Golden Games—is recreation experience for adults age 55 & over to promote health lifestyles—held annually. Jackson County Senior Companion Program – promotes the use of volunteers as companions to seniors who need assistance with activities of daily living; these activities are addressed in the State Plan objectives. Demographic address on pp12 to 16, & 66 & 72; State Plan also addresses greatest economic need and greatest social need in the Intrastate Funding Formula; demographic data –pp 74-75 charts.

Regional Staff Prompts:

- Does the Plan include specific examples of proposed methods such as funding allocations, outreach, program development efforts, policy development, training and conferencing, and other activities?
- Are there references to such methods included in any of the Plan objectives or narratives?
- Does the Plan include demographic data describing the populations?
- Are program data included in the Plan to demonstrate need or as performance indicators?

Section 307(a)

(2) The State agency:

(C) Specifies **on page(s) 77 to 74** in this plan, 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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) and listed below: (Note: *In some cases, the State may have specified as little as zero dollars or % for a category if that category is adequately funded through other sources.*)

Minimum proportion for (may be in dollars, or percentages of titles III and VII allocations):

Access	<u>\$1,855,115</u>
In Home	<u>\$858,409</u>
Legal Assistance	<u>\$133,221</u>

Notes: On page 76 of Plan a rationale is given for the proportions; and explanation is given for the data provided for Access In Home and Legal Assistance; all categories show some form of funding. Listed above are the minimum expenditures set for FY 2005. Alternative sources of funding identified as Social Services Block Grant funds pp 61 to 62; description and budget narrative provided.

Regional Staff Prompts:

- Does the Plan present a rationale for the proportions?
- Do the minimum proportions specified appear realistic given your knowledge of the State's needs and service systems?
- Does the State identify alternative sources of funding for any category where no funding is specified?

(3) The plan:

(A) Includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA).

Discussion of requirement is found on page(s) 46, 56 to 57 & 63 to 64.

Notes:

The Intrastate Funding Formula included with the State Plan is new with different weights from the approved. **This IFF will need to be approved.** The formula weights changed to 30% age 60 plus; 25% age sixty plus below poverty level; 30% sixty plus minority living below poverty level and 15% sixty plus living in rural areas. On pp 65-69 charts illustrate comparisons and difference by AAAs; Census comparison pro rate percentage difference by AAA; comparison pro rata percentage difference by AAA; percent of loss or gain by AAA; and weighted variables in the IFF narrative. Review of the IFF indicates it satisfies the requirements in accordance with the OAA Section 305(a)(2)(C) (D) & Sec. 305 (d)(1)(2)(3) &(4) & Sec. 307 (a)(3)(A). The Public Hearings were held throughout the state in each of the ten PSAs sponsored by the AAAs. Three were held in June—June 19, 28 and 30, 2006; seven Public Hearings were held in July on July 6, 7, 10, and 13, 2006 & three on July 11, 2006. DAAS (SUA) staff is assigned to attend each of the Public Hearings. (See attached Hearings Scheduled.) A demonstration of the allocation of funds...to each PSA in the state is outlined in on page 59 of State Plan. With respect to services for older individuals residing rural areas pages 63-68 and pages 78-79 of the State Plan address the criteria in Section 307(a)(3)(A) of the OAA.

Regional Staff Prompts:

- Is a numerical statement of the current approved interstate funding formula included in the Plan?
- Does the Plan states the date of the formula's approval?
- Does the Plan include the current allocation of funds to each planning and service area based on the approved formula?

(B) With respect to services for older individuals residing in rural areas, the State agency:

(i) Assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

Discussion of requirement is found on page(s) 6, 8,9, 48 & 73.

Notes:

pp 9 & 73 describe provision services with respect to the FY preceding the FY for which the Plan is prepared .(Section 307(a) (15)(16) of OAA. Dollar amount expended on services for individuals residing in rural areas in FY 2000 not listed. The amount budgeted for rural areas in the current Plan illustrated on pages 78-79 show that services funds are as least as much as that expended in 2000. Page 12 of State Plan reference: "The 2000 Census and the 1999 Statewide Older Adults Needs Assessment indicated that the majority of older Mississippians live in rural areas.

Regional Staff Prompts:

- What was the dollar amount expended on services for individuals residing in rural areas in 2000?
- Is the amount budgeted for such services in the current Plan as least as much as that expended in 2000?

(ii) Identifies, 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).

Discussion of requirement is found on page(s) 12 & 48.

Notes: The MS DAAS has adopted the official Census definition of rural which describes rural areas as open country and communities of 2,500 or less because Mississippi is predominately a rural State. Note: Advocates in MS prefer definition: "counties with a population of 50,000 or less—which are not contiguous to urban metropolitan or other densely populated areas. " Pages 12-13 present a rationale for MS determination of cost for providing services in rural areas although there is no comparison of unit costs in urban and rural areas—due to MS definition of rural. Current plan identifies projected cost of providing rural services in charts on pages 78-79.

Regional Staff Prompts:

- How does the State define rural?
- Does the Plan present a rationale for determining the cost of providing services in rural areas, e.g., does the Plan include comparisons of unit costs in urban and rural areas?

(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.

Discussion of requirement is found on page(s) 12-13.

Notes: description provided on pp 12 to 14 give the methods used to meet the needs of individuals in rural areas. No specific examples provided describing methods used—but the IFF rural factor; state nutrition pilot program, Medicaid waiver home-delivered meals, etc. See page 13, 26, & 27 of State Plan.

Regional Staff Prompts:

- Does the Plan include both State and local examples describing methods used to meet the need for such services in the preceding year?
- Does the Plan reference the allocation of funds as a method that was used?
- Were other methods such as special outreach efforts, volunteers, and /or transportation programs used to meet the needs?

(8) (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 State agency may specify that such agencies are allowed to continue to provide case management services:

Page 18 & 35 of Plan reference case management –frail elderly needs to special assistance to remain independent as long as possible; case management is available statewide.

Discussion of requirement is found on page(s) 54.

Notes: _____

(C) Regarding information and assistance services and outreach, the State agency may specify that an area agency on aging is allowed to directly provide these services:

I& R used as entry point for service delivery systems linked to ADRC concept. Information and Referral help underserved individuals linked to the needed services and providers; statewide toll-free number enhances access to information.

Discussion of requirement is found on page(s) 20 to 21.

Notes: The I & R system set up to help older persons who may have difficulty navigating service systems. Follow up mechanisms record assistance needed.

(10) The plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

Discussion of requirement is found on page(s) 12 to-13 & 20 to 21.

Notes: The following state Plan objectives: pp 31—Objective 1.2; Objective 2.1—page 33; Objective 3.1—page 35; Goal 4-4 & Objective 4.1—page 36 Goal 5—page 38. Program data on page 59.

Regional Staff Prompts:

- Does the Plan include both State and local examples describing how needs have been met?
- Does the Plan reference the allocation of funds as a method to meet needs?
- Do Plan objectives and other narratives include references to the service needs of rural residents?
- Does the Plan include demographic data describing the rural population?
- Are program data included in the Plan to demonstrate need or as performance indicators?

(15) The plan, with respect to the fiscal year preceding the fiscal year for which this plan is prepared--

(A) Identifies the number of low-income minority older individuals in the State.

Discussion of requirement is found on page(s) 13 to 14 & 63-69 .

Notes: See pages 13-14 discussion on low-income minority older individuals in the State. IFF – pp 63-69

(B) Describes the methods used to satisfy the service needs of such minority older individuals.

Discussion of requirement is found on page(s) 13-16 & 63-69 .

Notes: Referenced in the State plan objectives and the IFF Formula broken down to be more inclusive.

Regional Staff Prompts:

- Does the Plan include specific methods used to meet the needs of low-income minority individuals at both the State and area agency levels?
- Does the Plan include methods used to satisfy the unique service needs of all low-income minority sub-groups within the State?
- Does the Plan reference the allocation of funds as a method to meet needs?
- Does the Plan include program data to demonstrate need or as performance indicators?

(21) (B) The plan specifies the ways in which the State agency intends to implement 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 title III.

Discussion of requirement is found on page(s) 8, 13& 44 to 45 & 49.

Notes: Specific reference to coordination with Native Americans under access services and AAAs/PSA must work with and include Native Americans in AAA plan procedures; census data demographics; Title VI coordination referenced on page 44; outreach on page 45 of Plan.

Regional Staff Prompts:

- Does the Plan include specific methods used to meet the needs of Native Americans?
- Does the Plan reference coordination efforts between the State and area agencies on aging and Title VI grantees, urban centers, and other Native American organizations within the State?
- Are demographic and program performance data included to document need or as performance indicators?

Section 705(a)(7)

The State Agency includes on page(s) 8 to 9, 14 to 15, 28, 36, & 49 of this plan, a description of the manner in which the State agency will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances described in paragraphs (1) of through (6) of this section. The description must:

1. Describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect, and exploitation.

Notes: Goal 4 of the State Plan and all objectives under this goal address Title VII assurances Page 36.

2. Describe how the State uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties.

Notes: Ways to obtain views of older persons AAAs, Title VI grantees: provide formula grants to AAAs to support elder abuse prevention, legal services hotlines, provide statewide client management system and tracking program to document use of funds; develop activities and resources to educate; provide State aging network with up to date information on new developments or amendments to regulations—pp 36. (See attached Public Hearings Schedule)

3. Describe how the State will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

Notes: Provide formula grants to AAAs to support elder abuse prevention, legal services, legal services hotlines and long-term care ombudsman programs; Promote coordination with law enforcement and the judicial system to educate first responders.

4. Describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

Notes: Utilize SSBG (Social Services Block Funds) provided to help with aging program, p. 62 of Plan; formal grants awarded to AAAs to carry out LTCO activities AAA must coordinate efforts & resources with other agencies, identify amount of resources used other than OAA funds and non Federal matching funds. (page 9)

5. Describe how the State will ensure that it will place no restriction other than those in Section 712, a, 5, C on the eligibility of entities for designation of local Ombudsman activities.

Notes: To ensure no restriction other than Section 712 the SUA has established their LTCO program based on the criteria in the OAA section referenced. See page 22 & 55.

6. Describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences, and referral, how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed conditions.

Notes: Goal 4, Objective 4.2 of the State Plan illustrates how the DAAS will implement and monitor the Adult Protective services program recently transferred to that department. (See pp 36 to 37 of the Plan) Under “Future Direction” section on page 28 there is reference to ensuring rights of older people to prevent abuse, neglect and exploitation.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING
PUBLIC HEARINGS SCHEDULE**

DATE	AGENCY	TIME	WHERE	DAAS STAFF
June 19	Southwest AAA	9:00	Co Courthouse Bude, MS	S. Rainey
June 28	Golden Triangle AAA	2:00	GT Boardroom Starkville, MS	S. Rainey
June 30	North Delta AAA	1:30	Co Courthouse Clarksdale, MS	M. Pendleton
July 6	Northeast AAA	10:30	619 E Parker Booneville, MS	M. Tutor
July 7	North Central AAA	9:00	Co Courthouse Winona	M. Tutor
July 10	South Delta AAA	10:00	Senior Center Greenville, MS	M. Tutor
July 11	Three Rivers AAA	1:30	Multipurpose Center – Tupelo	M. Pendleton
July 11	Southern MS AAA	10:00	H'burg Conv. Center Hattiesburg	M. Tutor
July 11	East Central	10:00	Main Office Newton MS	S. Rainey
July 11	Central MS AAA	1:30	Medical Mall Jackson MS	M. Tutor

Governor Haley Barbour
State of Mississippi
Office of the Governor
P.O. Box 139
Jackson, MS 39205

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I appreciate your dedication and commitment toward improving the lives of older persons in Mississippi.

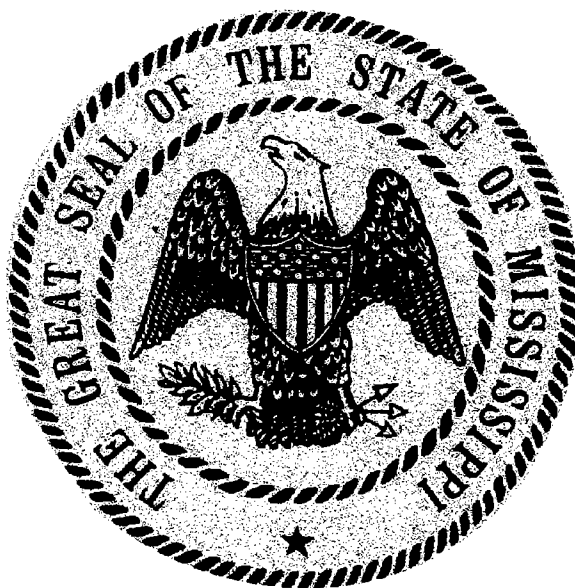
Sincerely,

Josefina G. Carbonell
Assistant Secretary for Aging

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	Reg Aff	Johnson, David	9/22						
		Mickens	9/22						
	ROL	Carbonell	9/22						

Mississippi
Department of Human Services
DIVISION OF AGING AND ADULT SERVICES



Older Americans Act
State Plan on Aging

2007 - 2010

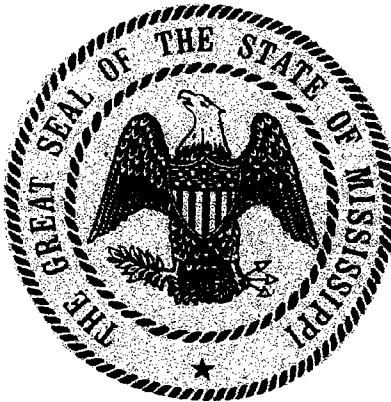
**The material in this plan was prepared by the Mississippi Department of Human Services,
Division of Aging and Adult Services, in collaboration with the Mississippi Association of Planning
and Development Districts/Area Agencies on Aging.**

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MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Aging and Adult Services
Older Americans Act of 1965, as amended
State Plan on Aging

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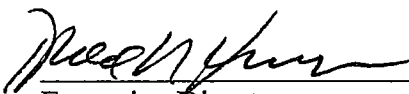
I. Designation of the State Unit on Aging

The State Plan on Aging is hereby submitted for the State of Mississippi for the period October 1, 2006, through September 30, 2010. This Plan includes all assurances and policy to be conducted by the Mississippi Department of Human Services, Division of Aging and Adult Services, under the provisions of the Older Americans Act of 1965, as amended, during the period identified. The Division of Aging and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purpose of the Act, i.e., to serve as an effective and visible advocate for the elderly by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly, to provide technical assistance to any agency, organization, association, or individual representing the needs of the elderly, and to develop comprehensive and coordinated systems for the delivery of supportive services.

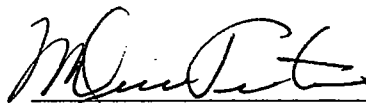
This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

This State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements and the mandates of the Older Americans Act of 1965, as amended.

7-20-06
(Date)

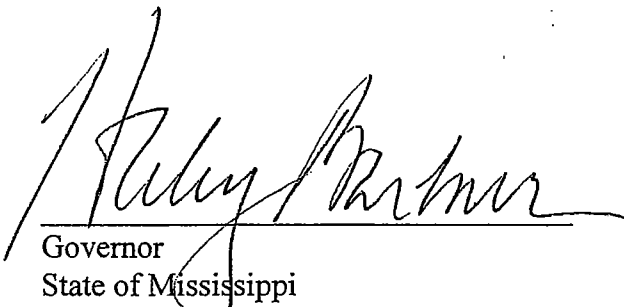

Executive Director
Mississippi Department of Human Services

7/19/06
(Date)


Director, State Unit on Aging
Division of Aging and Adult Services
Mississippi Department of Human Services

I hereby approve this State Plan on Aging for Mississippi and submit it to the Assistant Secretary for Aging for approval.

7/28/06
(Date)


Governor
State of Mississippi

II. Introduction

The Older Americans Act of 1965, as amended (OAA), administered by the U. S. Department of Health and Human Services, Administration on Aging, under the direction of the Assistant Secretary for Aging, requires the Governor of the State of Mississippi to designate a single state agency to develop and administer a State Plan on Aging. The Division of Aging and Adult Services under the umbrella of the Mississippi Department of Human Services has been designated by the Governor as that agency and is hereinafter referred to as the DAAS.

The DAAS, as the designated State Unit on Aging (SUA) for Mississippi, is required to submit a State Plan on Aging in order to receive its allocation of OAA funds to provide programs and services for individuals sixty years of age and older.

The State Plan on Aging for Mississippi has been prepared as required by the OAA.

- The State Plan will guide the DAAS' statewide activities for older citizens during the period of October 1, 2006, through September 30, 2010, a period of four years.
- The State Plan provides a statewide vision and mission for programs.
- The State Plan outlines Strategic Goals and Objectives to implement Title III and Title VII requirements and any objectives established by the Administration on Aging via the rule-making process.
- The State Plan describes how the DAAS will direct efforts to improve: access for an integrated array of health and social supports; traditional aging services; family care supports; and healthy lifestyles by older Mississippians.
- The State Plan represents the DAAS' response for addressing the long-term care, social, supportive, legal, protection, and other service needs of elderly Mississippians.
- The Intrastate Funding Formula is the method of distribution of Title III and Title VII funds to meet needs identified in each Planning and Service Area.
- The budget pages describe the plan of use for Title III and Title VII funds administered by the DAAS.
- The State Plan on Aging has been developed with the assistance and advice of the Area Agencies on Aging and other organizations in the State and has taken into consideration the views, opinions, concerns and recommendations of older citizens, elected officials, and the general public.

III. Overview of the Aging Network

Vision

The Vision of the Mississippi Department of Human Services Division of Aging and Adult Services is to see **“Every older Mississippian living the best life possible.”**

Mission Statement

The mission of Division in Aging Adult Services is to **“Protect the rights of older Mississippians while expanding their opportunities for and access to quality service.”**

A. Division of Aging and Adult Services

The Mississippi Department of Human Services, Division of Aging and Adult Services (DAAS) is the state entity designated by the Governor to receive and administer federal funds received through the Older Americans Act. Working with a network of local Area Agencies on Aging and local service organizations, DAAS plans and administers programs and services to improve the quality of life for all of Mississippi’s older citizens. As the official state office on aging, the DAAS works closely with a network of planning and service agencies to ensure comprehensive activities, programs and services for older Mississippians are offered statewide. Additionally, the DAAS works with many other state agencies as well as with the private sector, to create recognition of the needs and interests of older adults and to develop new resources.

As the SUA, the DAAS proactively carries out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring, and evaluation. The DAAS pays special attention to those older adults who have the greatest social, economic, and health needs and to low income minority elders.

The basic responsibilities of the DAAS include:

1. Developing and administering the State Plan

The State Plan is based on information gathered from consultations between the DAAS and AAAs and on Area Plans submitted to the DAAS for approval. Through direct contact with the AAAs and review of the Area Plans, the DAAS assesses the needs of older persons, establishes statewide priorities, examines procedures for implementing the Plan, and assures consistency among the State and AAA objectives. The State Plan provides for proper and efficient methods of administering Aging programs.

2. Conducting public hearings on the State Plan

The DAAS holds public hearings on the proposed State Plan that afford opportunities for comment to older persons, area agencies on aging, service recipients, the general public, officials of general purpose local government, and other interested parties. This process

guarantees all interested parties an opportunity to communicate their views verbally or through written correspondence regarding the State Plan, and on matters of general policy arising in the development and administration of the State Plan, and its effect on service delivery at the community level. Public hearings are planned and conducted jointly with the ten AAAs annually. A copy of the 2006 schedule and a copy of a public information “flyer” is provided in the State Plan. Hearings subject matter includes Title III services and VII programs for Elder Rights Protection as well as other programs funded through the AAA.

3. Serving as an advocate for older persons in the State

The DAAS serves as the effective and visible advocate for the elderly by engaging in direct action; encouraging and supporting participation by older persons in activities which help them promote their own interest; and assuming a strong leadership role to guide, direct, and support other State advocacy efforts. Direct advocacy includes such activities as: representing the interests of older persons before legislative and other formal bodies within the State; drafting or reviewing proposed legislation upon request from the legislative body; and reviewing and commenting on State agency plans, budgets, and policy impacting older persons and long-term care systems. The DAAS also guides, facilitates, and supports other elderly advocates within the State by providing technical assistance, training, and support to AAAs, organizations representing the elderly, and other coalition groups, associations, or individuals advocating for older persons.

4. Dividing the State into PSAs

The DAAS has divided the state into PSAs which are geographic regions composed of one or more local government boundaries. PSAs correspond geographically with the ten multi-purpose, non-profit, quasi-governmental, economic development districts called Planning and Development Districts (PDDs). The following factors are considered when identifying PSAs: distribution of persons age 60 and over, including those with greatest economic or social needs; services needed and the resources to meet the needs; views of local public officials; and boundaries of local government, regional planning councils, Indian Reservations, and economic development districts.

5. Designating and funding AAAs within PSAs

Upon definition of PSAs, AAAs for each PSA are designated and funded to develop comprehensive coordinated service delivery systems to meet the needs of older persons in the local communities. The ten AAAs are designated as a separate organizational unit within a multi-purpose agency (PDD). See attached map of the geographic boundaries of the PSA/AAA.

6. Coordinating strategic planning for systems and activities relating to the OAA purpose

The DAAS develops strategic plans and policy to guide and direct AAAs, improve upon

existing relationships and establish new linkages among federal, state, area, and community agencies and organizations to enhance the coordination of service delivery. Pilot programs and new service models established on the state level will be used by the AAAs to replicate planning for and delivery of services at the community level.

Additional responsibilities of the DAAS include:

- Training - The DAAS is responsible for identifying and prioritizing training needs of the State's Aging Network. The DAAS plans and provides the necessary training directly or supports the training efforts of AAAs. The DAAS contracts with universities and colleges throughout the State to provide needed training for the Aging Network personnel.
- Resource Coordination - The DAAS coordinates resources which can be directed toward services for older persons at the state and local levels. Resource coordination is often achieved through inter-agency agreements with other state departments and agencies.
- Monitoring and Evaluation - The DAAS' function for oversight of monitoring and evaluating of AAAs to ensure program and fiscal accountability and adequate progress in implementing the actions set forth in the Area Plan is fulfilled through a working partnership with the Division of Program Integrity Bureau of Audit and Evaluation, Mississippi Department of Human Services.
- Intrastate Funding Formula (IFF) - In consultation with the AAAs, using the best available data, the DAAS developed an intrastate funding formula with a descriptive statement of its assumptions and goals. The formula includes a numerical statement of funding based on the economic, ethnic, and geographic data of the age 60 and older population by AAA. Economic need, social need, and geographic isolation, and the effect on minority individuals, are considered. The formula is weighted 30% age sixty plus, 25% age sixty plus below poverty level, 30% sixty plus minority below poverty level and 15% sixty plus rural. The IFF is attached as a part of the state plan.
- Inclusion - The DAAS provides that activities are planned and directed toward increasing access to services by older individuals in special population categories that might otherwise be overlooked. The goal of the DAAS and the AAAs is to include persons who live in rural areas, do not speak English, or are economically and/or socially needy (particularly economically needy minority), disabled, or Native American. All programs and activities are available to the sixty and older population in Mississippi, where applicable, without regard to income (non means-tested).
- Leadership - As the leader and focal point of the Aging Network, the DAAS assumes a strong role in guiding and directing each of the entities which constitute the State's Aging Network. In this way, the DAAS can impact other programs which have a direct or indirect relationship with aging programs and enhance the coordination and pooling of resources. The DAAS' strong leadership is necessary to promote an optimal service delivery system for

older persons throughout the State.

B. Area Agencies on Aging

Area Agencies on Aging, mandated by the Older Americans Act, are designated by the DAAS to plan, coordinate, and advocate for the development of comprehensive and coordinated service delivery systems for all elderly and provide funds for services. The ten AAAs in the State are private, non-profit organizations and serve as focal points offering a comprehensive array of services at the local level.

AAAs are required to have a full-time director and adequate staff to carry out its purposes; however, staffing patterns vary because of different funding sources available to individual AAAs including federal, state, county, city, or private sources. The OAA allows up to 10% of all Title III funds received by an AAA to be used for administrative costs.

AAAs must develop a comprehensive coordinated service delivery system to meet the needs of older persons and serve as advocates and focal points for older persons in the PSA. Only activities consistent with the AAA mission as prescribed in the OAA and in state policies are included in the development of the system.

C. Area Agencies on Aging – Area Plan

AAAs receive funds from the DAAS through submission and approval of a four year Area Plan, with annual updates or amendments, which identify and prioritize the needs of older persons and specify what services will be provided to meet those needs. The Area Plan describes the development of a comprehensive coordinated service delivery system in the AAA. Based upon the local assessment of need, the Area Plan, or annual update, specifies details of the amount of funds budgeted for each priority service during the fiscal year. Preference in service provision is directed to the elderly with the greatest economic or social need. Activities, objectives, and programs for implementation of Title III and Title VII (Elder Abuse Prevention and Ombudsman) are defined in the Area Plans, funds are allocated through the IFF, and coordinated with other available resources and programs.

The Area Plan has the following objectives:

- Serve as a planning document that describes priority needs to set forth objectives and action steps to be undertaken by the AAA on behalf of older persons in the PSA;
- Formulate a formal commitment to the DAAS setting objectives to be undertaken by the AAA;
- Formalize a commitment to the DAAS describing the manner in which the AAA plans to utilize OAA funds under the various parts in accordance with their purpose and carry out its administrative functions; and
- Formalize a commitment to DAAS to fulfill the AAAs role as planner and advocate on behalf of seniors.

The Area Plan reports demographic information of the PSA, including census and local population statistics on those persons age 60 and older, minority elderly, low-income elderly, low-income minority elderly, and rural geographic. Other important components of the Area Plan include: assessment and prioritization of older persons' needs, identification of services to meet the needs, identification of gaps in service or factors impeding the effective delivery of service, identification of alternative solutions, activities, or services to fill unmet needs, bridge gaps and/or correct deficiencies in the service delivery system for older persons.

The Area Plan defines the programs, services, and activities to be undertaken during a prescribed time frame and the methods by which services will be provided. Consideration of the extent of particular needs in the economic and socially needy and minority population is addressed in the process of determining service provision (particularly to low-income minority). Services may include congregate meals, home-delivered meals, nutrition education, information assistance/referral and outreach, transportation, homemaker, adult day care, respite, ombudsman, legal services, and others. Coordination of these home and community-based services with designated community focal points for service delivery are also set forth in the Plan.

The Plan assures that the AAA spends an adequate portion of its OAA Title III-B social services allotment to provide access, in-home, and legal services, unless it documents to the DAAS that services from other sources meet the needs of older persons in the PSA for that category of service. Access, in-home, and legal services are discussed below.

- Access services facilitate access to services in the community including: transportation; outreach; and, information, assistance/referral. The Plan must provide for information and referral/assistance so that all persons within the PSAs are assured reasonable access to these services. AAAs that have Native Americans residing within its borders will pursue activities to increase access to services and benefits as applicable. Outreach, an important aspect of access, is arranged at the community level to identify elders eligible for assistance and inform them of the availability of assistance, with special emphasis on reaching economic and socially needy and low-income minority elders.
- In-home services enable elders to remain in their homes for as long as possible in order to prevent premature institutionalization. The service mix may include nutrition (the AAA accommodates, wherever possible, the particular dietary needs of participants), homemaker, visiting and telephone reassurance, case management, and respite.
- Legal services increase availability of legal aid and assistance for elders to secure their rights. These services include legal counseling and other legal assistance. Additionally, the AAA attempts to involve the private bar association in the provision of legal services on a pro bono or reduced-fee basis for older persons.

The Area Plan includes assurances relative to affirmative action plans, compliance with Civil Rights Act requirements, compliance with the Section 504 of the Rehabilitation Act of 1973, as amended, Debarment policy, Drug-free workplace policy, and other requirements. In addition, all services provided by the AAA or local service providers meet existing State and local licensing, health regulations, and safety requirements for the provision of service.

The Area Plan contains objectives for appropriate procedures for data collection and the compilation and transmittal of data to the DAAS, including the National Aging Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS) requirements. The Area Plan includes information compiled on courses of post-secondary education offered to older persons (Mississippi waives post-secondary tuition for persons age sixty and over) and made available to elders at focal points within the community.

Priority needs of older persons, how these needs will be met, and how services are to be provided with OAA and other sources of funds, are identified and assigned in the Area Plan. In addition, the Plan establishes the manner in which the AAA will develop a comprehensive and coordinated service delivery system. Therefore, all activities undertaken as a responsibility of the AAA, whether funded by public or private funds, are described in the Area Plan and must comply with all laws, regulations, and policies.

The Area Plan activities are evaluated and considered by the public during the public hearing process each year. At that time, input is solicited from older persons, older persons who are service recipients, the general public, officials of local government, and other interested parties. The Plan is submitted to the DAAS for approval prior to the receipt of OAA funds at the AAA level.

AAAs are required to designate, if feasible, focal points for comprehensive service delivery within each community. The AAAs must specify in the Area Plan specific communities in which focal points are designated and developed.

Formal subgrants are made to the AAAs to carryout the plan narrative. The Subgrant budget must include proposed expenditures for administration, planning, program development, and service provision under the Plan. Budgets submitted with each plan assure that not less than the total amounts expended in Federal Fiscal Year 2000 in carrying out the Long-Term Care Ombudsman Program are expended. In order to demonstrate AAA efforts to coordinate resources with other agencies, the Plan must indicate the amount of resources (other than OAA funds and non-federal matching funds) which support the development of a comprehensive and coordinated service delivery system in the PSA.

D. Area Agency on Aging Advisory Councils

Advisory Councils are voluntary groups of citizens who provide information, guidance, advice, and support to the AAA to plan, develop, coordinate and administer services to older persons. The Council helps the AAA carry out the intent and objectives of the OAA. The Council fulfills this obligation by working with the AAA staff and community leadership.

The Advisory Council is a direct means for older Mississippians to have their interests represented in local AAA activities. Advisory Council members participate in programs, communicate with other service recipients, and are representatives of community groups, senior organizations, and AAA staff. An effective working relationship between the AAAs and the Advisory Council assists

Council members to exercise their role and responsibility both to the AAA and to the community they represent. AAA Advisory Councils may serve as the Ombudsman Advisory Council if the council membership includes representatives from the long-term care community.

Each AAA determines the size of the Council, the manner in which participants are chosen, the frequency of meetings (at least quarterly), structure, focus and potential influence on the AAA. The AAA Council assumes a variety of responsibilities, but all Councils must advise the AAA in the following areas:

- Develop and implement the Area Plan;
- Conduct public hearings;
- Represent the interests of elders (advocacy); and,
- Review and comment on all community policies, programs, and actions affecting elders.

The AAA Advisory Council must officially sanction the final Area Plan before it is submitted to the DAAS for approval.

The Advisory Council also plays a significant role in implementing the Area Plan. Council members enhance community awareness of aging services and foster communication between the AAA and the community. Advisory Council members who are consumers of services, understand the development and implementation of the Plan through the services they receive.

The Council identifies gaps in services or deficiencies in the service delivery system; helps minimize duplication of effort in service delivery systems; and assures coordination with all service providers that are part of a continuum of care. The Council oversees the selection of service providers and provides oversight in the monitoring and evaluating process.

Advisory Councils are required to advise the AAA in the Area Plan public hearing process. Council members take a leading role in publicizing the hearings among the groups, clubs and organizations they represent. Council members assume responsibility for conducting the public hearings and ensure that suggestions made during the hearings are considered in the final version of the Area Plan. The Advisory Councils serve to strengthen relationships and enhance communication between the DAAS and AAAs and assure local community input at the State level.

E. Aging Service Providers

The AAAs contract with service providers to deliver home- and community-based services to older adults. Contracts with local service providers are reviewed by the DAAS to assure that integrity and public purpose of services are maintained, that all sources and expenditures of funds are disclosed, and that services are enhanced. In some rural areas, provision of direct services by the AAA is necessary. The AAAs must provide justification to the DAAS that direct provision is necessary to ensure an adequate supply of such service and/or for the economy of service, or that the service is directly related to the AAA's statutory/administrative function. No services are provided directly by the AAA without an approved waiver from the DAAS.

Local service providers have direct "one-on-one" contact with older Mississippians. Service providers translate dollars into tangible services for the elderly. Service providers are technically defined in the Federal Regulations as an entity that is awarded a contract from an AAA to provide services under the Area Plan. Mississippi's service providers are primarily community action agencies or programs and organizations with a proven record of providing services to older persons.

Services provided by local provider agencies in the state include: home-delivered meals, congregate meals, nutrition education, homemaker services, outreach, adult day care, friendly visiting, shopping assistance, transportation, telephone reassurance, legal services, information assistance/referral, and multi-purpose senior center activities (among other services). Supporting and complementing the AAAs' efforts, service providers deliver quality, efficient, effective, and accessible services to senior citizens. Partnering with the AAAs and service providers are the private and public long-term care providers, community organizations, and medical entities which are concerned and involved with the delivery and quality of care for older Mississippians.

As part of the contract for services, AAAs must assure that local service providers give participants an opportunity to contribute to the cost of the services; however, services are not denied if the person will not, or cannot, contribute. Contributions are used to expand services provided at the community level and confidentiality is assured to protect the privacy of each older person who contributes.

The AAAs must assure that all contracts that include payment of any part of a cost, including administrative, incurred to carry out a commercial relationship or contract will be paid only if carried out to implement Title III. Preference in receiving service will not be given to any individual as a result of a contract or commercial relationship.

The AAAs monitor, evaluate, local service providers for their efficiency and effectiveness in delivering services. Written policies and procedures based on OAA requirements and implementing regulations, reflect the procedural requirements specified by the DAAS.

The AAAs provide training and technical assistance within the PSAs. This may be accomplished through in-service training at universities, workshops, or conferences, monthly technical assistance meetings, and project director meetings. These training activities directly impact the level of productivity and efficiency of AAA staff, service provider staff, and Advisory Councils.

IV. Demographics of Older Mississippians

Most Mississippians are living longer and healthier lives in greater comfort than their ancestors would have thought possible. Improved living conditions, better nutrition, sanitation, vaccinations, cures for many infectious and contagious diseases, and advances in medical technology have contributed to an increased longevity.

Most gains in the longevity of Mississippians are a result of modern medicine and healthier lifestyles. People living longer presents a challenge for planners and policy makers to develop strategies and solutions to address the growing demands and needs of those who are living much longer than ever anticipated.

A new demographic balance is emerging. Mississippi has approximately 457,144 individuals age sixty years and older (2000 Census). Elderly citizens now constitute 19% of the State's total population. Mississippi was once among those states with the lowest proportion of aged; now Mississippi is experiencing the "graying" of its population.

Between 1990 and 2000, the older population increased 6.9% as compared to the total population which will increase 18% by the year 2010. The most rapid increase is expected between the years 2006 and 2026 when the "Baby Boom" generation reaches sixty.

Rural

Because Mississippi is predominately a rural state, the DAAS has adopted the official Census definition of rural which describes rural areas as "open country and communities of 2,500 or less." (Advocates in Mississippi prefer the definition of rural as "counties with a population of 50,000 or less inhabitants which are not contiguous to urban, metropolitan, or other densely populated areas.") The 2000 Census identified 1,361,945 individuals (old and young) living in rural areas; this represents 53% of the total population in the state. The rural population is subdivided into the rural - farm population, which comprises all rural residents living on farms, and the rural - non-farm population, which comprises the remaining rural population. The 2000 Census and the 1996 Statewide Older Adult Needs Assessment indicated that the majority of older Mississippians live in rural areas.

The 1996 Needs Assessment showed that older rural people, by almost all economic, health, and social indicators, are poorer, less healthy, live in poorer housing, have fewer options in personal transportation, and have significantly limited access to health professionals as well as community-based programs and services. It has often been argued that being old and living in rural Mississippi is a form of "double jeopardy." Elderly Mississippians living in rural areas confront many barriers in gaining access to programs designed to help them. The barriers include inadequate transportation and information systems.

Identifying methods to best serve the rural elderly remains a priority for the DAAS. Several methods used to satisfy service needs of older residents in rural areas are: the intrastate funding formula which

includes a rural factor; the state nutrition pilot program in home-delivered frozen meals; Medicaid Waiver home-delivered meals; collaborative partnerships with transportation; rural health fair programs, and a statewide toll-free information system.

Minorities

The DAAS is committed to the belief that serving the needs of Mississippi's minority elderly is a central mission and challenge facing the Aging Network. Minority is a term used by the Aging Network in the State to represent African American, American Indian/Alaskan Native, Asian/Pacific Island, Hispanic, and others. The 2000 Census Data identified 117,862 African American elderly persons in the State, 1,517 Asian/Pacific Islanders, and 2,697 Hispanics.

Minority elders are more likely to be economically and socially needy. Over 49% have incomes below the poverty level as determined in the 1996 Needs Assessment. The low-income minority population is projected at 57,166. Minority elders are less likely to have equal access to health care providers and facilities.

The minority population in the State presents the Aging Network planners, policy makers, and providers with general factors such as cultural differences, language barriers, and myths of the minority elderly, to be considered in the delivery of aging services to the minority population. Outreach and service access are prioritized for the individual meeting criteria that define them as low-income minority via the Client Screening Form ranking system by the AAA at the time of intake into the system. Preference for providing services to minority elders with economic or social needs is given particular attention.

Native Americans

The 2000 Census identified 940 Native Americans age sixty and older in Mississippi. The DAAS identified the Area Agencies on Aging where the highest concentration of Native Americans reside, and provided the information to East Central AAA. The Mississippi Band of Choctaw Indians coordinates with the AAA in training efforts for the aging network staff.

Economic and Social Status

Older Mississippians, as a group, have a lower economic status than other adults in today's society. Minority elders have substantially lower incomes than their Caucasian counterparts. Many older Mississippians are living day-to-day trying to make ends meet with a limited income.

The 1996 Needs Assessment revealed that approximately 29% of all Mississippians sixty plus live below the national poverty guidelines. The incidence of poverty increases with age among all elderly but at an even higher rate among minority elderly (49%). Minority females and individuals living alone constitute the poorest segment of the older population.

The 1996 Needs Assessment findings indicate that:

- One in five elderly live in poverty;
- Elderly women and minorities are impacted more by poverty;
- Elderly poor have substantial health, housing, and nutrition costs;
- Elderly poor experience more acute health conditions and have high rates of chronic health conditions;
- Elderly poor spend nearly 20% of their income on out-of-pocket medical costs;
- Social security and other benefits do not ensure incomes above the poverty level for elderly poor Mississippians; and
- Elderly poor are at-risk for inadequate nutritional intake.

The 2000 Census indicated that 111,987 older Mississippians have incomes below the poverty level, with the highest number in the age 75 years and older category.

Despite low poverty rates for elderly Mississippians as a group, a substantial number of older persons continue to have incomes just above the poverty level. The majority of older Mississippians between ages 65-74 have incomes above the poverty level. There are 73,849 females between the ages 65-74 who have incomes above the poverty level and 31,470 males 75 and older who have incomes above the poverty level. The African American elderly in both age groups (65-74 and the 75+) are more prone to have incomes below the poverty level than any other minority group.

The 1996 Needs Assessment indicated that over 30% of the sixty plus population surveyed did not talk to or spend time on a daily basis with someone who does not live with them. Over 10% were socially active only once a week or less. This raises concern for the social needs of a large segment of Mississippi's elder population. The population of limited English-speaking minority elders is at even higher social risk. AAAs use the maximum cultural and language barrier sensitivity when addressing elders.

Economic and socially needy individuals are prioritized in rank on the Client Screening Form at the time of intake into the AAA service system. Outreach and service access are prioritized for the individual meeting criteria that define them as economically and socially needy and preference for providing services to minority elders with economic or social needs are given particular attention.

At-Risk Individuals

Older people at risk of losing their independence includes the very old, those who are abused, neglected, or exploited; those who do not have a caregiver to assist them in times of need; those who

are physically or mentally impaired or disabled; and those who are poor, economically deprived, and uneducated. These factors are not indicative of all older persons; however, many of them do apply to a large number of older people in Mississippi.

The 1996 Needs Assessment indicated the limitations of the state's elderly who are at risk and vulnerable. Of the 3,300 or more persons surveyed:

- One in five reported their health as poor;
- 30 percent reported that health problems interfere with their activities of daily living;
- 10 percent could not prepare their own meals;
- 19 percent could not do household cleaning; and
- 16 percent could not shop for themselves.

Older people who are poor are particularly vulnerable to losing their independence because they lack the means to purchase goods and services that could help them remain self-sufficient. In Mississippi this includes older women who live alone; those who live in rural areas, where goods and services are often unavailable or hard to reach; and minorities who are plagued with barriers preventing access to services.

The Old-Old

The 2000 Census estimated 153,289 older Mississippians age 75 years and older. This group of individuals is referred to as the old-old and is expected to grow twice as fast as the rest of the population. The old-old population tends to require more social, medical, and supportive services and be more dependent on long-term care. The 75+ population is most likely to suffer from chronic health conditions which will leave them unable to perform activities of daily living without a support system.

Older Women

Statistics indicate that elderly women live longer than their male counterparts and are an increasing proportion of the State's elderly. There are 253,840 women sixty years and older in Mississippi and minority females constitute the poorest segment of the older population.

Physical and Mental Disabilities

Individuals with disabilities, especially persons age sixty and older, have difficulty accessing community service agencies in order to obtain services. The DAAS and AAAs work to ensure that persons with disabilities are assisted by coordinating services with other agencies. Where need indicates, local AAAs assist in the construction of access ramps, provide eye sight screenings and low cost eyewear, and conduct projects on a regular basis. The Office of the Governor, Division of Medicaid, Home and Community-Based Services Waiver project assists in the delivery of services to this population.

According to the Department of Mental Health State Plan, approximately 12.5% of the adult population with serious mental illness are elderly (age sixty years and older) and are served through

the public community mental health system. DAAS and the AAAs work with the Department of Mental Health in its continued efforts to assist elders in need using the community-based stratagem.

Living Arrangements

The DAAS 1996 Needs Assessment indicates that an overwhelming majority of elderly persons surveyed wished to maintain a sufficient level of independence while remaining in their own homes, neighborhoods, and communities. Most (89%) of the age sixty and over population surveyed lived in single family homes (including mobile homes), over 55% live with a spouse; 26% were widowed, almost 27% live alone, and 20% live with children.

Inadequate housing is a problem for many older Mississippians with low and moderate incomes. Significant numbers of homes owned by older persons need major repairs and home repair was cited as a priority concern for elders in the 1996 Needs Assessment. Some homes occupied by older persons still lack complete plumbing, particularly in rural areas or small towns. Fixed incomes, high medical expenses, and physical limitations make it difficult for older citizens to keep up with major home maintenance.

Most older citizens prefer to remain in the home they have lived in for years. The majority of elderly Mississippians, especially minorities, prefer to remain in their communities and be cared for by family, friends and relatives. Disturbingly, the 1996 Needs Assessment indicated that over 23% of those surveyed stated that "no one" or "they don't know who" would care for them if they became sick or disabled for an extended period of time. This percentage increased by age group and for widowed females. These individuals are at high risk for institutionalization.

As the demographics of seniors indicate, Mississippi, as well as the rest of the United States, is in the midst of an Aging boom that is restructuring the population. The demographics of Mississippi's older population suggest that older Mississippians struggle to maintain themselves in their own homes. For many, aging in place with dignity and remaining independent is a condition they may never realize. For all, the loss of independence is a constant fear.

V. Services and Programs

Mississippi's service delivery system consists of a varied mix of services and programs geared to meet the needs and priorities of Mississippi's age sixty and older population so that they may remain independent and in their own home as long as possible. OAA, CMS, Social Services Block Grant (SSBG), and other sources are used to fund aging programs and services.

Programs and services in Mississippi's Aging Network are categorized in the following three systems:

- **Access** - Services that link individuals with information, support, and other services in the community;
- **Legal Assistance/Advocacy** - Services that protect and assist individuals in securing their rights and benefits and ensure quality of care; and
- **Home and Community-Based** - Services that help individuals maintain their functioning level in their homes and communities and contribute to their dignity and self-worth.

Aging programs and services are provided according to the participants' functioning level and need, ranging from independence to dependence. Although there is a mix of programs and services, not all services and programs are provided by each AAA. Programs and services are provided in the ten AAAs based on the priorities identified. A brief description of available programs and services follow in alphabetical order:

Adult Day Care

This program provides exercise, therapeutic, socialization, and recreational activities along with hot nutritious meals to meet the specialized needs of the chronically ill, Alzheimer's patient, frail elderly, or functionally impaired participant. Many of the AAAs support the operation of Adult Day Care Centers.

Adult Protective Services

The DAAS will develop a statewide adult protective services (APS) program with state funding. The legislative mandate will permit DAAS to hire 15 protective services workers stationed in local offices to investigate reports of abuse, neglect and exploitation. Information and public education will be produced in collaboration with the APS program and the AAAs. Participation in outreach and training opportunities will be afforded to APS professionals, law-enforcement, public safety the Attorney General's Office and other appropriate agencies and organization, as well as older persons. APS staff will refer complaints, as appropriate, to established working partners to facilitate conviction of crime perpetrated against the elderly. Reports will be compiled by DAAS for legislative review. The service will be managed at the DAAS state office and will be available statewide.

Aging and Disability Resource Center

The Aging and Disability Resource Center (ADRC) grant program will stimulate the development of state systems that combine information and referral, benefits and options counseling services, as well as easing access to publicly and privately financed long term care services and benefits. The goal of the ADRC program is to empower older adults and adults with disabilities to make informed choices and to streamline access to long term support. DAAS is partnering with Central Mississippi Area Agency on Aging (CMAAA) to develop the first ADRC pilot site in the state of Mississippi. The ADRC project will be highly visible and a single point of entry for access to public long term support programs and benefits. The project will assist individuals with current long term support needs and planning for future long term care needs. A single information and referral access coordinated system will enhance an individual's choice and support informed decision making. The pilot project in Central Mississippi AAA will expand to include statewide coverage.

Access to Benefits Coalition

The Mississippi Access to Benefits Coalition, funded by the National Council on Aging, assists low income Medicare recipients to enroll in a Medicare prescription drug plan. The coalition has created new partnerships to assist low-income persons with Medicare to access Medicare Part D. The ABC Coalition uses the Access to Benefits website (benefitscheckup.org) to help identify service systems to which older persons may be entitled. Partnerships created will continue to build the Aging Network statewide.

Case Management

Case management promotes independence and brokers, coordinates, and monitors services to provide continuity of care for the frail elderly. Case managers identify the needs of frail elderly adults through a comprehensive assessment followed by the development of a care plan, with the input of family members. Guided by the care plan, appropriate services are delivered and monitored to ensure proper care. The service is available statewide. Case management services are supplemented through the Elderly and Disabled system funded by the state Medicaid agency. The Medicaid Elderly and Disabled Case Management system is legislatively linked to the Planning and Development Districts. In four AAAs the Medicaid Elderly and Disabled case management reports to the AAA Director. In six, the AAA is not involved with the Medicaid case management project.

Chore Maintenance or Household Repair

Many older Mississippians are unable to perform various tasks in and around their homes to keep them safe and comfortable. Chore maintenance workers perform household tasks, seasonal or heavy cleaning, lifting or moving furniture/appliances or other heavy household objects, and other essential tasks such as raking or mowing yards. Simple household repairs that do not require special tools, materials, skilled workmen or contractors are done for elders who are unable to perform the tasks in their homes due to impairment, frailty or disability. This service is provided by AAAs statewide as funds and programs are available.

Elderly Nutrition Program

Adequate nutrition is essential in maintaining everyone's overall health and it is a primary component in keeping older persons from premature institutionalization. The State's Elderly Nutrition Program contributes to the basic health needs of seniors by providing one meal a day five days per week with each meal containing one-third of the Recommended Dietary Allowances (RDAs). The congregate and home-delivered meals are provided by a statewide food service vendor at a moderate cost.

Congregate Meals are well-balanced meals provided in a group setting in a centralized location five days a week, except for designated holidays or emergencies when the site may be closed. In addition to a healthful meal, participants receive the social benefit of peer contact, directed activities tailored to their needs/desires, and scheduled nutrition education.

Home-Delivered Meals are well-balanced meals provided to eligible homebound older persons in all eighty-two counties five days a week, including designated holidays and emergencies when congregate sites are closed. Participants enjoy a measure of socialization from their delivery person(s) and receive printed nutrition education material as scheduled and distributed by the AAA/service provider.

Elder Abuse, Neglect, and Exploitation Prevention

Sometimes physical or mental impairments or lack of family support leave older persons at-risk of abuse or exploitation or of harming themselves through their own actions or self neglect. Each AAA sponsors an abuse awareness program which includes public education, outreach, reporting, and receiving complaints and referrals, and recognition of signs of elder abuse. The DAAS and AAAs coordinate efforts in Elder Abuse Prevention to implement the mandates in Title VII.

Emergency Response System

This technology is designed for the elderly and families who have concerns about an older person being alone in the event of a fall or other type of emergency. A personal Emergency Response System is installed in the home of the frail, elderly client for 24 hour use to signal for help. A small radio device transmits a code signal or message over existing telephone lines to a control station such as at the local hospital or police station which has the elderly person's name, address, phone number, and emergency contact on file. Assistance is sent to the older person's home if he/she does not immediately respond to a phone call. Emergency response devices may be worn around the neck or wrist and can be activated in emergencies. This service is available in several AAAs.

Emergency Services

Accepting assistance is difficult for many older persons who are reluctant to rely on agencies and resources for a helping hand. Emergency services provide social, financial, and supportive assistance to help elderly individuals through a crisis such as a life-threatening or unexpected emergency situation which demands or requires immediate action or intervention. Emergency services can be temporary, short-term, or extended assistance designed to satisfy the unmet needs of elderly individuals. Emergency services can include food, clothing, medical supplies, equipment, and other items needed in a crisis situation. Emergency services are available throughout the ten PSAs.

Family Caregiver Assistance

The Family Caregiver Support Program is the only program that provides services to the caregiver. The caregiver is any individual caring for a person 60 years or older, or a grandparent or other relative caregiver, 60 years or older, caring for a child 18 years or younger. The services provided include: information about available services, assistance in gaining access to services, individual counseling, organization of support groups, caregiver training to assist the caregiver in making decisions and solving problems relating to their caregiving roles; respite care to enable caregivers to be temporarily relieved from caregiving responsibilities, and supplemental services, on a limited basis to complement the care provided by caregivers. An assortment of Family Caregiver services are provided by the AAAs.

Homemaker

This program gives elderly adults the option of having homemakers perform the housekeeping tasks they can no longer do or need assistance in doing. Homemaker services are available to help older people who need assistance with daily living tasks such as cooking, cleaning, mending, grocery shopping, doing laundry, providing safety and consumer education, bathing, dressing, and assisting with oral hygiene assistance. The amount of time spent in the home depends on the needs of the older adult and the availability of the homemaker service. This service is provided at no cost to the older person, although voluntary contributions are solicited to help expand the availability of the service. Homemaker services are available in all PSAs.

Information and Referral/Assistance

Information and referral/assistance is the entry point into the aging service delivery system for a majority of older Mississippians. This service is critical to elderly individuals and their caregivers in obtaining information and contributes towards maintaining older people in their communities by linking them with needed services. Closely linked to the Aging and Disability Resource Center concept, Information and Referral helps underserved individuals link to needed services and provides follow-up mechanisms to record that help was rendered and needs were met. A statewide toll-free telephone system enhances access to information.

A well-implemented information and referral/assistance system makes older people aware of services and opportunities, furnishes facts about the agencies and organizations which provide services, and identifies the services available to them. Additionally, a well-implemented information and referral/assistance system assists individuals who cannot make their own contacts with service providers, who are unable to negotiate the receipt of services on their own, or who are unable to determine the best resource needed to address their problem. Every AAA has electronic information and referral/assistance services, thus every older Mississippian has access to information regarding local services.

Legal Assistance

Seniors may need specialized legal assistance regarding benefits which include Social Security, Supplemental Security Income (SSI), Medicare, or related issues. The State Unit assists and works closely with the AAAs to reach out to elderly Mississippians and help them resolve their special legal needs. In addition to the legal services program providers, the DAAS encourages private practicing lawyers to finance and provide legal services and consultation to seniors. This program provides or secures legal assistance to ensure the rights and entitlements of older persons. The senior who needs assistance can contact a legal assistance program through their AAA by means of a phone call. There is no charge to seniors to whom services are provided. Title VII mandates are considered under legal assistance planning and funded through the IFF.

Mississippi Insurance Counseling and Assistance

The Mississippi Insurance Counseling and Assistance Program (MICAP) is funded through the Centers for Medicare and Medicaid and managed by DAAS' MICAP Coordinator through the AAAs.

A system of volunteers guided by the designated AAA MICAP Coordinator provides counseling and information on Medicare and Medicaid for an individual needing assistance or having questions about health care coverage. The MICAP is the service leading implementation of the Medicare Modernization Act, including enrollment in new Medicare prescription medication programs. MICAP services are available at the state level and in each AAA.

Mississippi Medicare Assistance Patrol Project (MsMAPP)

The Mississippi Medicare Assistance Patrol Project promotes the reduction of fraud and abuse in Medicare and Medicaid through a system of trained volunteers who assist seniors to identify and report billing problems/errors. MsMAPP is active statewide via subgrants to Central MS AAA (assisting the state office to serve three other AAAs) and North Mississippi Rural Legal Services Corporation (serving six AAAs).

Ombudsman

The Long-Term Care Ombudsman Program's (LTCOP) mission is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents. The LTCOP serves residents of licensed nursing homes, personal care homes, and assisted living facilities by investigating and working to resolve complaints made by or on behalf of residents.

Ombudsmen regularly visit long-term care facilities to be assessable to residents and monitor conditions. In addition, Ombudsmen provide education regarding long-term care issues, identify care concerns of residents, and advocate for needed change.

The Office of the State Long Term Care Ombudsman operates within the MDHS DAAS. Ombudsmen services are subgranted to AAAs to provide a full-time certified ombudsman responsible for program components. Title VII Ombudsman Program mandates are coordinated in the Ombudsman program by DAAS.

Outreach

Outreach involves seeking out people who need or may need a service and helping them obtain it. Many elderly have no knowledge of the resources or services available to them. After they are informed of the services, it is often difficult to get older persons to take advantage of available services. Outreach activities ensure that services are accessible in the PSA.

Program Development and Coordination

Program development and coordination activities of the AAAs relate to either the establishment of a new service(s), or the improvement, expansion, or integration of an existing service(s). The two major characteristics of program development and coordination activities are that they must be intended to achieve a specific service(s), goal(s), or objective(s) in the Area Plan and they must occur during a specifically defined and limited period of time rather than being cyclical or ongoing.

Program development/coordination activities can involve any number of administrative tasks, that include: identifying problems in the community; handling problems between agencies; overseeing the development of new services; obtaining funding for the program; maintaining liaison with the agencies involved; monitoring services for quality improvement; and recommending changes in services, policies, and procedures as needed.

Recreation

This service includes activities and events like sports, games (physical or mental activities), field trips, physical fitness, and other social activities in which an elderly person participates or attends as a spectator during his/her leisure time.

The State's mild climate, with an average temperature of 63 degrees and yearly rainfall of about 50 inches, facilitates outdoor recreation year-round. Mississippi has 17 state parks offering boating, camping, fishing, nature trails, and recreational facilities. Historic sites and arts and crafts shows and festivals, featuring everything from blues to watermelons, offer additional opportunities for Mississippians to relax and have fun. Fresh and salt water fishing provides another form of recreation, as does hunting small game, deer, and wild turkey. Persons age 65 and older may obtain a free hunting and fishing license from their Circuit Clerk's Office.

In order to assure opportunities for participation, most AAAs co-sponsor the Mississippi Senior Olympics, a statewide athletic event designed for this age group.

Residential Repair/Minor Home Modification

Minor modification and repair of elderly individuals' homes facilitate the ability of older persons to remain in their homes. Home maintenance services are available in a limited number of PSAs.

Residential Repair includes physical maintenance, replacing or reconstructing a dwelling owned by an older individual who is unable to perform the needed work. Repairs or renovations of a dwelling must be essential for the health and safety of the elderly occupant, such as repairing a roof.

Minor Home Modification includes alterations or improvements of a dwelling to make it more accessible and usable by physically disabled and frail older individuals. This involves adaptations to the interior of the dwelling by constructing grab-bars or rails to make it easier and safer to carry out activities such as bathing, cooking, walking and opening doors.

Respite

Caring for a frail person can be a highly stressful situation. As more family members and friends are keeping their frail loved ones at home, there is a critical need for time away from the situation for the caregiver. This service is designed to give primary caregivers a break from their regular care responsibilities. The time off can vary from a few hours to a week, enabling families to pursue other activities or even take a vacation. Family caregivers may also hire someone privately to provide respite care. Respite care provides much needed time off for the primary caregiver, thereby reducing stress, the risk of elder abuse, and burnout. This service is available statewide.

Senior Center

A Senior Center is a community focal point where older persons come together for services and activities that enhance socialization, support their independence, and encourage their involvement in and with the community. As part of a comprehensive community strategy to meet the needs of older persons, Senior Center programs take place within a facility. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work, and other supportive services. The Center

also serves as a community resource for information on aging services, for training professional and lay leadership, and for developing new approaches to aging programs. Senior centers facilitate access to other services such as transportation, health and counseling, and sometimes meals and legal assistance.

Senior Centers serve communities as a social and recreational congregating place and a source of health and social service assistance. Senior Centers will become important “safe havens” for seniors during emergency situations. These Centers are located statewide.

Senior Community Services Employment Program (Title V)

Adults age 55 and older are working throughout the state through assistance from the Senior Community Service Employment Program. The program identifies employment opportunities for older persons whose incomes place them at or below the federal poverty level and who are unemployed, underemployed, or have difficulty finding a job. Adults in the program generally work an average of 20 hours a week, receiving at least minimum wage.

The Senior Community Service Employment Program, also known as the Title V program, provides low-income seniors a variety of job-supported services to help them enter or re-enter the job market. These include an annual physical examination, personal and job-related counseling, transportation, on the job training, and job referral. The Title V program promotes part-time community employment for low-income persons age 55 and older and assists in their transition to unsubsidized employment. Title V is available statewide.

Senior Discount

Adults age sixty and older are increasing their buying power through senior discount programs. The discount program encourages businesses and professionals to provide discounts on products and services purchased by senior consumers. AAAs may issue a directory of participating senior discount businesses. The discount program is available throughout the state.

Special Needs

There are times when Medicare does not cover the cost of needed medical supplies or equipment, the food stamps are not enough to last through the month, and meals are not delivered on weekends. In these times, the older person is faced with the dilemma of finding help for their special needs. Special Needs are necessities, demands, or wants desired by the older persons due to deprivation, poverty, cultural or social isolation, disabilities, or factors that threaten the elderly individual's capacity to live independently.

The purpose of Special Needs services is to:

- Improve the quality of life and care of elderly citizens;
- Prolong independence of elderly citizens;

- Prevent premature institutionalization; and,
- Provide intervention and assistance to the older person whose resources are not readily available, who cannot afford to pay, and whose need for help threatens independent living.

Telephone Reassurance

Telephone reassurance is an organized system of calling homebound elderly clients who have telephones, who live alone or are temporarily alone; who live in remote areas, or who are incapacitated. This service is usually staffed by volunteers who make phone calls to homebound or at-risk older people once a day to offer reassurance and support. In general, the service is provided by hospitals, senior centers, churches, and social service agencies. The TRIAD program has begun to provide telephone reassurance as an option of service in some AAAs.

The purpose of telephone reassurance is to alleviate loneliness and the feeling of isolation; to check on and determine the person's health status, safety and well-being; and to determine the person's need for emergency assistance. Telephone reassurance is available in a limited number of PSAs.

Transportation

Continued independence of older adults in the state is facilitated by transportation services offered in their communities. Nearly 300 vehicles-from vans to mini-buses-take older adults to dental and medical appointments, shopping areas, senior centers, recreational areas, food stamp offices, social security offices, and/or educational facilities.

Transportation is provided by local, civic or community groups or AAAs in coordination with programs funded by the Mississippi Department of Transportation. This program secures or provides transportation to older persons so they can access other essential services. Seniors may call their AAA to investigate the availability of different types of transportation in their community. AAAs coordinate with Medicaid for travel alternatives for eligible elders. Transportation is available in all the PSAs.

Special Programs

In addition to the many services funded through Title III Older Americans Act and other sources, the DAAS offers several specialized programs such as:

Senior Olympics

The Golden Games, Mississippi Senior Olympics, is a quality recreation experience for adults age 55 and over, and its purpose is to promote excellence and healthy lifestyles. The goals of the annual event are to educate the citizens of Mississippi of the importance and potential of experiencing good health throughout their lifetime; to provide quality, competitive athletic experiences for older adults; to improve the quantity and quality of health-related programs for older adults; to provide an opportunity for community organizations to work cooperatively in the provision of senior games; to establish a year-round educational program on health and wellness for older adults through clinics, workshops, written materials and supportive resources; and to establish a statewide network of local and state level senior games programs.

Jackson County Senior Companion Program

This program promotes the use of volunteers as companions to seniors who need assistance with activities of daily living. Through this grant older persons have assistance getting to the doctor's appointments, bill paying and daily home management tasks.

Volunteer Services

Volunteers have been an integral part of the aging service delivery system in Mississippi for many years. The Aging Network relies on volunteers to provide services that would not be available to seniors through other sources because of limited funding. Volunteers enhance the Aging Network's ability to serve as many elderly citizens as possible. Volunteer services available to seniors in the state include:

Congregate Meals Service	Home-Delivered Meals Delivery
Friendly Visitor	Senior Center Activity Leadership
Telephone Assurance	Escort
Reading and Writing	Shopping Assistance
Senior Companion	Insurance Counseling
Visit Long-Term Care Facilities	Fraud and Abuse
Assist at Senior Events	Access to Benefits Coalition
SenioRxMS-Prescription Medication Support	

Additionally, the DAAS coordinates volunteer services through various volunteer agencies such as ACTION, RSVP, Foster Grandparents, Telephone Pioneers, AARP, Faith-based organizations, and others.

Medicare Health Support

The DAAS and AAAs are partnering with the Center for Medicare and Medicaid Services and McKesson, Inc. to promote healthy lifestyles and disease management for Medicare

recipients. Persons with Medicare who have diabetes and/or heart disease are enrolled in the Medicare Health Support program to learn to better manage the disease.

SenioRx MS

In 2004 the Mississippi Legislature mandated the creation of a prescription medication program for seniors and indigents who have difficulty affording medications. The service that helps seniors unable to afford medications identify and locate free and deeply discounted drugs available from the manufacturer. The web-based service is available from any computer and adds to the resources available to the public, AAA staff, State Health Insurance Counselors, Case Managers, Access to Benefits Coalition Members, and other professionals in the Aging Network. A partnership with the national Prescription Assistance Program NOW provides a toll free access number to the SenioRxMS resource system. Annual reports to the Mississippi Legislature indicate considerable savings to low-income senior and indigent Mississippians. Every AAA participates in the program.

AmericorVista

In 2006, the DAAS applied for and received a grant from the National Corporation for Community Service to help restore services available through the AAA for seniors in areas affected by the nation's largest natural disaster. The AmericorVista project will provide "volunteers" for special projects designed to help seniors in dire need to receive benefits due, understand Medicare changes, recover from the affects of major life disruption, seek alternative housing, and rebuild lifestyles.

VI. Future Directions

To meet the challenges ahead, the DAAS realizes it must develop partnerships with public and private entities and traditional and non-traditional resources creating new approaches to expand systems for future directions. The DAAS will continue to develop coalitions and build systems with the private sector and non-traditional agencies to meet the growing need of Mississippi's seniors. The DAAS will seek to initiate dialogues and exchange ideas and strategies with a variety of public and private entities to gain a commitment to unite efforts to benefit seniors. The DAAS must undertake new approaches in order to reach a broader segment of the older population and its needs.

The DAAS plans to continue to review information from various sources in order to understand the needs and concerns of elders. Particular attention will be paid to information gleaned from the age 55-60 population to determine the expectations of the 'baby boom' generation.

The DAAS is guided by activities, initiatives, and priorities established by the Administration on Aging. Many of the resolutions and priority areas identified during the 2005 White House Conference on Aging are also considered in the process of planning and developing systems in DAAS. Priority initiatives from the Administration on Aging Strategic Plan that will direct the focus of the DAAS over the coming years are identified below.

- Increase access to an integrated array of health and social supports.
 - Develop model projects that promote consumer choice through partnerships with Medicaid; beginning with the Aging and Disability Resource Center Project.
 - Promote the implementation of the Medicare Modernization Act through increased partnerships and promotional activities.
- Help older people stay active and healthy.
 - Promote Healthy Aging Initiatives such as Department of Health influenza/pneumonia vaccination and health screening events.
 - Promote Nutrition Program Initiatives.
 - Develop evidenced based health promotion and disease prevention initiatives with the Mississippi Department of Health and apply for Administration on Aging grant opportunities.
 - Promote older persons as resources for their communities.
- Support families in their efforts to care for their loved ones at home and in the community.
 - Promote activities that develop the Family Caregiver Support Program.
 - Increase interest and support for kinship care and grandparents rearing grandchildren.
 - Maintain support services to vulnerable elders in the Home and Community-Based Services Program.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.
 - Promote activities that focus on preventing abuse, neglect, and exploitation.
 - Participate in the Mississippi Leadership Council on Aging organization.
- Promote effective and responsive management.
 - Initiate developmental areas of focus in response to the Deficit Reduction Act that include consumer directed strategies for service delivery.

- Construct partnerships with Medicaid to promote “money follows the person” and/or “cash and counseling” initiatives.
- Promote leadership initiatives in SUA and AAA managerial staff.
- Promote educational opportunities within the Aging Network.

The DAAS will direct efforts toward the following long term initiatives:

- Strengthen partnerships within the Aging Network, e.g. the Mississippi Access to Benefits Coalition;
- Develop statewide electronic client management systems linked to the Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS);
- Promote performance partnerships, e.g., Medicare Health Support project;
- Coordinate advocacy and service efforts with agencies and groups;
- Direct the senior prescription program for free and low-cost medications;
- Promote new directions in nutrition wellness through partnerships between AAAs and Medicare/insurance companies that “prescribe” heart healthy/diabetic meals for their insured; and,
- Teach the special population (seniors and the disabled) needs for emergency preparedness; and,
- Promote long-term-care preparedness for Baby Boomers.

Though much has been done to enhance and improve programs and services for seniors, challenges exist. Particularly problematic is the legislative link of the AAA oversight agency, the Planning and Development Districts, directly to the Medicaid Agency. The direct link severs the DAAS relationship with the Medicaid Elderly and Disabled System making direct partnerships with Medicaid challenging.

Past efforts have created a strong foundation upon which to build in response to the expected population and need growth. The DAAS, with the support of its partners, can make a difference in the lives of many elderly Mississippians now and in the future.

VII. Priorities, Goals, and Objectives

During the next four years, activities of the DAAS will be guided by the three broad categories of: Home and Community-Based Systems, Elder Abuse Prevention and Advocacy, and Administration and Management.

A. Home and Community-Based System

Goal 1: Increase the number of older people who will have access to an integrated array of health and social supports.

Strategic Objective 1.1 Strengthen DAAS' capacity to deliver access services to people through an integrated array of health and social services.

Implementing Objectives:

1. Promote the Aging and Disability Resource Center (ADRC) concept and expand partnerships and geographic coverage.
2. Enhance collaboration, cooperation, and commitment to the ADRC notion within the aging network.
3. Develop ADRC access methodologies that include state-of-the-art electronic information resource systems capable of answering inquiries about health and social supports and include components for client intake, care plans, assessment of need, service utilization, and tracking service costs.
4. Develop partnerships with state agencies and other public and private entities to partner in the ADRC and information systems projects.
5. Provide a comprehensive array of information, intake, referral, and counseling services for seniors, disabled adults, and caregivers through the ADRC.
6. Educate the public, including low-income, rural, and limited English speaking older people, about the resources available through the ADRC.
7. Enhance public information, education, and awareness activities by developing and disseminating information regarding issues and concerns of older persons through public media.
8. Ensure provision of service to private pay and non-elderly (disabled adults) clients.
9. Empower consumers to make informed decisions about long-term care programs, existing care options, and planning for long-term care needs through a comprehensive information system.
10. Develop measurable performance objectives through consumer response research that address: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.
11. Participate on the state transportation assessment committee and the United We Ride initiative and apply the toolkit to assess needs of the elderly for transportation.
12. Participate in the state coordination transportation effort to assist seniors locate transportation.

Objective 1.2 Support the Aging Network role in developing systems of care that provide an integrated array of health and social supports.

Implementing Objectives:

1. Provide formula grants to AAAs to support information, outreach, access, nutrition, and supportive services; ensuring development of integrated systems of service through the area plans.
2. Provide a statewide client management system to document use of funds.
3. Identify state-of-the-art models and techniques of care to improve access to resource systems and pilot new projects.
4. Maintain and increase the availability of support services for older adults and their caregivers, (i.e., adult day care, case management, congregate meals, emergency response, home-delivered meals, homemaker, information and referral/assistance, legal assistance, ombudsman, outreach, respite, senior center, transportation) with preference in providing services to older individuals with greatest economic or social need, low income minority individuals, and individuals residing in rural areas.
5. Develop strategies for AAAs to strengthen the Home and Community-Based Service System through exploring consumer choice models for service delivery. (i.e., adult day care, congregate meals, emergency response, home-delivered meals, homemaker, respite, senior center, transportation)
6. Discourage age discrimination by increasing public and private sector awareness and involvement in employing older workers who wish to remain in or return to the work force through unsubsidized placement of Title V enrollees.
7. Support future policy and program development through review and analysis of available resource data to identify strategies and approaches for system improvement.

Objective 1.3 Partner with federal, state, and private sector organizations to promote policies, programs, and activities that increase access for seniors.

Implementing Objectives:

1. Explore opportunities to develop, maintain, and expand the Home and Community-Based Services partnership system including:
 - a. Departments of Education-Child and Adult Care Food Program and institutions of higher learning, Health, Mental Health-Alzheimer's Division and Development Disabilities Council, Rehabilitation Services, Transportation and Workforce Investment Act programs.
 - b. State elderly nutrition program.
 - c. Volunteer, community, fraternal, and religious organizations.
2. Develop joint projects and activities with partners.
3. Participate in government-wide and private sector projects and activities that improve access.
4. Encourage AAA development of partnerships in the public and private sector.

5. Promote the implementation of federal actions such as the Medicare Modernization Act.
6. Coordinate with advocacy organizations to advocate for and promote changes in legislation positively affecting elderly citizens.

Goal 2: Increase the number of older people who stay active and healthy.

Objective 2.1 Strengthen the DAAS' capacity to provide information to older people to promote an active and healthy lifestyle and educate the public about the importance of lifestyle choices, health promotion, and disease prevention.

Implementing Objectives:

1. Develop activities and resources that educate seniors about starting and maintaining an active and healthy lifestyle and healthy behaviors.
2. Develop health promotion and disease prevention programs for seniors, particularly low-income, rural, and limited English speaking people, and the public.
3. Develop activities to promote life planning strategies for seniors and baby boomers that address the following topics:
 - a. active aging and social engagement
 - b. retirement
 - c. volunteerism
 - d. money-management
 - e. wellness and health care counseling
 - f. long-term care insurance
 - g. end of life decision making
4. Encourage the development of intergenerational programs, i.e., mentoring children and young adults.

Objective 2.2 Develop programs aimed at adopting and maintaining active and healthy lifestyles throughout the Aging Network.

Implementing Objectives:

1. Provide AAAs formula subgrants to support health promotion services and ensure effective use of funds.
2. Provide a statewide client management system to document use of funds.
3. Identify state-of-the-art models and techniques of care that can be used to improve health promotion and disease prevention programs and pilot new projects.
4. Target development and testing programs that help older people stay active and healthy, including the high risk population.
5. Support future policy and program development through review and analysis of available resource data to identify strategies and approaches for improvement.
6. Develop congregate meal program to increase participation and expand wellness programs.
7. Promote older persons as resources for their communities.

Objective 2.3 Partner with government agencies and private sector organizations to promote policies, programs, and activities that encourage people to adopt and maintain active lifestyles and practice healthy behaviors.

Implementing Objectives:

1. Locate joint projects and activities and partner with public and private agencies and organizations to accomplish the objective.
2. In collaboration with the Mississippi Department of Health, assist AAAs to organize health screening fairs.
3. Partner with the Mississippi Department of Health to sponsor influenza/pneumonia vaccination events for seniors.
4. Promote Medicare Prescription Plan enrollment during public health related events.
5. Participate in government and private sector activities and initiatives that have the potential to help older people including the Healthy People 2000 initiative.
6. Market the Aging Network to the public/private sectors using public awareness activities to develop strategies for communication, coordination, and collaboration and increase awareness and understanding of the benefits of each partnership to promote healthy lifestyles.
7. Co-sponsor SCAM JAMS with Mississippi Secretary of State to help consumers beware of fraud and abuse in the Medicare program. (MsMAPP program)
8. Train MsMAPP volunteer counselors to help detect and report waste, fraud, and abuse.
9. Provide educational events and counseling to help seniors understand Medicare, Medicaid, and other health insurance matters.
10. Maintain and strengthen partnership with Alzheimer's organizations.

Goal 3: Increase the number of families who are supported in the efforts to care for family and friends at home or in the community.

Objective 3.1 Provide information to family and caregivers to support the caregiver role and educate the public on caregiving and the importance of supporting caregivers.

Implementing Objectives:

1. Develop activities and resources that educate seniors, caregivers, and the general public, including policymakers, about family caregiving and the importance of helping families to care for relatives and friends at home.
2. Provide information to families, including low-income, rural, and limited English-speaking families about family caregiving.
3. Promote grandparents caring for grandchildren initiatives.
4. Draft and support state legislation to assist families to care for relatives at home.

Objective 3.2 Support the Aging Network's role in helping family caregivers.

Implementing Objectives:

1. Provide formula grants to AAAs to support the National Family Caregiver Support Program (Title III E); ensuring the effective use of the funds.
2. Provide a statewide client management system to document use of funds.
3. Identify and disseminate state-of-the-art models and techniques of care to improve services that provide support for and help caregivers.
4. Support future policy and program development through review and analysis of available resources to identify strategies and approaches for improvement.

Objective 3.3 Partner with other Federal agencies and private sector organization to promote policies, programs, and activities that support family caregivers.

Implementing Objectives:

1. Partner with public and private agencies and organizations on joint projects and activities to accomplish the objective.
2. Participate in government and private sector activities and initiatives that have the potential to benefit the family caregiver program goals.

Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

Objective 4.1 Provide information to older persons on elder rights and consumer protection issues and programs, and educate the public on the importance of such programs.

Implementing Objectives:

1. Develop activities and resources that educate seniors, caregivers, and the general public, including policymakers, on the importance of protecting the rights of older people in preventing elder abuse, neglect, and exploitation.
2. Provide information to seniors, including low-income, rural, and limited English-speaking persons, caregivers, and the general public, about benefits to which they are entitled.
3. Provide the Aging Network with up-to-date information on new amendments or changes to the statutes and/or regulations concerning elder abuse prevention.
4. Support the goals of the Mississippi Leadership Council of Aging to promote the safety and security of older Mississippians.

Objective 4.2 Support the Aging Network's role in protecting older consumers in preventing elder abuse, neglect, and exploitation.

Implementing Objectives:

1. Provide formula grants to AAAs to support elder abuse prevention, legal services, legal services hotlines, and long-term care ombudsman programs (Title III B and Title VII); ensuring the effective use of the funds.
2. Provide a statewide client management system and Ombudsman activity tracking program to document use of funds.
3. Identify and disseminate state-of-the-art models and techniques that can be used by states and communities to inform seniors of their rights and prevent elder abuse, neglect, and exploitation.
4. Support the development of new models or techniques that can make it easier for older persons to know their rights.
5. Support future policy and program development through review and analysis of available resources to identify strategies and approaches for improvement in this area.
6. Implement and monitor the Adult Protective Services program in the DAAS.
7. Support the Ombudsman Program to protect residents in nursing and personal care homes from abuse.
8. Promote coordination with law enforcement and the judicial system to educate first responders and increase successful prosecution of persons who are responsible for acts of adult abuse, neglect, and exploitation.

9. Develop training and education opportunities for law enforcement personnel responsible for investigation of adult abuse, neglect, and exploitation.

Objective 4.3 Partner with other Federal agencies and public and private sectors to promote policies, programs, and activities to inform seniors of their rights and prevent elder abuse neglect and exploitation.

Implementing Objectives:

1. Partner with public and private agencies and organizations on joint projects and activities to accomplish the objective.
2. Participate in government and private sector activities and initiatives that have the potential to benefit the program goals.
3. Coordinate with the Department of Mental Health Development Disability Council about intervention strategies supporting the concept of aging in place for seniors and persons with developmental disabilities.
4. Promote and support efforts in coordinating services and support systems for seniors with developmental disabilities.
5. Cross-train professionals in the aging and developmental disabilities service networks.
6. Support legislative initiatives to enhance the rights of the elderly, specifically those which will preserve independence and self-determination.
7. Coordinate with advocacy organizations to advocate for and promote changes in legislation positively affecting elderly citizens.

Goal 5: Strengthen the effectiveness of DAAS' administration and management practices.

Objective 5.1 Improve strategic management of human capital within DAAS.

Implementing Objectives:

1. Manage the planning, development, and coordination of human resources to sustain an adequate supply of trained permanent personnel to meet the needs of the aging programs at the state and local levels.
2. Maintain workforce plans for DAAS and the AAAs.
3. Provide training and professional staff development for DAAS, AAAs and service providers.
4. Serve as the focal point at the state level for information, data collection/dissemination, training, and technical assistance to agencies, organizations, businesses, and etc. about activities and issues impacting older Mississippians.
5. Provide professional development and continuing education credits during the statewide annual Aging and Long Term Care conference and at selected training events.
6. Promote college/university Gerontological program involvement in the Aging Network.
7. Collaborate with Gerontological organizations to develop resources.
8. Develop the necessary orientation, training manuals/materials, and certification, and training activities needed in new program areas.

Objective 5.2 Maintain strong financial management practices.

Implementing Objectives:

1. Provide exemplary financial management for the DAAS.
2. Provide oversight for financial management of AAAs.
3. Guide AAA subgrant activities through the Subgrantee Manual and the Service Provider Policy Manual that outline rules and regulations for administration of subgrants and contracts, and fiscal management of federal, state and local funds.
4. Ensure that AAAs issue a request for proposals for services in the PSA.

Objective 5.3 Leverage technology for optimal program management service delivery.

Implementing Objectives:

1. Create and maintain an efficient Management Information System which produces accurate and timely data collection.
2. Provide training and technical assistance to AAAs to improve reporting.
3. Monitor reporting for NAPIS, NORS, Title V, CACFP and other programs.
4. Submit grants/subgrants electronically.
5. Communicate electronically with AAAs and other human service agencies/organizations.

6. Continue to upgrade the MIS to meet changing data requirements of AAAs and service providers.
7. Integrate service providers into the Aging Network referral and reporting systems.

Objective 5.4 Achieve integration of budget and performance.

Implementing Objectives:

1. Evaluate and review of AAA Program Performance Reports (quarterly).
2. Analyze impact of annual subgrants to determine unit cost service delivery/effect on seniors.
3. Monitor NAPIS and NORS requirement outcomes and make modifications as necessary.
4. Review and monitor the AAA reporting systems in NAPIS, NORS, MICAP, MsMAPP, Title V and others.
5. Share performance information with the partners, program stakeholders and advocacy supporters.

Objective 5.5 Provide leadership and oversight in the development, delivery, and provision of aging programs and services through compliance with established policies, procedures, and Quality Assurance Standards.

Implementing Objectives:

1. Develop State and Area Plan processes.
2. Conduct public hearings.
3. Solicit the views and concerns of older citizens, public officials and the general public on the priority service needs of older Mississippians.
4. Review and monitor Area Plans and take corrective action.
5. Evaluate rural, low income and low-income minority population data in PSAs and formulate fund allocation to meet rural, low income and low-income minority needs through the Intrastate Funding Formula.
6. Monitor and evaluate each AAA's performance and service delivery using the Quality Assurance Review Instruments through desk-top and annual on-site visits.
7. Ensure program coordination.
8. Develop a State Leadership Advisory Council with AAAs.
9. Review and update the Quality Assurance Standards and Review Instruments (with input and recommendations from the AAAs and service providers), Policies and Procedures Manuals, etc. to reflect the reauthorization of the Older Americans Act and Departmental Administrative changes.
10. Ensure that reviews of service providers are conducted to assess effectiveness in serving and meeting the needs of rural, low-income, and low-income minority older persons.

Objective 5.6 Actively pursue new funding sources for aging services and programs.

Implementing Objectives:

1. Demonstrate the need for commitment to and support of new partnerships from federal, state, and local government, and the public and private sector.
2. Explore the feasibility of developing sliding fee scales and cost-sharing strategies to increase revenues to support aging services and programs.

VIII. ASSURANCES

GENERAL ASSURANCES

A. GENERAL ADMINISTRATION

1. **Compliance with Requirements**

The State agency agrees to administer the program in compliance with the Older Americans Act of 1965 as amended, the State Plan, and all applicable regulations, policies and procedures established by the Assistant Secretary of the Administration on Aging or the Secretary of Health and Human Services.

2. **Efficient Administration**

The Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. **General Administrative and Fiscal Requirements**

The State agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute or program regulations.

4. **Training of Staff**

The State agency provides a program of appropriate training for all classes of positions and volunteers of personnel with the State agency, AAAs and service providers.

5. **Management of Funds**

The State agency maintains sufficient financial control and accounting procedures to assure proper disbursement of and accounting for Federal funds under this plan.

6. **Safeguarding Confidential Information**

The State agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

7. **Reporting Requirements**

The State agency agrees to furnish such reports and evaluations to the Secretary as may be specified.

8. **Standards for Service Providers**

All providers of services under this Plan operate in full conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The State agency provides that where

the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. State Plan Amendments

State Plan amendments will be made in conformance with applicable program regulations.

B. EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS

1. Equal Employment Opportunity

The State agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 74.

2. Non-Discrimination on the Basis of Handicap

All recipients of funds from the State agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by handicapped persons. Where structural changes are required, these changes shall be made as quickly as possible, in keeping with 45 CFT Part 84.

3. Civil Rights Compliance

The State agency has developed and has implemented a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

C. PROVISIONS AND SERVICES

1. Priorities

The State agency has a reasonable and objective method for establishing priorities for services and such method is in compliance with the applicable statute.

2. Eligibility

The activities covered by the State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

3. Residency

No requirements as to the duration of residence will be imposed as a condition of participation in the State's program for the provision of services.

4. Coordination and Maximum Utilization of Services

The State agency, to the maximum extent possible, coordinates and utilizes the service and resources of the other appropriate public and private agencies and organizations.

5. Activities

The State agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act.

6. Preference of Service Provision

The State agency assures that preference is given to older persons in greatest social or economic need in the provision of service under the Plan.

7. Means Tests

The State agency assures that procedures exist to ensure that all service under this Part are provided without use of any means tests.

8. Licensing, Health, and Safety Requirements

The State agency assures that all services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services.

9. Voluntary Contributions

The State agency assures that older persons are provided opportunities to contribute voluntarily to the cost of services.

10. Priority Area Expenditure of Funds

Area Plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year.

11. Program Policy

The State agency will develop policies governing all aspects of programs operated under this Part, including the manner in which the Ombudsman Program operates at the State level and the relation of the Ombudsman Program .

12. Outreach

The State agency will require AAAs to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals.

13. Reporting

The State agency will have and employ appropriate procedures for data collection from AAAs to permit the State to compile and transmit to the Secretary accurate and timely statewide data requested by the Secretary in such form as the Secretary directs.

14. Preventative Health

If the State agency proposes to use funds received under Section 303(d) of the Act for services other than those for preventive health specified in Section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with greatest economic or social need, with special attention to low income minorities.

15. Post secondary Education Opportunities

AAAs will compile available information, with necessary supplements, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the AAAs to make a summary of the information available to older individuals at multipurpose sites, and in other appropriate places.

16. Congregate Meals for Disabled Household Members

Individuals with disabilities that reside in a non-institutional household with and accompany a person eligible for congregate meals under this Part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to Section 339(H).

17. Title VI Coordination

The State agency assures that services provided under this Part will be coordinated, where appropriate, with the services provided under Title VI of the Act.

18. Program Development and Coordination

The State agency will not fund program development and coordination activities as a cost of supportive services for the administration of Area Plans until it has first spent ten percent of the total of its combined allotments under Title III on the administration of Area Plans; the State and AAAs will, consistent with budgeting cycles, submit details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and the State agency certifies that any such expenditure by an

AAA will have a direct and positive impact on the enhancement of services for older persons in the PSA.

19. Outreach to Older Indians

The State agency assures that where there is a significant population of older Indians in any Planning and Service Area that the AAA will provide outreach as required by Section 306(a)(6)(N) of the Act.

Program Specific Assurances

Section 305

(1) Upon request the State agency will provide an opportunity for a hearing to any unit of general purpose local government if such units make an application for Planning and Service Area (PSA) designation and are denied designation by the State agency.

Whenever the State agency designates a new area agency it shall give the right of first refusal to a unit of general purpose local government which meets specific criteria. The State agency shall approve or disapprove any such application in accordance with State agency procedures.

(2) The State agency shall provide assurances satisfactory to the Assistant Secretary, that it will take into account, in connection with matter of general public policy arising in the development and administration of state plans for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. ((a)(2)(B)).

(3) The State agency assures 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 minority individuals and older individuals residing in rural areas, and will include proposed methods of carrying out the preference in the State plan ((a)(2)(E)).

(4) The State agency requires the use of outreach efforts described in section 307 ((a)(16)(a)(2)(F)).

(5) The State agency will consult with AAAs to set specific objectives for services to low-income minority older individuals; provide assurance that it will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; provide a description of the efforts. ((a)(2)(G)(H)).

(6) In the case of the State specified in subsection (b)(5), the State Agency and area agency on aging shall provide assurance, determined by the State agency, that the area agency 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 ((c)(5)).

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

Sec. 305(a)-(c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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 minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

The state of Mississippi assures that the following assurances (Section 306) will be met by the designated area agencies on agencies.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of 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.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall 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 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 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 and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall 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--

(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-speaking ability; and

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall 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 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall 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.

Sec. 307, STATE PLANS

(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.

(7)(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.

(9) The plan shall provide assurances that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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)(A) The plan shall provide 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 (A) 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.

(11)(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.

(11)(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;

(11)(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, 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--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(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 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 identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) 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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(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 (as numbered in statute)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

(1)(A)The State Agency requires 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) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), 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) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a 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 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.

(8)(A) No supportive services, nutrition services, or in-home services are 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.



Signature and Title of Authorized Official

8-5-06

Date

economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a 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 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.


(8)(A) No supportive services, nutrition services, or in-home services are 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.


Signature and Title of Authorized Official


Date

IX. Budget

The budget includes the following parts:

1. State Agency Operating Budget - Fiscal Year 2007
2. Fiscal Year 2007 Projected Title III Allocation by PSA
3. Fiscal Year 2007 Projected Title VII Allocation by PSA
4. State Program Allocations by Planning and Service Areas for Fiscal Year 2007.

State Agency Operating Budget - Fiscal Year 2007

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES (DAAS) STATE AGENCY OPERATIONS BUDGET FY 2007			
TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:			
	FEDERAL	STATE	TOTAL AGENCY BUDGET
Title III: DAAS Administration	\$580,808	\$193,603	\$774,411
Title III: (Part B) Long-Term Care Ombudsman Program	\$31,500	\$5,559	\$37,059
Title VII: Ombudsman	\$123,702		
Title VII: Elder Abuse	\$47,551		
Title VII Total	\$171,253	\$0	\$171,253
Aging and Disability Resource Center	\$30,343	\$1,720	\$32,063
Other Funds	\$477,391	\$1,720	\$479,111
Total	\$1,291,295	\$202,602	\$1,493,897

TITLE III FEDERAL FISCAL YEAR 2007 PROJECTED BY PSA/AAA

State: Mississippi

State Agency: Mississippi Department of Human Services, Division of Aging and Adult Services

PSA/AAA	Area Plan Administration \$	Supportive Services \$	Congregate Meals \$	Home Delivered Meals \$	Preventive Health \$	Caregiver Services \$	Total Title III \$
Central	\$139,789	\$464,793	\$551,961	\$241,350	\$33,379	\$210,353	\$1,641,625
East Central	91,072	302,809	359,599	157,238	21,746	137,043	1,069,506
Golden Triangle	55,236	183,656	218,099	95,366	13,189	83,118	648,664
North Central	60,756	202,012	239,897	104,897	14,507	91,425	713,495
Northeast MS	48,268	160,490	190,588	83,336	11,525	72,633	566,841
North Delta	67,930	225,866	268,225	117,283	16,220	102,221	797,745
South Delta	60,382	200,767	238,419	104,251	14,418	90,862	709,097
Southern MS	165,440	550,080	653,242	285,636	39,503	248,951	1,942,852
Southwest MS	78,939	262,469	311,693	136,290	18,849	118,786	927,027
Three Rivers	75,708	251,726	298,935	130,712	18,077	113,924	889,082
Total State of MS	843,520	2,804,668	3,330,658	1,456,358	201,414	1,269,316	9,905,935

Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2005 Allocation.

TITLE VII FEDERAL FISCAL YEAR 2007 PROJECTED BY PSA/AAA

State: Mississippi State Agency: Mississippi Department of Human Services, Division of Aging and Adult Services

PSA/AAA	Title VII-Ombudsman	Title VII-Elder Abuse
Central	\$20,094	\$8,139
East Central	13,091	5,303
Golden Triangle	7,940	3,216
North Central	8,733	3,538
Northeast MS	6,938	2,810
North Delta	9,764	3,955
South Delta	8,679	3,516
Southern MS	23,781	9,633
Southwest MS	11,347	4,596
Three Rivers	10,882	4,408
Total State of MS	\$121,249	\$49,114

Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2005 Allocation.

Additional Funding:

The DAAS receives \$6.5 Million from the Social Services Block Grant Funds. The proposed Budget for FFY 2007 follows:

MDHS/DIVISION OF AGING AND ADULT SERVICES
FFY07 TITLE XX/SSBG BUDGET NARRATIVE

DAAS ADMINISTRATION**SALARIES \$ 150,000**

Estimated salary of \$300,000 for 9 staff @ 50%

FRINGE BENEFITS**37,500**

Salaries of \$150,000 x 25%

COMMODITIES**5,000**

AVERAGE	<u>PER MONTH</u>	<u>PER YEAR</u>
Office supplies (paper, pens, etc.)	\$ 166.67	\$ 2,000
Printing cost (brochures, etc.)	250.00	<u>3,000</u>
		\$ 5,000

CONTRACTUAL SERVICES**41,833**

<u>PER-RATE SHARE</u>	<u>PER MONTH</u>	<u>PER YEAR</u>
Office space and machines	\$ 416.67	\$ 5,000
Telephone cost	341.67	4,100
Postage	258.33	3,100
Share of legal and auditing fees	445.83	5,350
Estimated MDHS allocation	2,023.58	<u>24,283</u>
		\$ 41,833

TRAVEL**4,900**

4,382 miles @ \$0.405 per mile	\$ 1,775
IN-STATE: Hotel: 10 days @ \$70 per day	700
Meals: 11 days @ \$35 per day	385
OUT-OF STATE: Hotel: 8 days @ \$110 per day	880
Meals: 9 days @ \$40 per day	360
Registration fees for conferences and workshops	<u>800</u>
	\$ 4,900

TOTAL DAAS ADMINISTRATION: \$ 239,233

Social Services Block Grant Continued**RECAP OF SERVICES AND ALLOCATION OF FEDERAL FUNDS**

SERVICE	FEDERAL ALLOCATION	%	CLIENTS / PARTICIPANTS	UNITS OF SERVICE
Adult Day Care	\$ 221,985	3.7%	267	35,857
Case Management	305,415	5.2%	626	22,561
Home Delivered Meals	2,036,884	34.4%	6,443	996,301
Homemaker / Health Services	2,315,798	39.1%	3,637	234,279
Information & Assistance (PAP)	100,000	1.7%	10,000	27,261
Ombudsman	37,397	0.6%	610	14,500
Respite	51,228	0.9%	82	8,225
Transportation	855,706	14.4%	2,300	180,970
SUB-TOTAL: SERVICES	\$ 5,924,413	100%	23,965	1,519,954
		91.1%		
AAA Administration	341,821	5.2%		
DAAS Administration	239,233	3.7%		
TOTAL: FEDERAL ALLOCATION	\$ 6,505,467	100%		

Social Services Block Grant funds assist the Aging Network to provide services to meet the needs of older Mississippians.

X. Intrastate Funding Formula

The Mississippi Department of Human Services, Division of Aging and Adult Services, in response to requirement of the Older American Act, as amended, and the Administration on Aging's Program Instruction, submits the Intrastate funding Formula for Fiscal Year 2007 - 2010. The Formula is designed to address the needs of Mississippi's older population at the local level in each planning and service area.

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

The Intrastate Funding Formula is intended to address the following goals:

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

The Older Americans Act defines greatest social need as the need cause by non economic factors, which include physical and mental disabilities, language barriers, cultural, social, or geographic isolation including those caused by racial or ethnic status with respect to an individual's ability to perform normal daily task or which threaten such individual's capacity to live independently. Since the definition is so broad and nonspecific, it is assumed that many individuals aged 60 and over, who do not fit into a specific category are in greatest social need. Therefore the number of persons age 60 and over is included as a factor.

They Older Americans Act defines greatest economic need as need resulting from an income level at or below poverty level established by the Office of Management and Budget. This definition is applied to the formula by including the number of people age 60 and over, with incomes at or below the poverty level as a factor.

The Older Americans Act provides that particular attention should be paid to low income minority individuals. Over 60% of those at or below the poverty level are minority individuals and approximately one third of the minority individuals are at or below the poverty level. Therefore, by including age 60 and over at or below the poverty level and age 60 and over minority individuals as factors, it is assumed that particular attention has been paid to low income minority individuals.

The Older Americans Act refers to geographic isolation as cause for need. It is assumed that persons who reside in rural area are more geographically isolated, relative to those who reside in urban areas. Therefore the number of person with a rural residence and 60 and over is included as a factor.

The Mississippi Intrastate Funding Formula, developed in consultation with the Area Agencies on Aging and the Planning and Development Districts, and published and disseminated through public hearing, is weighted as follows:

- 30 % Age 60 and over
- 25 % Age 60 and over Living Below the Poverty Level
- 30 % Age 60 and over Minority Living Below the Poverty Level
- 15 % Age 60 and over Living in Rural Areas.

The Intrastate Funding Formula for Mississippi follows. Table 1 describes the 1990 and 2000 Census comparison and difference by AAA. Table 2 shows the 1990 and 2000 Census comparison pro rate percentage difference by AAA; and Table 3 compares the pro rata percentage difference by AAA. The Intrastate Funding Formula narrative indicates the weighted variables and Chart 1 shows the percent of loss or gain by AAA.

Table 1 shows the numeric difference in the 1990 and 2000 Census.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 1. 1990 AND 2000 CENSUS COMPARISON AND DIFFERENCE BY AAA

AAA	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL		
	Census	Census	Difference	Census	Census	Difference	Census	Census	Difference	Census	Census	Difference
	2000	1990		2000	1990		2000	1990		2000	1990	
	Population	Population		Population	Population		Population	Population		Population	Population	
North Delta	33,995	28,672	5,323	6,135	8,848	(2,713)	3,745	5,916	(2,171)	17,035	19,166	(2,131)
South Delta	22,705	26,150	(3,445)	5,690	9,118	(3,428)	4,455	7,171	(2,716)	8,265	10,816	(2,551)
North Central	25,165	26,185	(1,020)	5,910	8,427	(2,517)	3,744	5,375	(1,631)	13,855	15,244	(1,389)
Golden Triangle	27,895	26,408	1,487	4,870	7,167	(2,297)	2,864	4,027	(1,163)	16,355	16,630	(275)
Three Rivers	44,280	40,384	3,896	7,910	10,465	(2,555)	2,363	2,912	(549)	28,740	25,140	3,600
Northeast	26,905	24,862	2,043	5,470	7,387	(1,917)	1,235	1,871	(636)	20,845	16,273	4,572
Central	82,195	78,836	3,359	11,825	18,016	(6,191)	7,575	11,705	(4,130)	27,850	25,553	2,297
East Central	44,345	42,184	2,161	8,800	11,720	(2,920)	4,180	5,096	(916)	31,365	28,143	3,222
Southern	114,750	100,172	14,578	16,125	20,703	(4,578)	5,045	6,974	(1,929)	51,240	39,842	11,398
Southwest	35,025	34,143	882	7,105	10,136	(3,031)	4,485	6,119	(1,634)	22,990	24,578	(1,588)
Totals	457,260	427,996	29,264	79,840	111,987	(32,147)	39,691	57,166	(17,475)	238,540	221,385	17,155
	% Change		6.84%		% Change	-28.71%		% Change	-30.57%		% Change	7.75%

Table 2 shows the pro rata percentage difference between the Area Agencies on Aging for the 1990 and 2000 Census and highlights the difference.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 2. 1990 AND 2000 CENSUS COMPARISON PRO RATA PERCENTAGE DIFFERENCE BY AAA

(No Weights)	60 + POPULATION				60 + BELOW POVERTY				60 + MINORITY BELOW POVERTY				60 + RURAL			
	Census	Census			Census	Census			Census	Census			Census	Census		
	2000	1990	Pro Rata	Difference	2000	1990	Pro Rata	Difference	2000	1990	Pro Rata	Difference	2000	1990	Pro Rata	Difference
AAA	Pro Rata	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Pro Rata	Difference
North Delta	7.43%	6.70%		0.74%	7.68%	7.90%		-0.22%	9.44%	10.35%		-0.91%	7.14%	8.66%		-1.52%
South Delta	4.97%	6.11%		-1.14%	7.13%	8.14%		-1.02%	11.22%	12.54%		-1.32%	3.46%	4.89%		-1.42%
North Central	5.50%	6.12%		-0.61%	7.40%	7.52%		-0.12%	9.43%	9.40%		0.03%	5.81%	6.89%		-1.08%
Golden Triangle	6.10%	6.17%		-0.07%	6.10%	6.40%		-0.30%	7.22%	7.04%		0.17%	6.86%	7.51%		-0.66%
Three Rivers	9.68%	9.44%		0.25%	9.91%	9.34%		0.56%	5.95%	5.09%		0.86%	12.05%	11.36%		0.69%
Northeast	5.88%	5.81%		0.08%	6.85%	6.60%		0.25%	3.11%	3.27%		-0.16%	8.74%	7.35%		1.39%
Central	17.98%	18.42%		-0.44%	14.81%	16.09%		-1.28%	19.08%	20.48%		-1.39%	11.68%	11.54%		0.13%
East Central	9.70%	9.86%		-0.16%	11.02%	10.47%		0.56%	10.53%	8.91%		1.62%	13.15%	12.71%		0.44%
Southern	25.10%	23.40%		1.69%	20.20%	18.49%		1.71%	12.71%	12.20%		0.51%	21.48%	18.00%		3.48%
Southwest	7.66%	7.98%		-0.32%	8.90%	9.05%		-0.15%	11.30%	10.70%		0.60%	9.64%	11.10%		-1.46%
Totals	100.00%	100.00%		0.00%	100.00%	100.00%		0.00%	100.00%	100.00%		0.00%	100.00%	100.00%		0.00%

Table 3 shows the effect of change from 1990 to 2000 of the pro rata percentage by Area Agency on Aging and the proposed 2007 funding formula percentage.

DAAS INTRASTATE FUNDING FORMULA 2007

Table 3. PRO RATA PERCENTAGE DIFFERENCE BY AAA

	60 + POPULATION			60 + BELOW POVERTY			60+ MINORITY BELOW POVERTY			60 + RURAL			PROPOSED 2007 FUNDING FORMULA
	2000	1990	Difference	2000	1990	Difference	2000	1990	Difference	2000	1990	Difference	
	Pro Rata	Pro Rata		Pro Rata	Pro Rata		Pro Rata	Pro Rata		Pro Rata	Pro Rata		
Weights *	0.30	0.30		0.25	0.30		0.30	0.20		0.15	0.20		
AAA													
North Delta	2.230%	2.010%	0.22%	1.921%	2.370%	-0.45%	2.831%	2.070%	0.76%	1.071%	1.731%	-0.66%	0.08053200
South Delta	1.490%	1.833%	-0.34%	1.782%	2.443%	-0.66%	3.367%	2.509%	0.86%	0.520%	0.977%	-0.46%	0.07158309
North Central	1.651%	1.835%	-0.18%	1.851%	2.257%	-0.41%	2.830%	1.880%	0.95%	0.871%	1.377%	-0.51%	0.07202704
Golden Triangle	1.830%	1.851%	-0.02%	1.525%	1.920%	-0.40%	2.165%	1.409%	0.76%	1.028%	1.502%	-0.47%	0.06548232
Three Rivers	2.905%	2.831%	0.07%	2.477%	2.803%	-0.33%	1.786%	1.019%	0.77%	1.807%	2.271%	-0.46%	0.08975251
Northeast	1.765%	1.743%	0.02%	1.713%	1.979%	-0.27%	0.933%	0.655%	0.28%	1.311%	1.470%	-0.16%	0.05722236
Central	5.393%	5.526%	-0.13%	3.703%	4.826%	-1.12%	5.725%	4.095%	1.63%	1.751%	2.308%	-0.56%	0.16572141
East Central	2.909%	2.957%	-0.05%	2.756%	3.140%	-0.38%	3.159%	1.783%	1.38%	1.972%	2.542%	-0.57%	0.10796623
Southern	7.529%	7.021%	0.51%	5.049%	5.546%	-0.50%	3.813%	2.440%	1.37%	3.222%	3.599%	-0.38%	0.19613009
Southwest	2.298%	2.393%	-0.10%	2.225%	2.715%	-0.49%	3.390%	2.141%	1.25%	1.446%	2.220%	-0.77%	0.09358296
Totals	30.000%	30.000%	0.000%	25.000%	30.000%	-5.000%	30.000%	20.000%	10.000%	15.000%	20.000%	-5.000%	100.000%

DAAS INTRASTATE FUNDING FORMULA 2007

HOW THE FUNDING FORMULA IS CALCULATED:

VARIABLES

Weights are assigned to each variable to total 100%. The variables are:
(60+ Population, (60 + Below Poverty Level), (60 + Minority Below Poverty Level), and (60 + Rural)

WEIGHTS

60 + Population is assigned a 30% weight, thus .30
60 + Below Poverty is assigned a 25% weight, thus .25
60 + Minority Below Poverty is assigned a 30% weight, thus .30
60 + Rural is assigned a 15 % weight, thus .15

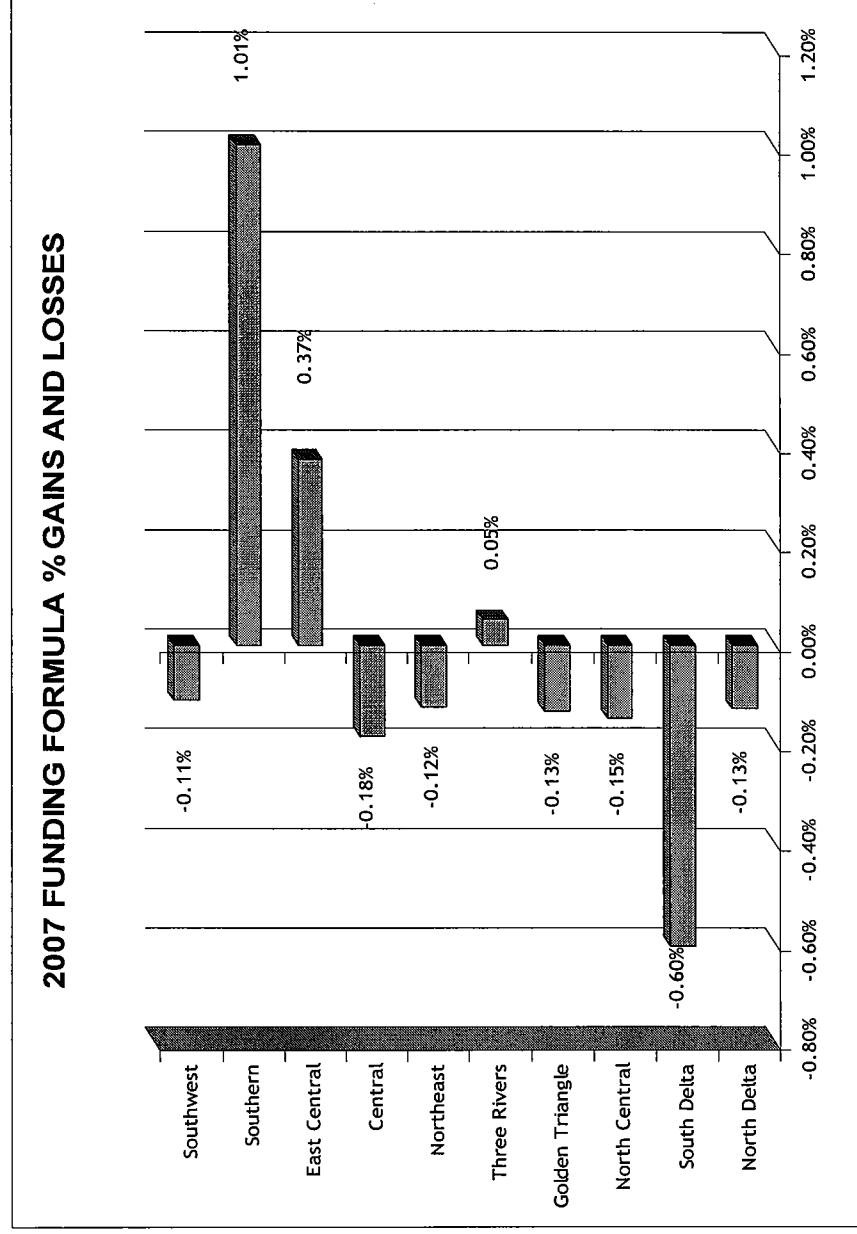
FORMULA

$((60 + \text{Pop } \%) \times .30) + ((60 + \text{Below Poverty } \%) \times .25) + ((60 + \text{Minority Below Poverty } \%) \times .30) + ((60 + \text{Rural } \%) \times .15) = \text{Funding Formula Percentage } \%$

This is calculated for each AAA to determine their share of the federal allocation

DAAS INTRASTATE FUNDING FORMULA 2007

Chart 1. Percentage Gain and Loss by AAA

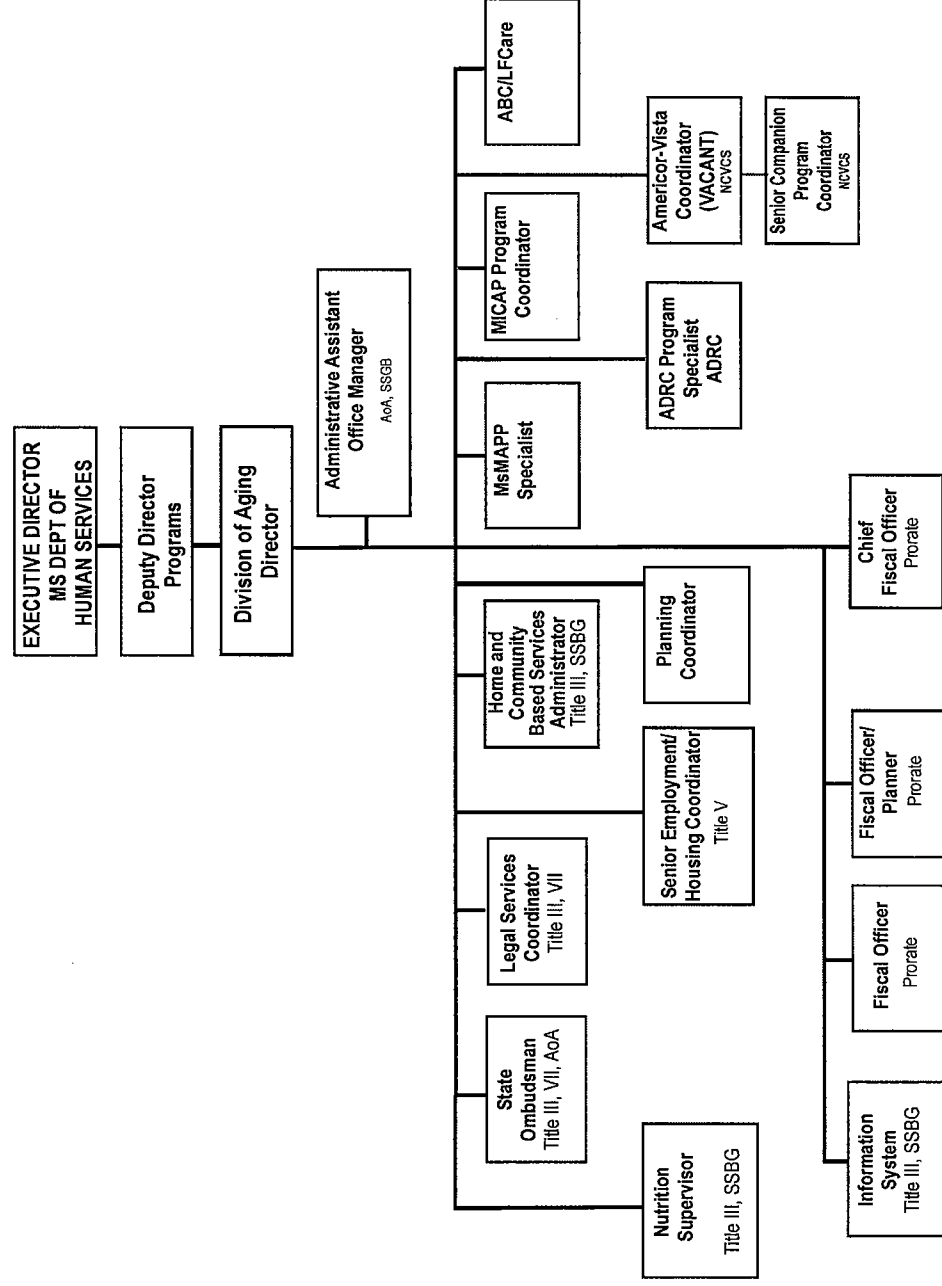


Note: Southern Mississippi gains 1.01% and South Delta loses .6% of the prior year budget.

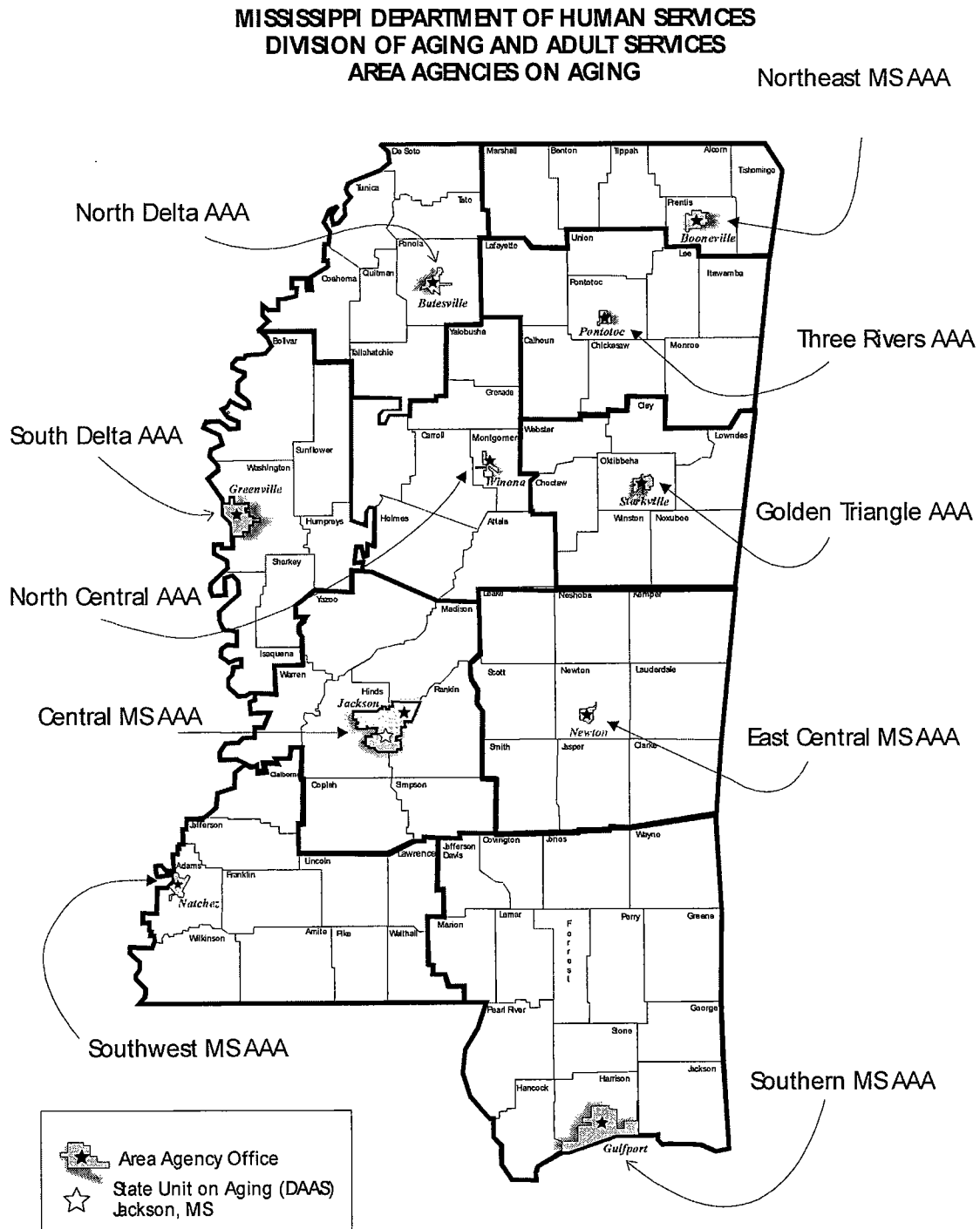
XI. Attachments

1. Organization Chart
2. Area Agency on Aging Map
3. Priority Service Provision
4. Client Demographic Mix Chart
5. Waiting List Priority Chart
6. Title III-B Supportive Services Minimum Spending Requirement

Organization Chart **Mississippi Department of Human Services** **Division of Aging and Adult Services**



Area Agency on Aging Map



Priority Service Provision**PREFERENCE IN SERVICE PROVISION
LOW INCOME, LOW-INCOME MINORITIES
AND RURAL MISSISSIPPIANS**

This report identifies the number of low income, low-income minority, and seniors residing in rural Mississippi, according to the 2000 Census, and, with respect to the fiscal year preceding the fiscal year for which this plan is prepared, describes the methods used to satisfy service needs in accordance with section 307(a)(15)(16) of the act.

DAAS Program Performance Report (NAPIS) FFY 2005

Category	Unduplicated Persons Served
Total	52,423
Below Poverty	17,868
Minority Below Poverty	10,494
Rural	18,262

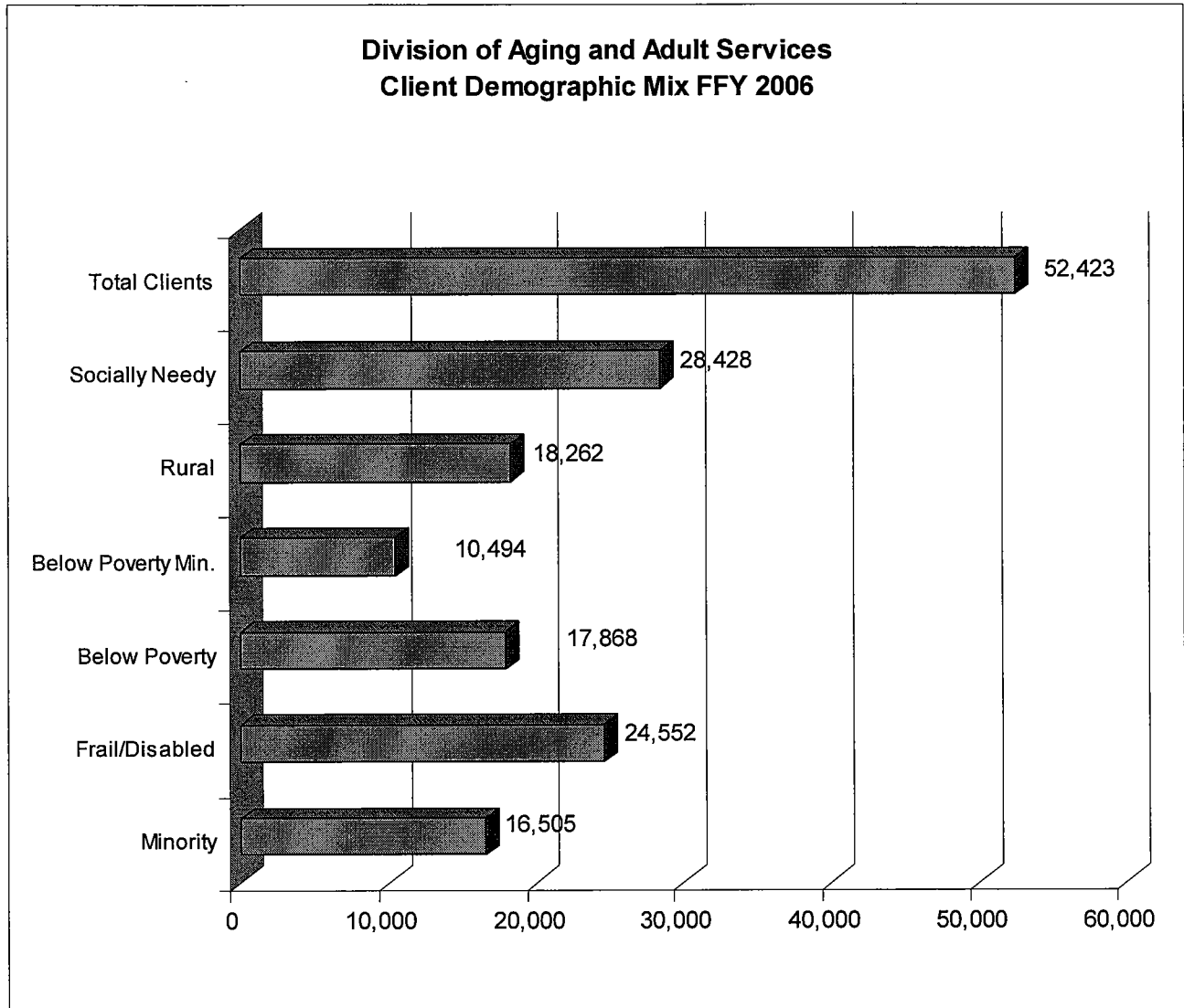
The 2000 census identified the number of low income minority individuals in Mississippi as 111,987. The narrative describes the methods used to satisfy the service needs of older minority individuals, older persons who reside in rural areas.

The DAAS utilizes a screening instrument to determine individual client needs and to direct needed and appropriate services to those individuals targeted by the Older Americans Act. The DAAS services' targeting and management information system mechanisms focus on and gather data on elders in greatest economic need, low-income minorities, rural elderly, Indians, frail/vulnerable elderly, elders with severe or developmental disabilities, limited English speaking elders, elders with Alzheimer's, and caregivers of such individuals.

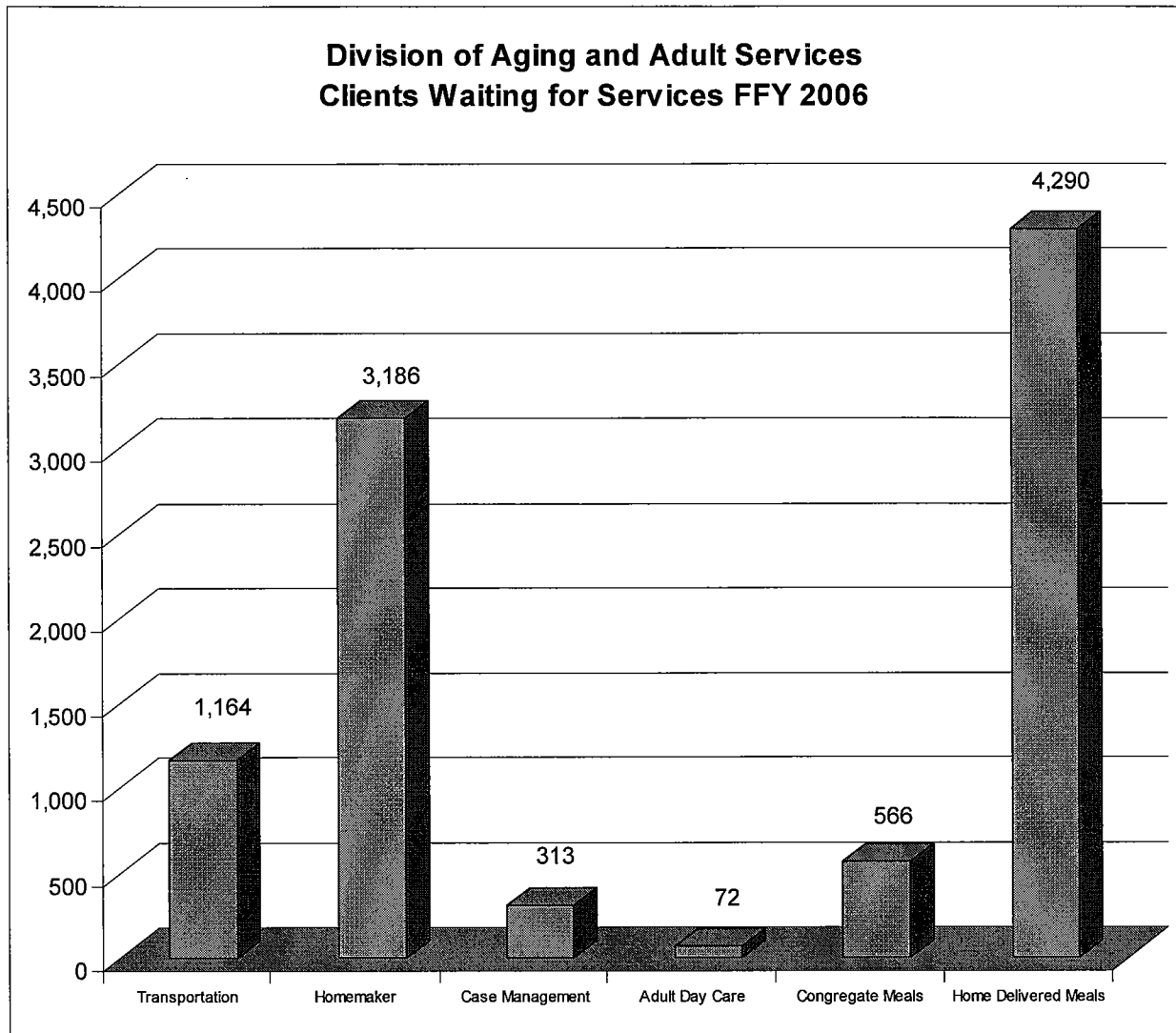
The methods used to satisfy the service needs of low income minorities and rural elderly include:

- Targeting low-income minorities and rural elderly in Area Agencies on Aging;
- Area Plan objectives;
- Giving preference to minority and rural elderly in the screening process;
- Focusing information and referral assistance and outreach efforts on minority and rural elderly;
- Contracting with minority and rural service providers; and
- Requiring contractors to target services to minority and rural elderly.

Client Demographic Mix Chart



Waiting List Priority Chart



Title III-B Supportive Services Minimum Spending Requirement

ACCESS, IN-HOME AND LEGAL ASSISTANCE
MINIMUM SPENDING REQUIREMENTS
For Federal Fiscal Year 2005

Section 307 of the Older American Act was amended in 1987 to require that the state plan specify a minimum percentage of Title III-B funds that an area agency will expend to provide services in the access, in-home and legal assistance categories.

The State of Mississippi heretofore has not addressed this issue by specific percentages, however, the Division of Aging and Adult Services realizing the problems of seniors in accessing services and actually receiving them is committed to utilize all available funding to provide information, assistance and services that are needed.

Mississippi Department of Human Services
Division of Aging and Adult Services
FFY 2005

Title III-B Minimum Expenditure for Access, In-Home and Legal Assistance Services
Federal Funds and Percentage budgeted by Area Agency on Aging in Title III-B categories

AAA	ACCESS	%	IN-HOME	%	LEGAL	%	TOTAL
Central MS	\$345,276	93.63%	\$5,000	1.36%	\$18,508	5.02%	\$368,784
East Central	335,291	96.67%	0	0.00%	11,550	3.33%	346,841
Golden Triangle	127,181	86.07%	7,400	5.01%	13,192	8.93%	147,773
North Central	46,060	26.42%	113,298	64.98%	15,000	8.60%	174,358
North Delta	74,389	79.20%	13,540	14.42%	6,000	6.39%	93,929
Northeast MS	65,696	35.58%	107,838	58.40%	11,106	6.01%	184,640
South Delta	124,592	51.89%	103,752	43.21%	11,765	4.90%	240,109
Southern MS	450,904	54.12%	352,821	42.35%	29,400	3.5%	833,125
Southwest MS	190,326	94.77%	500	0.25%	10,000	4.98%	200,826
Three Rivers	95,400	35.82%	154,260	57.91%	16,700	6.27%	266,360
	1,855,115		858,409		143,221		2,856,745
TOTALS							
ACCESS	\$1,855,115	65.17%					
IN-HOME	\$858,409	30.15%					
LEGAL	\$133,221	5.03%					
TOTAL	\$2,846,745						

Projected Expenditures for Rural Clients FFY 2007-2010

The following tables represent the actual expenditures from 2000 through 2005. Table One shows the historical expenditures from 2000 and 2005. The expenditures are averaged and the prorata percentage calculated for all source and rural client expenditures by AAA. Table Two indicates the percentage used to project funding level for all sources and rural clients for the years 2007-2010. Table Three shows the projected expenditures for 2007-2010 by AAA and state total.

Table Rural Expenditures I

MDHS DIVISION OF AGING AND ADULT SERVICES AREA AGENCY ON AGING EXPENDITURES ALL SOURCES AND RURAL CLIENTS 2000 - 2005

AAA	Total Expenditures 2000		Total Expenditures 2001		Total Expenditures 2002		Total Expenditures 2003		Total Expenditures 2004		Total Expenditures 2005	
	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients
North Delta	\$1,931,602	\$1,166,899	\$2,601,456	\$1,008,275	\$2,171,017	\$1,273,276	\$3,224,740	\$1,807,725	\$3,277,764	\$1,900,023	\$2,723,819	\$1,480,902
South Delta	\$1,370,015	\$721,248	\$1,488,413	\$934,090	\$1,716,864	\$1,086,430	\$1,165,877	\$851,268	\$1,171,707	\$863,099	\$1,450,443	\$943,831
North Central	\$2,031,034	\$1,678,904	\$1,229,661	\$605,056	\$1,728,015	\$757,180	\$1,652,646	\$831,386	\$1,660,339	\$649,395	\$1,733,483	\$919,107
Golden Triangle	\$2,331,017	\$989,251	\$2,704,676	\$1,267,108	\$1,787,456	\$857,914	\$3,788,123	\$2,610,897	\$3,764,390	\$1,602,584	\$2,953,293	\$1,469,436
Three Rivers	\$1,511,998	\$603,288	\$2,049,046	\$871,008	\$1,527,448	\$677,715	\$1,604,801	\$715,465	\$1,785,429	\$480,915	\$1,764,469	\$699,772
Northeast	\$1,396,596	\$617,034	\$1,154,447	\$538,774	\$1,066,436	\$441,803	\$1,162,750	\$663,907	\$1,419,754	\$579,349	\$1,290,588	\$594,143
Central	\$2,740,639	\$1,817,452	\$2,946,592	\$1,334,748	\$3,112,339	\$1,968,737	\$2,759,492	\$2,015,657	\$2,405,088	\$716,391	\$2,918,324	\$1,620,836
East Central	\$1,719,879	\$1,364,310	\$1,749,937	\$922,018	\$2,254,336	\$1,114,331	\$2,613,585	\$1,082,786	\$3,027,805	\$1,366,660	\$2,348,731	\$1,258,973
Southern	\$4,794,820	\$1,079,277	\$4,231,668	\$980,713	\$3,917,290	\$907,854	\$4,314,593	\$724,748	\$3,176,192	\$1,014,242	\$4,269,035	\$1,003,996
Southwest	\$1,322,211	\$517,890	\$1,707,513	\$988,024	\$1,596,024	\$485,931	\$1,646,250	\$347,238	\$1,551,860	\$645,813	\$1,627,706	\$619,135
Totals	\$21,149,811	\$11,242,505	\$21,863,409	\$9,449,815	\$20,877,225	\$9,571,169	\$23,932,857	\$11,116,615	\$23,240,328	\$10,311,596	\$23,079,890	\$11,046,276
Percentage of Expenditures Rural	53.16%		43.22%		45.85%		46.45%		44.37%		47.86%	

Table Rural Expenditures II

FIVE YEAR AVERAGE EXPENDITURE PERCENTAGE

AAA	Total Expenditures 2005	
	All Sources	Rural Clients
North Delta	11.80%	54.37%
South Delta	6.28%	65.07%
North Central	7.51%	53.02%
Golden Triangle	12.80%	49.76%
Three Rivers	7.65%	39.66%
Northeast	5.59%	46.04%
Central	12.64%	55.54%
East Central	10.18%	53.60%
Southern	18.50%	23.52%
Southwest	7.05%	38.04%
Totals	100.00%	47.86%

Table Rural Expenditures III

MS DHS DIVISION OF AGING AND ADULT SERVICES

AREA AGENCY ON AGING PROJECTED EXPENDITURES ALL SOURCES AND RURAL CLIENTS 2006 - 2010

AAA	Total Expenditures 2006		Total Expenditures 2007		Total Expenditures 2008		Total Expenditures 2009		Total Expenditures 2010	
	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients	All Sources	Rural Clients
North Delta	\$2,806,389	\$1,525,794	\$2,933,434	\$1,594,867	\$2,945,236	\$1,601,283	\$2,957,038	\$1,607,700	\$2,968,839	\$1,614,116
South Delta	\$1,494,411	\$972,442	\$1,562,064	\$1,016,465	\$1,568,348	\$1,020,554	\$1,574,633	\$1,024,643	\$1,580,917	\$1,028,733
North Central	\$1,786,032	\$946,968	\$1,866,865	\$989,838	\$1,874,396	\$993,820	\$1,881,907	\$997,802	\$1,889,418	\$1,001,785
Golden Triangle	\$3,042,819	\$1,513,980	\$3,180,568	\$1,582,518	\$3,193,364	\$1,588,885	\$3,206,160	\$1,595,252	\$3,218,956	\$1,601,619
Three Rivers	\$1,817,957	\$720,985	\$1,900,257	\$753,624	\$1,907,902	\$756,656	\$1,915,547	\$759,688	\$1,923,192	\$762,720
Northeast	\$1,329,711	\$612,154	\$1,389,907	\$639,866	\$1,395,499	\$642,440	\$1,401,091	\$645,015	\$1,406,683	\$647,589
Central	\$3,006,790	\$1,669,970	\$3,142,908	\$1,745,570	\$3,155,552	\$1,752,592	\$3,168,197	\$1,759,615	\$3,180,841	\$1,766,638
East Central	\$2,419,930	\$1,297,137	\$2,529,481	\$1,355,859	\$2,539,658	\$1,361,314	\$2,549,834	\$1,366,769	\$2,560,011	\$1,372,223
Southern	\$4,398,446	\$1,034,431	\$4,597,565	\$1,081,260	\$4,616,061	\$1,085,610	\$4,634,558	\$1,089,960	\$4,653,055	\$1,094,311
Southwest	\$1,677,048	\$637,903	\$1,752,968	\$666,781	\$1,760,021	\$669,464	\$1,767,073	\$672,146	\$1,774,126	\$674,829
Totals	\$23,779,534	\$10,931,765	\$24,856,037	\$11,426,648	\$24,956,037	\$11,472,619	\$25,056,037	\$11,518,591	\$25,156,037	\$11,564,562

Rural Percentage:

45.97%

45.97%

45.97%

45.97%

45.97%

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES**

PUBLIC HEARING SCHEDULE

State Plan

FFY 2007

DATE	AGENCY	TIME	LOCATION	DAAS STAFF
June 19	Southwest AAA	9:00	County Courthouse Bude, MS	S. Rainey
June 28	Golden Triangle AAA	2:00	GT PDD Bldg Starkville, MS	S. Rainey
June 30	North Delta AAA	1:30	County Courthouse Clarksdale, MS	M. Pendleton
July 6	Northeast AAA	10:30	NE PDD Bldg Booneville, MS	M. Tutor
July 7	North Central AAA	9:00	County Courthouse Winona, MS	M. Tutor
July 10	South Delta AAA	10:00	Senior Center Greenville, MS	M. Tutor
July 11	Three Rivers AAA	1:30	Multipurpose Center Tupelo, MS	M. Pendleton
July 11	Southern MS AAA	10:00	Convention Center Hattiesburg, MS	M. Tutor
July 11	East Central	10:00	EC PDD Bldg Newton, MS	S. Rainey
July 11	Central MS AAA	1:30	Medical Mall Jackson, MS	M. Tutor



STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
DONALD R. TAYLOR
EXECUTIVE DIRECTOR

September 12, 2006

Mrs. Joyce Robinson Wright
Administration on Aging/DHHS
61 Forsyth Street, SW - Suite 5M69
Atlanta, Georgia 30303-8909

RE: MS State Plan 2006-2010

Dear Joyce:

Enclosed is revised copy of The Department of Human Services - Division of Aging and Adult Service's state plan.

If additional information is needed, please advise.

Sincerely,

A handwritten signature in cursive script, reading "Marion Dunn Tutor".

Marion Dunn Tutor, PhD, Director
Division of Aging and Adult Services

MDT:ba



STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
DONALD R. TAYLOR
EXECUTIVE DIRECTOR

July 31, 2006

The Honorable Josefina Carbonell
Assistant Secretary for Aging
U.S. Department of Health and Human Services
1 Massachusetts Avenue, NW
Washington, DC 20001

Dear Ms. Carbonell:

The Mississippi Department of Human Services, Division of Aging and Adult Services herein submits the 2007-2010 Mississippi State Plan on Aging. We look forward to the review and pray an acceptance.

Should you have any questions, please do not hesitate to contact me at 601.359.4929.

Sincerely,

A handwritten signature in black ink, appearing to read "Marion Dunn Tutor".

Marion Dunn Tutor, Director
Division of Aging

Enclosure

MDT:ba



STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
DONALD R. TAYLOR
EXECUTIVE DIRECTOR

Mrs. Joyce Robinson Wright
Administration on Aging/DHHS
61 Forsyth Street, SW - Suite 5M69
Atlanta, Georgia 30303-8909

RE: MS State Plan 2006-2010

Dear Joyce:

Enclosed is the original executed copy of Mr. Taylor's signature. Please insert (page 57) into The Department of Human Services - Division of Aging and Adult Service's state plan.

If additional information is needed, please advise.

Sincerely,

A handwritten signature in black ink, appearing to read "MDT", with a long horizontal flourish extending to the right.

Marion Dunn Tutor, PhD, Director
Division of Aging and Adult Services

MDT:ba

Enclosure: Page 57

economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a 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 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.

(8)(A) No supportive services, nutrition services, or in-home services are 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.


Signature and Title of Authorized Official

8-9-06
Date

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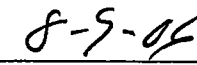
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(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(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.


Signature and Title of Authorized Official


Date