

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Mississippi Area Plan on Aging FFY 2027

Oct. 1, 2026 - Sept. 30, 2027

SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

Area Agency on Aging Area Plan

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I. Overview

The Area Plan is a public document that shall use clear and concise language to organize the information logically and should be easily understood by the public and aging network partners. The document shall be written to ensure accessibility by keeping the tone informative and providing visual aids such as defined charts, graphs, and diagram legends. The Area Plan shall be reflective of services provided in the planning and service area, the operations of the Area Agency on Aging, and of the goals of the aging network in the region.

In accordance with the Older Americans Act of 1965, as amended, Section 307(1)(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306 of the Act. **This format is to be used by area agencies on aging in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan is required for Federal Fiscal Year 2027-2028.**

Area plans are prepared and developed by the Area Agencies on Aging. Each agency is responsible for the plan for the multi-county planning and service area in which the agency is located. The area plan should reflect the efforts of the Area Agency on Aging (AAA):

Purpose

This Area Plan serves multiple purposes including, but not limited to:

- a. Provide tangible outcomes through planning and report achievement(s) based on long term efforts as set by the Area Agency on Aging (AAA).
- b. Provide data and outcomes of activities into proven best practices, which may be used to ensure additional funding.
- c. Provide a clear framework regarding coordination and advocacy activities to meet the needs of the population served that have the greatest social and economic need.
- d. Provide goals and objectives that shall be implemented within the service plan timeframe.

The disaster plan is a separate plan and not included in this plan. Separate instructions will be sent for those plans by the program coordinator.

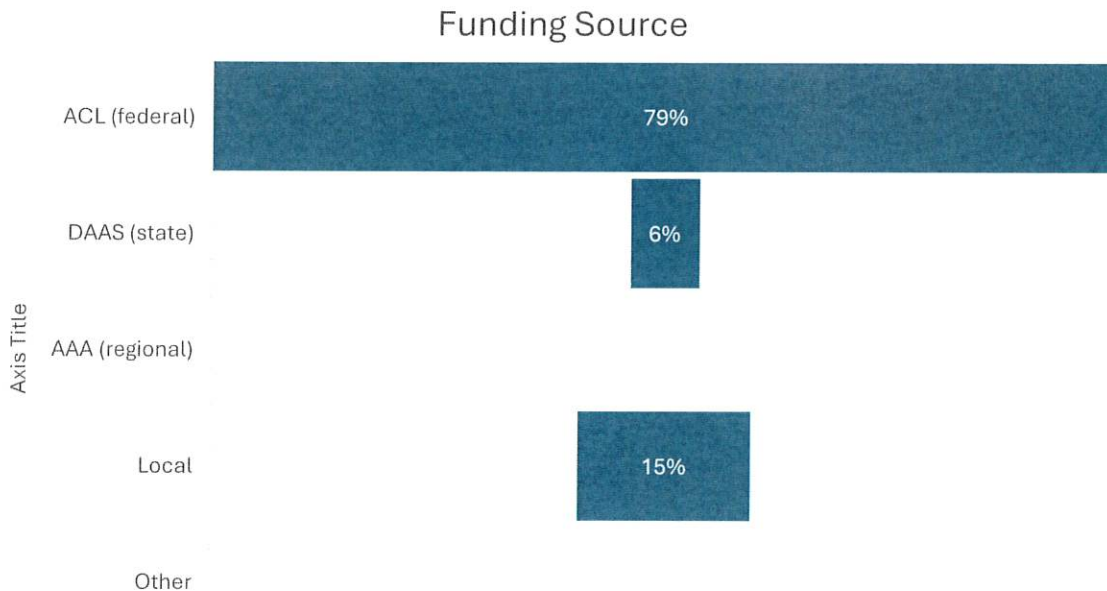
II. Glossary of Acronyms

ADL	Activity of Daily Living
DAAS	Mississippi Department of Human Services – Division of Aging and Adult Services
FY	Fiscal Year
IADL	Instrumental Activity of Daily Living
OAA	Older Americans Act
PSA	Planning Service Area
SCSEP	Senior Community Service Employment Program
SHIP	State Health Insurance Assistance Program
Title III B	Grants to states for Supportive Services and Senior Centers
Title III C	Grants to states for Nutrition Services
Title III D	Grants to states for Preventative Health Services
Title III E	Grants to states for Family Caregiver Support Program
Title V	Grants to states for SCSEP
Title VII	Grants for Ombudsman Services, Elder Rights and Abuse
VA	Veterans Administration

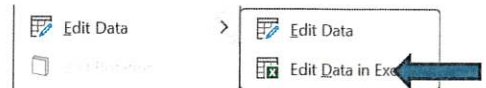
Additional acronyms may be added as needed.

III. Executive Summary

Description of Federal, State, and Local Aging Network Funding: Explain the aging network(s) funding received from the Administration for Community Living-Administration on Aging, Mississippi Department of Human Services – Division of Aging and Adult Services, Area Agency on Aging, any local provider network.



Instructions: To update numbers-right click and choose Edit Data in Excel



The category of Other includes foundation grants/contracts, corporate grants/contracts, direct mail fundraising, fundraising events, fees for services, etc.

Overview: Please provide a short narrative or introduction that includes basic information about the agency and the area it serves.

The Southern Mississippi Planning and Development District (SMPDD) Area Agency on Aging (AAA) administers a comprehensive system of services for older adults across its Planning and Service Area (PSA). In alignment with the Older Americans Act (OAA) and the Mississippi Department of Human Services – Division of Aging and Adult Services (DAAS), SMPDD AAA serves as the **focal point for aging services**, ensuring access to supportive, nutrition, and caregiver services.

SMPDD AAA utilizes a coordinated network of providers, community partners, and internal programs such as the **Mississippi Access to Care (MAC) Center** and **Choices for Independence Program** to support older adults in maintaining independence and avoiding institutionalization.

Also include:

1. The relationship between the Area Agency on Aging (AAA) and external contracts, and the service enhancement provided.

SMPDD AAA delivers services through a structured network of contracted providers selected through competitive procurement processes. These providers deliver services such as:

- Transportation
- Nutrition (Congregate and Home Delivered Meals)
- Caregiver Support – Respite
- Outreach (Harrison County only- others are serviced in house)
- Senior Center
- Adult Day Care
- Homemaker
- Legal Services

Contracts are monitored for compliance, quality, and performance to ensure services meet OAA and DAAS standards while expanding reach across all counties.

2. The working relationship(s) between other agencies and organizations to better the lives of those served.

SMPDD AAA maintains strong partnerships with:

- MDHS/DAAS
- Local Emergency Management Agencies
- Red Cross and first responders
- Hospitals and health departments
- Faith-based and community organizations
- Senior centers and civic action agencies

These partnerships are critical for **service coordination, disaster response, outreach, and addressing unmet needs.**

3. Other activities provided by the Area Agency on Aging (AAA) outside of DAAS funding.

SMPDD AAA also provides:

- Disaster preparedness and response coordination
- Outreach, public education and address social isolation
- Advocacy for housing, transportation, and long-term care
- Alzheimer's Disease Program to address those living with Dementia and Related Disease and their caregivers

Mission: A mission defines the organization, its objectives, and how it will reach these objectives.

To enhance the quality of life for older adults by providing leadership, advocacy, and a coordinated system of services that promote independence, dignity, and well-being.

Vision: A vision details where the organization aspires to go.

To create a service region where older adults can age in place with access to comprehensive, coordinated, and high-quality services that support independence and community engagement.

IV. Service Area

Define the geographic boundaries of the service region, ensuring to include the counties you serve and a map of the service region.

Description:

The SMPDD Area Agency on Aging serves the **15-Southermost county Planning and Service Area** in southern Mississippi, including both urban and rural communities. The counties include:

Forrest, Covington, Greene, George, Hancock, Harrison, Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Stone, and Wayne county

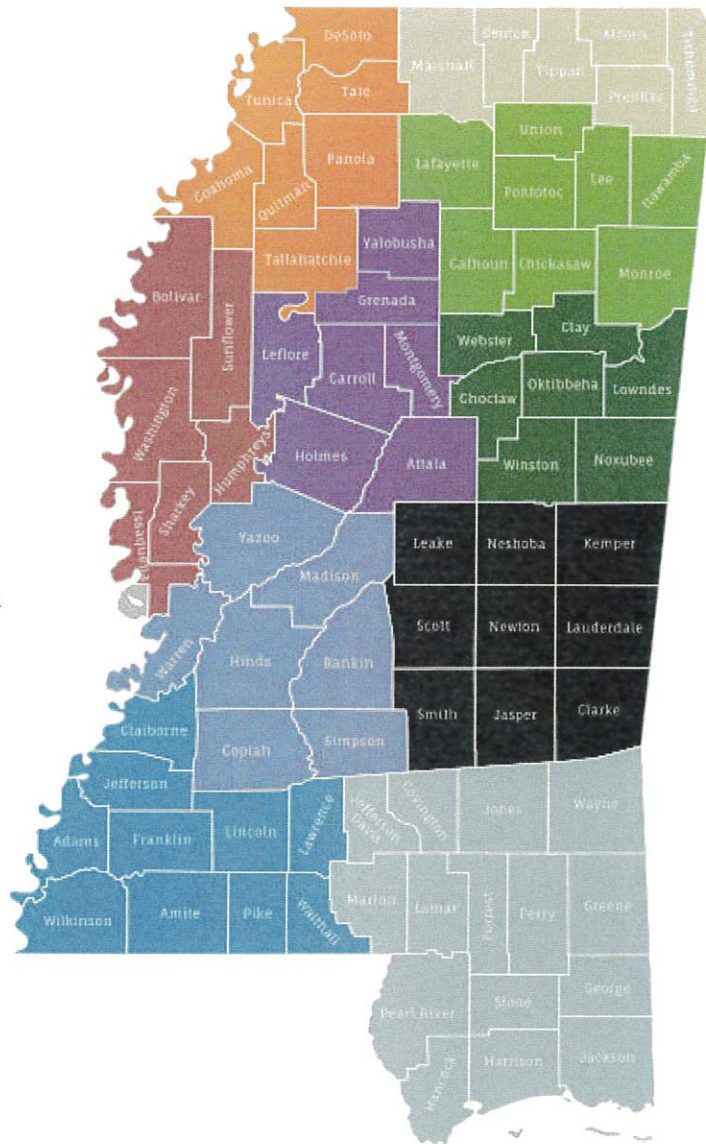
The region includes significant populations of:

- Low-income older adults
- Rural residents
- Minority populations
- Individuals at risk of institutional placement

The geographic diversity requires flexible service delivery strategies, including contracted providers and community focal points.

PLANNING & DEVELOPMENT DISTRICTS

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Staff Positions and Responsibilities: Include management staff and program staff, including a separate organizational chart.

Position Title	Position Description	Position Responsibilities
Division Director	Responsible for the performance of activities contained in all grants, contracts, plans, etc., involved in the Area Agency on Aging operations and responsibilities within the guidelines and regulations of the Older Americans Act and the State Agency.	Responsibility includes decision-making authority for the operation of all Area Agency on Aging programs in all matters concerning program operation, personnel, procedures, budgeting, contracting, program development and interagency coordination.
Assistant Division Director/AAA Director	Provides executive-level leadership and operational oversight for the Area Agency on Aging by assisting in the administration, planning, development, implementation, and evaluation of programs and services that support older adults throughout the agency's service area.	Responsible for overseeing daily operations, supervising staff, ensuring compliance with federal, state, and agency regulations, managing contracts, budgets, grants, and the Area Plan, coordinating program development and interagency partnerships, providing technical assistance and advocacy, monitoring organizational performance, and supporting the Senior Services Division Director in achieving the strategic goals and mission of the Area Agency on Aging.
Fiscal Officer	Oversees the fiscal administration and financial management of the Area Agency on Aging and Medicaid Waiver programs by ensuring accurate budgeting, financial reporting, regulatory compliance, and fiscal accountability in support of the agency's mission.	Responsible for developing and monitoring program budgets, preparing financial and programmatic reports, reconciling expenditures, managing cash requests and budget journal entries, overseeing fiscal compliance, reviewing payroll and expense documentation, processing vendor payments, providing technical assistance to sub-grantees, supporting monitoring and audit activities, and assisting the Senior Services Division Director with the financial operations of the Area Agency on Aging.
Fiscal Specialist	Provides fiscal and administrative support to the Area Agency on Aging by assisting with financial processes, personnel documentation, procurement, contract administration, reporting, and compliance activities to ensure the efficient operation of Senior Services programs.	Responsible for processing and verifying timesheets, leave requests, expense reports, and check requests; maintaining inventory records; assisting with requests for proposals and provider contracts; preparing budget reports and cash requests; entering financial transactions; supporting data entry and administrative functions; assisting with state, federal, and external audits and monitoring activities; and ensuring compliance with agency policies and fiscal procedures under the direction of the Senior Services Fiscal Officer.

Program Coordinator	Supports the administration and quality assurance of Area Agency on Aging home and community-based programs by coordinating provider communications, monitoring program compliance, managing participant data, and maintaining program records to ensure effective service delivery.	Responsible for conducting provider monitoring visits, coordinating communications with service providers, maintaining Consumer Information Forms (CIFs), waiting lists, and program records, entering service and participant data, preparing reports and correspondence, providing customer assistance, and ensuring compliance with federal, state, and agency policies and quality assurance standards under the direction of the Senior Services Assistant Division Director.
Nutrition and Home Community Based Service (HCBS) Program Manager	Oversees the planning, administration, compliance, and daily operations of the Home Delivered Meal, Congregate Meal Program, Consumer Directed Care Program and the Home and Community Based Services ensuring the effective delivery of these programs while supervising nutrition and program staff.	Responsible for supervising the Program Coordinator and Congregate Meal Coordinator; ensuring compliance with federal, state, and agency policies; overseeing program monitoring, participant records, billing, and quality assurance; coordinating nutrition services; and providing leadership to ensure efficient, accurate, and client-centered program operations.
Congregate Meal Coordinator	Coordinates and oversees the Area Agency on Aging's congregate nutrition program by ensuring quality meal services, resource coordination, and compliance with state and federal requirements.	Manages congregate meal site operations by coordinating nutrition services, monitoring program performance, training staff, maintaining program records, serving as the liaison with the statewide food contractor and state nutrition office, and ensuring participants receive accurate information and appropriate nutrition resources.
SHIP Coordinator	Administers and coordinates the State Health Insurance Assistance Program (SHIP) by providing Medicare counseling, leading community outreach and education, recruiting and training volunteers, and connecting older adults and individuals with disabilities to health insurance resources and benefits throughout the Area Agency on Aging's service area.	Responsible for managing SHIP operations; providing unbiased Medicare and health insurance counseling; recruiting, training, and supervising volunteer counselors; conducting public education and outreach; maintaining accurate program records and reports; coordinating referrals and follow-up services; developing community partnerships; and ensuring compliance with federal, state, and agency policies and SHIP program requirements.
Outreach/SHIP Specialist	Provides outreach, eligibility screening, client assessment, information and referral services, and Medicare counseling to connect older adults and individuals with disabilities to available programs, benefits, and community resources throughout the	Responsible for conducting client assessments and home visits, determining eligibility, providing State Health Insurance Assistance Program (SHIP) counseling and education, coordinating referrals and follow-up services, maintaining accurate records

	Area Agency on Aging's 15-county service area.	and SHIP reporting, promoting public awareness through outreach activities, and ensuring compliance with applicable federal, state, and agency policies and procedures.
Lead Ombudsman	Advocates for the rights, health, safety, and well-being of residents in long-term care facilities by investigating complaints, providing education, and promoting quality care throughout the Area Agency on Aging's service area.	Responsible for investigating and resolving resident complaints, advocating for resident rights, monitoring long-term care policies and regulations, educating residents, families, staff, and the public, coordinating referrals to appropriate agencies, training volunteers, and collaborating with community partners to improve the quality of life and care for individuals residing in long-term care facilities and oversees the local ombudsman(s).
Ombudsman	Advocates for the rights, health, safety, and well-being of residents in long-term care facilities by investigating complaints, providing education, and promoting quality care throughout the Area Agency on Aging's service area.	Responsible for investigating and resolving resident complaints, advocating for resident rights, monitoring long-term care policies and regulations, educating residents, families, staff, and the public, coordinating referrals to appropriate agencies, training volunteers, and collaborating with community partners to improve the quality of life and care for individuals residing in long-term care facilities.
Ombudsman	Advocates for the rights, health, safety, and well-being of residents in long-term care facilities by investigating complaints, providing education, and promoting quality care throughout the Area Agency on Aging's service area.	Responsible for investigating and resolving resident complaints, advocating for resident rights, monitoring long-term care policies and regulations, educating residents, families, staff, and the public, coordinating referrals to appropriate agencies, training volunteers, and collaborating with community partners to improve the quality of life and care for individuals residing in long-term care facilities.
Caregiver Counseling Coordinator	Provides education, counseling support, training, and resource coordination to assist caregivers and care recipients in managing the challenges of aging, dementia, and caregiving while promoting health, independence, and quality of life.	Responsible for developing and delivering caregiver education and evidence-based programs, providing dementia-related training and support, creating outreach materials, maintaining program documentation and reports, coordinating with providers and participants, maintaining required certifications, and ensuring compliance with agency policies and program requirements.

Preventive Health Coordinator	Develops, coordinates, and oversees evidence-based health promotion and wellness programs that improve the health, independence, and quality of life of older adults through education, physical activity, and chronic disease self-management initiatives.	Responsible for implementing and monitoring evidence-based wellness programs, training and supporting instructors, conducting program audits and participant assessments, maintaining program licensing and compliance, managing Title IIID wellness funding and program records, collecting and reporting outcome data, fostering community partnerships, and ensuring adherence to federal, state, and agency policies under the direction of the Senior Services Assistant Division Director.
Outreach Worker	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.
Outreach Worker	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.
Outreach Worker	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.	Conducts outreach, eligibility screening, and in-home assessments to connect older adults with appropriate Area Agency on Aging programs and community-based services that support their independence and well-being.
Senior Services Program Coordinator	Supports the planning, implementation, and coordination of Senior Services programs by providing program expertise, client support, outreach, education, and administrative assistance to enhance service delivery throughout the agency's service area.	Responsible for providing case management and reporting for assigned supporting program development and outreach activities, assisting with educational events and grant opportunities, promoting agency programs through community engagement, participating in wellness and training initiatives, representing the Senior Services Division as assigned, and ensuring effective coordination of program services under the direction of the Senior Services Assistant Division Director.

Information and Referral Coordinator	Provides person-centered information, referral, and assistance services to older adults, individuals with disabilities, caregivers, and community members by assessing needs, connecting individuals to appropriate resources, and promoting access to services that support independence and quality of life.	Responsible for receiving and assessing requests for assistance, providing accurate information and referrals, completing intake and screening documentation, maintaining client records and resource databases, conducting follow-up to ensure service connections, building relationships with community partners, advocating for individuals, tracking service data, and ensuring compliance with agency, state, and program requirements.
MAC Center Manager	Provides information, referral, and assistance services to older adults, individuals with disabilities, and caregivers by connecting them to long-term services, supports, benefits, and community resources while promoting informed decision-making and independence.	Responsible for managing MAC Center inquiries, conducting client screenings and assessments, providing person-centered information and referrals, documenting client contacts and services, advocating and following up to ensure access to resources, maintaining accurate client records, participating in outreach and community education activities, and ensuring compliance with program requirements, confidentiality standards, and best practices.

add additional lines as necessary

V. Profile of Service Area

Complete a demographic profile of your region with information provided from data collected and utilizing the [Reports and Data - Mississippi State Department of Health](#). To determine the poverty rate.

Description	Year of Data	Population	Percentage
60+ in the service area	2023	178,924	22.2% of total regional population
60+ with low income (see link above)	2023	24,154	13.5% of 60+ population
60+ living in rural area(s)	2023	66,201	37.0% of 60+ population
60+ minority	2023	44,373	24.8% of 60+ population
60+ low-income minority	2023	11,451	6.4% of 60+ population
60+ with limited English proficiency	2023	1,431	0.8% of 60+ population
Grandparents/older relative raising child under 18	2023	4,830	2.7% of 60+ population
60+ isolated or living alone	2023	45,446	25.4% of 60+ population
60+ requiring 3 or more ADL/IADL*	2023	15, 566	8.7 % of 60+ population

*ADL: feeding, getting in/out of bed, dressing, bathing, toileting.

*IADL: Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine

Describe all credible sources used to determine the populations/percentages above.

The data provided comes from the **2023 Mississippi Healthy Aging Data Report**, published by the [Mississippi State Department of Health \(MSDH\)](#).

The report was compiled using a combination of foundational data sources tracked across the following timeframes:

- **Demographic and socio-economic indicators** (such as low income, living alone, and rural status) are based on multi-year estimates from the **U.S. Census Bureau's American Community Survey (ACS)**.
- **Health and functional assistance metrics** (such as ADL/IADL limitations) utilize localized health registry data up through **2021 and 2022**.

VI. Funding Sources

List out all funding sources used to support older Mississippians in the area. **Please add additional lines and funding source types as necessary (Federal, State, Local Cash, In-kind, etc.). The previous federal fiscal year should be used.**

	Funding Source	Amount of funding	Funding Period	Type of funding
A	Title III-A	\$268,922	FY 2026	Federal
B	Title III-A	\$89,641	FY 2026	Local
C	Title III-B	\$993,494	FY 2026	Federal
D	Title III-B	\$58,441	FY 2026	State
E	Title III-B	\$76,944	FY 2026	Local
F	Title III-B	\$39,939	FY 2026	In-kind
G	Title III-C1	\$373,381	FY 2026	Federal
H	Title III-C1	\$21,964	FY 2026	State
I	Title III-C1	\$38,928	FY 2026	Local
J	Title III-C1	\$5,000	FY 2026	In-kind
K	Title III-C2	\$853,585	FY 2026	Federal
L	Title III-C2	\$50,211	FY 2026	State
M	Title III-C2	\$100,422	FY 2026	Local
N	Title III-D	\$52,303	FY 2026	Federal
O	Title III-E	\$345,955	FY 2026	Federal
P	Title III-E	\$115,319	FY 2026	Local
Q	Title VII-OMB	\$36,656	FY 2026	Federal
R	Title XX-SSBG	\$1,419,933	FY 2026	Federal
S	Title XX-SSBG	\$408,799	FY 2026	Local
T	Title XX-SSBG	\$64,514	FY 2026	In-kind
U	SHIP	\$119,729	FY 2026	Federal
V	MIPPA	\$108,693	FY 2026	Federal
W	State HDM	\$237,247	FY 2026	State
X	NSIP	\$210,528	FY 2026	Federal

VII. Current Service Coverage Charts

List out all services provided and the respective funding sources to support older Mississippians in the area. The previous state fiscal year should be used.

Supportive Services – Access Services					
Service	Offered	Area Agency on Aging (AAA) service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Assessment	☐	☒	☐	3595	C,D,E,F,O,P,R,S,T
Transportation	☐	☐	☒	938	C,D,E,F,R,S,T
Homecare: Homemaker	☐	☐	☒	120	C,D,E,F,R,S,T
Information and Assistance	☐	☒	☐	2271	C,D,E,F,R,S,T
Legal Assistance	☐	☐	☒	243	C,D,E,F

Nutrition Services					
Service	Offered	Area Agency on Aging (AAA) service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Congregate Nutrition	☐	☐	☒	2073	G,H,I,J
Home Delivered Nutrition	☐	☐	☒	2146	R,S,T,K,L,M
Nutrition Education	☐	☒	☐	4219	G,H,I,J,K,L,M
Nutrition Counseling	☐	☐	☒	N/A	G,H,I,J,K,L,M

Health Promotion Services					
Service	Offered	AAA/IL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Evidence Based Programs	☐	☒	☐	1821	N

Caregiver for Older Adults					
Service	Offered	Area Agency on Aging (AAA) service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Information and Assistance	☐	☒	☐	290	O,P
Respite (in home)	☐	☐	☒	62	O,P
Home Modification	☐	☐	☒	16	O,P
Consumer Directed Care	☐	☒	☐	118	O,P

Other Services					
Service	Offered	Area Agency on Aging (AAA) service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Senior Center Services	☐	☐	☒	2046	C,D,E,F
Ombudsman Services	☐	☒	☐	25214	Q
Dementia Care Services	☐	☒	☐	84	O,P
Elder Abuse Prevention	☐	☒	☐	1887	Q
SHIP	☐	☒	☐	6275	SHIP
Case Management	☐	☒	☐	197	C,D,E,F
Adult Day Care	☐	☐	☒	65	C,D,E,F

For additional programs, please fill in under the "Service" heading

VIII. Quality Assurance Process

The quality assurance process of service programs allows the Area Agency on Aging (AAA) to highlight areas for continuous improvement by assessing program implementation and data collection. This will be obtained by the following measures:

- Needs Assessment
- Goals, Objectives, and Performance Measures

Needs Assessment: Describe all formats and sources used to evaluate the needs of the current Area Agency on Aging (AAA) clients and those within the service area that are not currently receiving services for which they may be eligible. (include visual aid(s), survey results, etc.)

The Southern Mississippi Planning and Development District Area Agency on Aging (SMPDD AAA) utilizes a comprehensive needs assessment process to identify, evaluate, and prioritize the needs of older adults, individuals with disabilities, caregivers, and other eligible populations within its 15-county planning and service area. The assessment process ensures that programs and services are responsive to consumer needs, available resources, changing demographics, and identified service gaps.

The primary assessment tool utilized by SMPDD AAA is the Consumer Information Form (CIF), as required by the Division of Aging and Adult Services (DAAS) and in accordance with 45 CFR 1321.81(a). The CIF serves as the standardized intake, assessment, eligibility determination, prioritization, and reassessment instrument for consumers seeking services funded through the Older Americans Act (OAA) and other applicable funding sources.

Consumer Information Form (CIF) Assessment Process

All individuals requesting services or referred to SMPDD AAA are assessed using the CIF by trained agency personnel. The CIF process allows the agency to:

- Determine eligibility based on age, socioeconomic need, and functional limitations.
- Assess the consumer's level of need and identify priority populations.
- Determine appropriate services and supports based on assessed needs.
- Prioritize individuals when resources are limited or waiting lists exist.
- Maintain accurate and current consumer demographic and service data.
- Identify changes in consumer circumstances through annual reassessments.

The CIF captures information related to the consumer's functional abilities, living arrangements, income status, health and safety concerns, support systems, and other factors affecting the individual's ability to remain independent in the community. Consumers, caregivers, or authorized representatives are involved, when appropriate, in the assessment and service planning process to ensure services are person-centered and address the individual's identified needs.

Sources and Formats Used to Evaluate Needs

SMPDD AAA utilizes multiple data sources and evaluation methods to identify the needs of current program participants and individuals who may be eligible but are not currently receiving services. These include:

1. Consumer Information Forms (CIFs) and Client Data Systems

- Initial assessments completed for new applicants.
- Annual reassessments completed for active consumers.
- Service history and demographic information maintained in the state-approved data management system.
- Analysis of CIF scoring trends to determine levels of need and priority populations.

CIF scores are utilized to categorize consumers into three levels of service eligibility:

- Level I (1–29 points): Individuals eligible for general access services, including information and assistance, outreach, transportation, congregate meals, and other supportive services.
- Level II (30–48 points): Individuals demonstrating increased functional or socioeconomic need who may qualify for services such as home-delivered meals, homemaker, case management, respite, and emergency services.
- Level III (49–66 points): Individuals with the highest level of need requiring additional review and prioritization for intensive services.

2. Information and Referral/Assistance Data

The AAA evaluates requests received through Information and Referral/Assistance services, including:

- Telephone inquiries.
- Walk-in requests.
- Email correspondence.
- Community referrals.
- Outreach contacts.
- MAC Center contacts.

Information gathered through these interactions identifies unmet needs, service barriers, resource shortages, and emerging trends within the aging population.

3. Consumer and Community Feedback

SMPDD AAA gathers input through:

- Public hearings.
- Consumer satisfaction surveys.
- Advisory Council recommendations.
- Feedback from participants, caregivers, and service providers.
- Community outreach events and educational activities.

This feedback provides direct insight into challenges faced by older adults, caregivers, and individuals with disabilities.

4. Provider Monitoring and Program Performance Data

The AAA evaluates program effectiveness and service gaps through:

- Provider monitoring visits.
- Quality assurance reviews.
- Service utilization reports.
- Program performance measures.
- Corrective action reviews.

- Provider feedback.

Monitoring activities ensure programs are implemented according to federal, state, and agency requirements while identifying opportunities for continuous improvement.

5. Demographic and Community Data

The AAA incorporates external data sources to evaluate the broader needs of the planning and service area, including:

- U.S. Census Bureau demographic information.
- Poverty and income data.
- Population trends.
- Rural and geographic access challenges.
- Minority and limited English proficiency populations.
- Disability and caregiver statistics.

These sources help identify older adults and vulnerable populations who may require additional outreach or targeted services.

Identification of Unserved and Underserved Populations

Through the combination of CIF assessments, service data analysis, community feedback, and demographic information, SMPDD AAA identifies individuals who may be eligible for services but are not currently receiving assistance. The agency evaluates barriers such as transportation limitations, lack of awareness of available resources, financial hardship, social isolation, caregiver burden, geographic limitations, and gaps in provider availability.

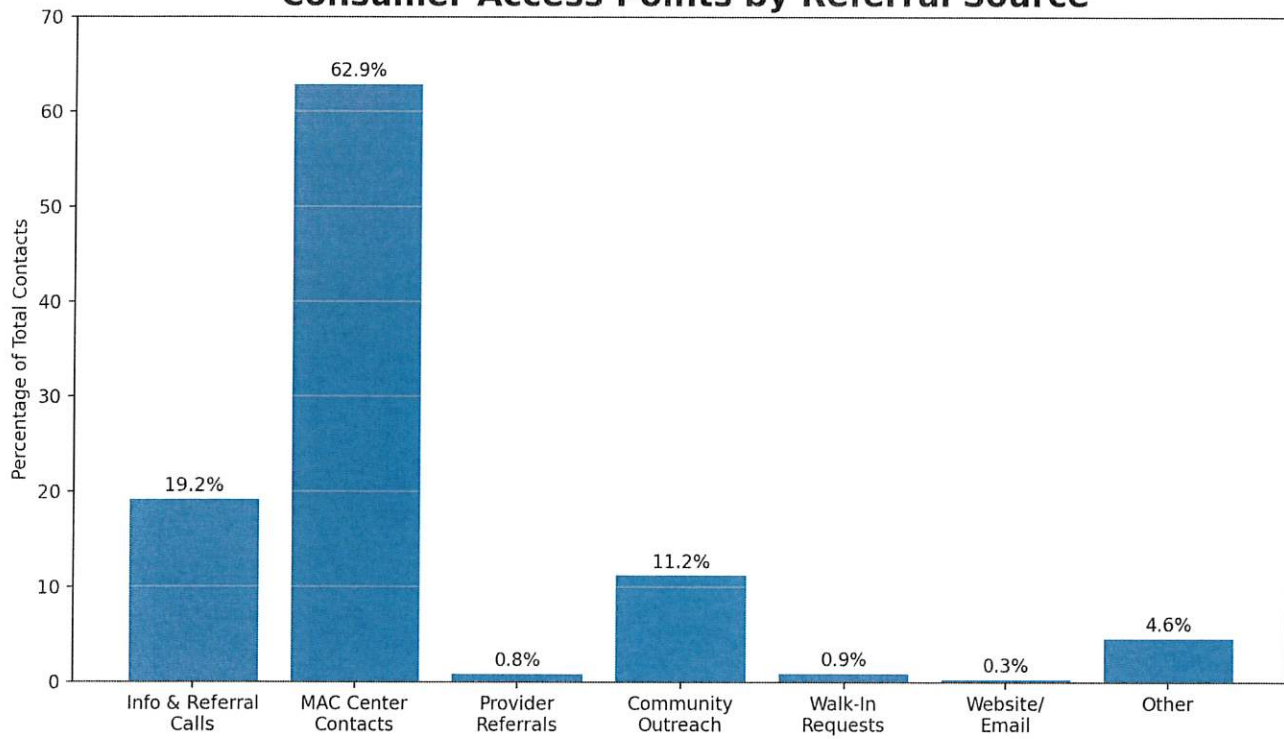
The information collected through the needs assessment process guides the development of goals, objectives, performance measures, and service priorities outlined in the Area Plan on Aging. In addition, needs assessments were collected using:

- Public hearings (80 participants reported)
- Advisory Council input
- Information & Referral (MAC Center data)
- Census and demographic data
- Provider and program reports

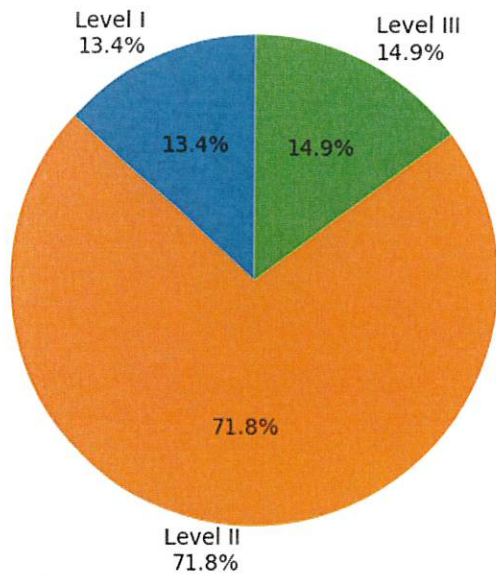
This ensures that resources are directed toward populations with the greatest need while supporting the AAA's mission of promoting independence, dignity, and quality of life for older adults and individuals with disabilities.

Additional Charts with the above information from SMPDD's internal data:

Consumer Access Points by Referral Source



Consumers by CIF Level



Based on the needs assessment results above rank the service area's top three needs and how they are being addressed in this area plan.

Rank	Need	Expectation
1	Transportation	Improve access for rural and disabled populations
2	Healthcare & financial stability	Reduce burden of healthcare and insurance costs
3	Nutrition & in-home services	Support aging in place and reduce institutionalization

Gaps, Barriers, Needs to improve service delivery:

Describe gaps, barriers, and needs for the current aging programs and clients		
Identified Barrier	Impact on Older Adults and Caregivers	Quality Improvement Focus
Rising healthcare costs forcing trade-offs between food, housing, and care	Older adults are experiencing increased financial strain, making it difficult to afford basic needs while managing healthcare expenses. This can contribute to food insecurity, delayed medical care, and increased risk of declining independence.	Expand access to benefits counseling, Medicare assistance, financial resource referrals, and programs that reduce the burden of healthcare-related costs.
Transportation challenges in rural counties	Limited transportation options create barriers to accessing medical appointments, grocery stores, social activities, and essential services, increasing the risk of isolation and unmet needs.	Improve transportation access through partnerships, expanded service options, and targeted outreach to rural and mobility-limited populations.
Increasing need for affordable housing	Rising housing costs and limited affordable options impact older adults' ability to maintain safe and stable living environments, increasing the risk of housing instability and institutional placement.	Strengthen partnerships with housing resources, provide information and referrals, and identify supports that promote safe aging in place.
Workforce and provider limitations	Shortages of qualified workers and service providers create challenges in meeting demand for in-home services, nutrition services, transportation, and other supports.	Recruit and retain providers, identify service gaps, expand community partnerships, and explore innovative approaches to service delivery.
Social isolation among older adults	Reduced social connections can negatively impact physical health, mental well-being, and overall quality of life, particularly among individuals living alone or in rural areas.	Increase access to senior centers, congregate meals, wellness programs, outreach initiatives, and opportunities for social engagement.

Describe how the needs assessment and population data determine the future direction of the Area Plan and the aging program(s)

The Southern Mississippi Planning and Development District Area Agency on Aging (SMPDD AAA) utilizes information gathered through its comprehensive needs assessment process and population data analysis to guide the development, implementation, and evaluation of the Area Plan on Aging and future program priorities. Data collected through Consumer Information Forms (CIFs), Information and Referral/Assistance contacts, MAC Center interactions, public hearings, consumer feedback, provider reports, monitoring activities, advisory council input, and demographic data provide a comprehensive view of the needs, challenges, and service gaps experienced by older adults, individuals with disabilities, and caregivers throughout the 15-county planning and service area.

The CIF assessment process provides critical information regarding consumer eligibility, functional limitations, socioeconomic needs, living conditions, and barriers to independence. Analysis of this data allows SMPDD AAA to identify priority populations, determine levels of need, prioritize services when resources are limited, and ensure that programs are targeted toward individuals with the greatest need. Annual reassessments further allow the agency to identify changing circumstances among current consumers and adjust services accordingly.

Population data and community trends provide additional insight into emerging needs among older adults who may not currently be receiving services. Demographic factors such as the growing older adult population, poverty rates, rural geography, disability prevalence, individuals living alone, and caregiver challenges help the AAA identify underserved populations and develop outreach strategies to connect eligible individuals with available resources.

The needs assessment process has identified several key barriers impacting older adults within the SMPDD AAA service area:

- **Rising healthcare costs forcing trade-offs between food, housing, and care:** Increasing healthcare expenses continue to place financial pressure on older adults, requiring some individuals to make difficult decisions between medical needs, nutrition, housing stability, and other essential expenses. These findings reinforce the need to expand access to Medicare counseling, benefits assistance, resource referrals, and programs that support financial stability.
- **Transportation challenges in rural counties:** Limited transportation options remain a significant barrier for older adults seeking medical care, nutrition services, employment-related resources, and social activities. Transportation needs identified through assessments and community feedback will continue to influence efforts to improve mobility options, strengthen partnerships, and increase access for rural and underserved populations.
- **Increasing need for affordable housing:** Rising housing costs and limited availability of affordable, accessible housing create challenges for older adults attempting to remain safely in their homes. These trends will guide future efforts related to information and referral services, housing resource partnerships, and supports that promote aging in place.
- **Workforce and provider limitations:** Provider shortages and workforce challenges impact the availability and sustainability of essential services, including home-delivered meals, in-home supports, transportation, and caregiver services. The Area Plan will address these challenges through provider development, partnership opportunities, quality improvement efforts, and exploration of innovative service delivery models.

- Social isolation among older adults: Increased isolation, particularly among individuals living alone or in rural communities, highlights the continued importance of congregate meals, senior centers, wellness programs, outreach services, caregiver supports, and opportunities for meaningful social engagement.

The information gathered through these assessment methods directly influences the development of Area Plan goals, objectives, and performance measures. SMPDD AAA uses identified trends and service gaps to determine where resources should be allocated, where new partnerships are needed, and where existing programs require improvement or expansion.

Moving forward, the Area Plan will continue to prioritize services that support independence, improve access to resources, reduce barriers to care, and enhance the overall quality of life for older adults and caregivers. Through ongoing assessment, monitoring, and evaluation, SMPDD AAA will ensure that aging programs remain responsive to the changing needs of the communities served while maintaining compliance with the Older Americans Act and Mississippi Division of Aging and Adult Services requirements.

IX. Goals, Objectives, Performance Measures, and Strategies

Every goal should be written utilizing the SMARTIE (Specific, Measurable, Attainable, Relevant, Time-based, Inclusive, and Equitable) objective with key performance indicators.

Goal 1		Expand Coordinated Service System	
Objective 1.1		Increase the capacity of home and community-based services through MAC Center coordination by strengthening Virtual MAC Center operations, expanding access to Long-Term Services and Supports (LTSS), and improving person-centered service coordination.	
Outcome/Performance Measures			
• Increase the number of clients served. • Increase the number of referrals completed. • Increase successful linkages to Long-Term Services and Supports (LTSS). • Increase the number of individuals receiving Person-Centered Counseling. • Improve referral completion and follow-up rates.			
Strategies and Actions			
Strategy	Actions	Performance Measures	Expected Outcome
Strengthen Information & Referral (I&R) Services	Provide comprehensive I&R services to older adults, individuals with intellectual, developmental, and physical disabilities, individuals with mental illness, caregivers, family members, and advocates through telephone, online platforms, kiosk access points, and scheduled appointments. Evaluate each inquiry, provide resource navigation, maintain current community resource databases, and advocate on behalf of individuals as needed.	Number of I&R contacts; number of clients served; response time to inquiries.	Increased access to LTSS and expanded service capacity.
Expand Person-Centered Counseling (PCC)	Offer unbiased, person-centered counseling sessions through online referrals, kiosk access, telephone, and scheduled appointments. Assist individuals in identifying their strengths, preferences, goals, available supports, and desired outcomes while involving caregivers or representatives when requested.	Number of PCC sessions completed; percentage of individuals developing action plans.	Improved informed decision-making and increased access to appropriate services.

Goal 2		Improve Resource Utilization & Accessibility	
Goal 2 Objective 2.1		Ensure the efficient use of available resources and improve accessibility to services by expanding outreach, strengthening community education, and connecting individuals to appropriate programs and supports.	

Outcome/Performance Measures			
• Increase service utilization rates. • Reduce unmet needs. • Expand outreach through education. • Increase awareness of available programs and services.			
Strategies and Actions			
Strategy	Actions	Performance Measures	Expected Outcome
Expand Community Outreach and Education	Develop and implement an annual outreach plan that includes educational presentations, health fairs, senior expos, community events, webinars, and workshops. Provide information on available home and community-based services, Medicare, caregiver supports, nutrition programs, transportation, and other aging resources.	Number of outreach events; number of individuals reached; educational materials distributed.	Increased public awareness and utilization of available services.
Increase Access Through Multiple Communication Channels	Promote programs through social media, local newspapers, radio, television, websites, newsletters, community calendars, and printed materials. Ensure information is available in accessible formats and languages appropriate for the service area.	Website traffic; social media engagement; number of inquiries generated.	Improved access to information and increased program participation.
Strengthen Community Partnerships	Collaborate with hospitals, healthcare providers, libraries, senior centers, faith-based organizations, local governments, disability organizations, veterans' organizations, and community agencies to increase referrals and expand access to services.	Number of active community partnerships; number of referrals received from partners.	Broader community reach and improved coordination of services.
Improve Resource Navigation and Service Coordination	Conduct comprehensive assessments to identify client needs and connect individuals to the most appropriate services. Coordinate referrals across programs to maximize available resources and minimize duplication of services.	Number of referrals completed; percentage of clients receiving multiple coordinated services.	More efficient resource utilization and improved client outcomes.
Identify and Address Unmet Needs	Analyze service utilization data, waiting lists, consumer feedback, and community needs assessments to identify service gaps. Develop action plans and pursue partnerships or funding opportunities to address priority needs.	Number of unmet needs identified and addressed; reduction in waiting lists.	Reduced unmet needs and improved service accessibility.
Enhance Staff Knowledge and	Provide ongoing staff training on available community resources, eligibility requirements, benefits	Number of staff trainings completed;	Improved quality and consistency of

Community Resource Expertise	programs, evidence-based programs, and referral processes to improve customer service and resource matching.	staff competency assessments.	information provided to consumers.
Promote Preventive and Wellness Programs	Increase education and referrals to evidence-based health promotion, chronic disease self-management, fall prevention, nutrition, physical activity, caregiver education, and mental wellness programs.	Number of participants enrolled in wellness programs; number of educational sessions conducted.	Improved health outcomes and increased utilization of preventive services.
Improve Accessibility to Services	Expand virtual service options, telephone assistance, community access points, mobile outreach, and transportation coordination to reduce barriers for rural, homebound, and underserved populations.	Number of individuals accessing services through virtual or alternative methods; reduction in transportation-related barriers.	Increased accessibility and equitable service delivery.
Monitor Resource Utilization and Performance	Review program utilization, referral patterns, outreach effectiveness, and consumer satisfaction on a regular basis. Use performance data to adjust outreach efforts and resource allocation.	Quarterly performance reports; service utilization trends; customer satisfaction scores.	Data-driven improvements that maximize resource utilization.
Strengthen Consumer Education and Self-Advocacy	Provide educational materials and one-on-one assistance to help individuals understand available benefits, eligibility requirements, and how to access community resources independently.	Number of educational sessions; number of consumers assisted with benefits or applications.	Increased consumer knowledge and improved ability to access services independently.

Goal 3	Promote Independence & Consumer Choice
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Goal 3 Objective 3.1	Increase participation in informed choices that support independent living by empowering individuals to make person-centered decisions, access community-based services, and remain safely in their homes and communities for as long as possible.
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Outcome/Performance Measures

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| <ul style="list-style-type: none"> • Increase participation in independent living choices. • Increase the number of individuals receiving person-centered counseling. • Increase utilization of home and community-based services. • Increase consumer satisfaction with services and decision-making support. |
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Strategies and Actions

Strategy	Actions	Performance Measures	Expected Outcome
Expand Person-Centered Counseling (PCC)	Provide unbiased, person-centered counseling that helps individuals identify their strengths, preferences,	Number of PCC sessions completed; percentage of	Individuals make informed decisions that

	goals, risks, and available service options. Include caregivers or representatives when requested by the individual.	participants with documented goals or action plans.	support independence and personal choice.
Increase Consumer Education	Provide education on available home and community-based services, Medicare, Medicaid, long-term services and supports (LTSS), caregiver resources, housing, nutrition, transportation, legal assistance, and evidence-based wellness programs.	Number of educational sessions; number of participants reached.	Consumers are better informed about available resources and service options.
Strengthen Individualized Care Planning	Develop person-centered service plans that reflect each individual's preferences, abilities, cultural values, and desired outcomes. Review plans regularly and adjust services as needs change.	Percentage of consumers with person-centered service plans; service plan review completion rate.	Increased consumer involvement in selecting services that meet individual needs.
Expand Access to Home and Community-Based Services	Improve coordination and referrals for in-home services, nutrition programs, transportation, caregiver support, assistive technology, and other services that help individuals remain in their homes safely.	Number of referrals completed; number of consumers receiving HCBS.	Increased ability to age in place and avoid unnecessary institutionalization.
Promote Self-Advocacy and Decision-Making	Offer workshops and one-on-one assistance that help individuals understand their rights, available benefits, service options, and how to advocate for their own care and support.	Number of self-advocacy workshops; participant knowledge assessments.	Increased confidence and participation in personal decision-making.
Support Family Caregivers	Provide caregiver education, counseling, respite information, support groups, and referrals to community resources to strengthen caregivers' ability to support individual choice and independence.	Number of caregivers served; caregiver satisfaction surveys.	Improved caregiver capacity to support independent living.
Increase Access Through Multiple Service Delivery Options	Offer services through telephone, virtual platforms, community locations, home visits (when appropriate), and scheduled appointments to accommodate consumer preferences and reduce access barriers.	Number of consumers using multiple access methods; reduction in missed appointments.	Improved accessibility and greater consumer choice in how services are received.
Promote Healthy Aging and Wellness	Encourage participation in evidence-based health promotion programs, chronic disease self-management, fall prevention, nutrition education, physical activity, and social engagement opportunities.	Number of wellness program participants; participant completion rates.	Improved health, confidence, and ability to live independently.

Strengthen Community Partnerships	Collaborate with healthcare providers, disability organizations, housing agencies, transportation providers, senior centers, and other community organizations to expand consumer options and coordinated service delivery.	Number of active partnerships; number of referrals from partner organizations.	Expanded service choices and stronger community support networks.
Monitor Consumer Outcomes and Satisfaction	Collect consumer feedback through surveys, follow-up contacts, and quality assurance reviews to evaluate whether services support independence and personal goals. Use findings to improve service delivery.	Consumer satisfaction scores; percentage of consumers reporting achievement of personal goals.	Continuous improvement in consumer-centered services and outcomes.

Goal 4	Develop Dementia & Age-Friendly Communities
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Goal 4 Objective 4.1	Increase the number of dementia-friendly initiatives and community partnerships through education, training, public awareness, and collaborative community engagement.
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Outcome/Performance Measures

- Increase the number of dementia-friendly initiatives implemented.
- Increase community partnerships supporting dementia- and age-friendly efforts.
- Increase the number of individuals trained in dementia awareness.
- Increase public awareness through education and outreach campaigns.

Strategies and Actions

Strategy	Actions	Performance Measures	Expected Outcome
Expand Dementia Awareness and Education	Conduct community education programs on dementia, Alzheimer's disease, brain health, communication techniques, caregiver support, and available resources. Offer presentations at senior centers, libraries, faith-based organizations, healthcare facilities, and community events.	Number of educational programs conducted; number of participants reached.	Increased public understanding of dementia and available supports.
Provide Dementia-Friendly Community Training	Deliver Dementia Friends, Dementia Dialogues, or other evidence-informed dementia training to businesses, first responders, healthcare providers, government agencies, faith communities, volunteers, and community organizations.	Number of training sessions; number of individuals completing training.	Increased community capacity to recognize and support individuals living with dementia.
Develop Dementia-Friendly Community Partnerships	Collaborate with healthcare providers, hospitals, law enforcement, emergency responders, chambers of commerce, local governments, educational institutions, senior centers, libraries, disability	Number of active community partnerships; number of organizations participating.	Stronger community collaboration and expanded support network.

Promote Age-Friendly Community Initiatives	organizations, and nonprofit partners to promote dementia-friendly practices. Work with local governments and community stakeholders to encourage age-friendly planning related to transportation, housing, outdoor spaces, social participation, civic engagement, communication, and access to community services.	Number of age-friendly initiatives implemented; number of participating communities.	Communities become more accessible, inclusive, and supportive of older adults.
Support Family Caregivers	Offer caregiver education, support groups, respite information, dementia care consultations, and referrals to caregiver resources. Promote evidence-based caregiver education programs.	Number of caregivers served; caregiver training participation.	Improved caregiver knowledge, confidence, and well-being.
Conduct Public Awareness Campaigns	Utilize social media, radio, newspapers, newsletters, websites, public service announcements, and community events during Alzheimer's & Brain Awareness Month, National Family Caregivers Month, Older Americans Month, and other awareness campaigns.	Number of campaigns conducted; estimated audience reached; media engagement.	Increased awareness of dementia, healthy aging, and available community resources.
Expand Professional Development	Provide continuing education opportunities for staff, volunteers, healthcare professionals, and community partners on dementia care, person-centered approaches, aging issues, and best practices.	Number of trainings completed; number of professionals trained.	Improved quality of services and dementia-informed care throughout the community.
Promote Early Identification and Resource Navigation	Educate community members on recognizing early signs of dementia and provide referrals to memory assessments, healthcare providers, caregiver support services, legal resources, and Long-Term Services and Supports (LTSS).	Number of referrals provided; number of resource consultations completed.	Earlier access to diagnosis, support services, and care planning.
Recognize Dementia-Friendly Organizations	Develop a local recognition program for businesses and organizations that complete dementia-friendly training and implement dementia-supportive practices.	Number of organizations recognized annually.	Increased community participation and sustainability of dementia-friendly initiatives.
Evaluate Community Impact	Collect data on training participation, partnership development, community engagement, and consumer feedback. Use findings to improve outreach strategies and expand successful initiatives.	Annual evaluation reports; participant satisfaction; partnership growth.	Continuous improvement and measurable expansion of dementia- and age-friendly efforts.

Goal 5 Objective 5.1

Increase utilization of senior centers by expanding nutrition, wellness, educational, social, and recreational programming while improving coordination with transportation systems to increase accessibility.

Outcome/Performance Measures

- Increase senior center participation and utilization.
- Expand nutrition, wellness, educational, and recreational programming.
- Increase coordination with transportation providers to improve access.
- Increase consumer satisfaction with senior center services.

Strategies and Actions

Strategy	Actions	Performance Measures	Expected Outcome
Expand Nutrition Services and Programming	Enhance congregate meal services by offering nutrition education, nutrition counseling, healthy cooking demonstrations, food safety education, and special events that encourage participation. Promote participation in the Senior Farmers' Market Nutrition Program (SFMNP) and other nutrition initiatives.	Number of congregate meals served; nutrition education sessions conducted; average meal participation.	Increased participation in nutrition programs and improved nutritional well-being.
Increase Health and Wellness Opportunities	Offer evidence-based health promotion programs, chronic disease self-management, fall prevention, exercise classes, blood pressure screenings, mental wellness activities, and preventive health education in partnership with healthcare providers.	Number of wellness programs offered; participant enrollment and completion rates.	Improved health outcomes and increased senior center engagement.
Expand Social, Educational, and Recreational Programming	Increase opportunities for arts and crafts, lifelong learning, technology classes, financial education, cultural activities, volunteer opportunities, games, fitness, music, and intergenerational programming based on participant interests.	Number of programs offered; participation rates; new programs implemented.	Increased utilization of senior centers and reduced social isolation.
Strengthen Transportation Coordination	Coordinate with public transit, volunteer driver programs, human service transportation providers, and local transportation agencies to improve access to senior centers and community services. Promote available transportation options during outreach activities.	Number of transportation partnerships; number of rides provided to senior centers.	Improved access to senior center services, particularly for rural and underserved populations.
Increase Community Partnerships	Develop partnerships with healthcare providers, universities, libraries, fitness organizations, Extension Services, faith-based organizations, veterans'	Number of active partnerships; number of partner-led programs conducted.	Expanded programming and stronger community engagement.

Promote Senior Centers Through Outreach and Marketing	organizations, and local businesses to expand programming and provide onsite services. Conduct outreach campaigns using social media, local newspapers, radio, newsletters, websites, community events, and healthcare partners to promote senior center activities and available services.	Number of outreach activities; increase in first-time participants.	Greater awareness and increased participation in senior center programs.
Enhance Volunteer Engagement	Recruit and train volunteers to assist with meal service, educational programs, wellness activities, technology assistance, and special events. Recognize volunteers annually for their contributions.	Number of active volunteers; volunteer hours contributed.	Increased program capacity and enhanced participant engagement.
Improve Accessibility and Inclusiveness	Evaluate facilities for accessibility, provide accommodations as needed, offer virtual participation options when appropriate, and ensure programming reflects the cultural and linguistic diversity of the communities served.	Accessibility improvements completed; participant satisfaction with access.	More inclusive and welcoming senior centers.
Use Data to Improve Services	Monitor attendance, program participation, transportation usage, and participant feedback to identify trends, evaluate program effectiveness, and guide future programming decisions.	Attendance reports; participant satisfaction surveys; annual program evaluations.	Continuous improvement and efficient use of resources.
Strengthen Coordination with Community-Based Services	Integrate Information and Referral (I&R), Medicare counseling (SHIP), caregiver support, benefits assistance, legal services, and other Aging Network programs into senior center activities through regular onsite events and scheduled appointments.	Number of coordinated service events; referrals completed through senior centers.	Senior centers become comprehensive community hubs for aging services.

X. Fiscal

1. Submission Instructions

Submission Email: Aging.MagicClaims@mdhs.ms.gov

Submission Format Requirements:

- Subgrant forms must be submitted in their original Excel and Word formats.
- Do NOT convert required forms to PDF.
- Supporting documents may be submitted in PDF format.
- All forms must be submitted unsigned.

Deadline: July 15, 2026 – All complete budget packets due.

2. Required Budget Packet Components

A. Subgrant Packet Requirements (Submit one packet per Title III & VII program)

- Subgrant Summary Sheet (Excel)
- Budget Summary (Excel)
- Cost Summary Sheet(s), (Excel)
- Exhibit A – Scope of Work (Word)
- Exhibit B – Budget Narrative (Excel)
- Subgrant Agreement – Unsigned (Word)
- Equipment Justification Memo and vendor quotes (Word or PDF)

B. Annual AAA Documents (Submitted once per AAA)

- Exhibits C–I (Unsigned; Word preferred)
- Fidelity Bond Certification (PDF)
- Workers' Compensation Coverage Certification (PDF)
- E-Verify Registration Verification (PDF)
- Mississippi Secretary of State Good Standing screenshot (PDF or image)
- NICR documentation with all signatures (PDF)
- Fringe Benefit Rate details (PDF or Excel; justification required if >39%)

3. Budget Development Standards

- Costs must be allowable, necessary, and reasonable.

- Indirect costs must not be duplicated as direct costs.
- NICR or cost allocation plan must be included.
- Personnel listings must include position, salary/hourly rate, and percentage of time per funding source (must total 100%).
- Administrative costs must be proportionately allocated.
- Unit-based services must include correct unit calculations.
- Program income projections must be reasonable.
- Equipment justification must include detailed descriptions and confirmation that surplus property is not available.

4. Title III & Title VII Requirements

A. Required Subgrant Packets

- Title III-A Administration
- Title III-B Supportive Services
- Title III-C1 Congregate Meals
- Title III-C2 Home Delivered Meals
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Services
- Title VII-OMB Ombudsman

B. Administrative Limits

- Maximum 10% administration for Title III (excluding III D)
- No administrative costs allowed under Title VII

C. Title III Transfer Rules

- Up to 40% between C1 and C2
- Additional 10% allowed with justification letter
- Up to 30% between III-B and III-C
- DAAS waiver required if statewide cumulative limit is exceeded

D. Nutrition Contract Requirements

- Submit meal vendor contract (Word or PDF) prior to execution
- C1, C2, and SSBG meals must be budgeted as cost reimbursement
- Reimbursement rates cannot exceed statewide contract rate

E. Mandatory Service Funding (III-D)

- Fund Tier 3 evidence-based programs only
- Training completion verification must be included

F. Ombudsman Requirements

- Quarterly meetings required
- Annual redesignation training required
- Budget must include travel, lodging, meals, and fees
- Must provide evidence of public visibility activities
- Maintain event rosters (date, location, topic)
- Funding must not fall below FFY2019 levels

5. SSBG (Title XX) Requirements

A. Allocation

FFY2027 allocation in Attachment G; budgets must align with final FFY2026 levels.

B. Administration

- Must be budgeted first
- May decrease through modification but cannot increase

C. Approved SSBG Services (Required Order)

- Adult Day Care
- Case Management
- Emergency Response
- Emergency Services
- Meals
- Homemaker
- Information & Referral
- Legal
- Nutrition Education
- Ombudsman
- Outreach
- Respite
- Senior Centers
- Transportation

D. Required SSBG Packet

- Separate Excel/Word subgrant forms
- Exhibit A – Scope of Work (Word)
- Exhibit B – Budget Narrative (Excel)
- NICR or Cost Allocation Plan (PDF)
- Project Management Cost Plan (PDF/Excel/Word)

6. NSIP Requirements

- NSIP = Total NSIP eligible meals in FFY2025 × \$0.80
- Includes III-E Supplemental meals if eligible
- Submit separate NSIP forms and narrative

7. Mississippi Access to Care (MAC)

- MAC Center Managers must attend National AIRS I&R Conference
- All staff must obtain AIRS certification within 6 months

8. Match Requirements

Match Ratios by Program			
Program	Federal %	State %	Local/In-kind %
III-A	75%	0%	25%
III-B/C1/C2	85%	5%	10%
III-D	0%	0%	0%
III-E	0%	0%	25%
Title VII-OMB	0	0	0
NSIP	0	0	0
Title XX-SSBG	0	0	25%
Program Income cannot be used for match.			

9. Title III-B Service Requirements

Title III-B Service Requirement Breakdown	
Service Category	Required Percentage
Access Services	30% minimum
In-Home Services	20% minimum
Legal Services	1% minimum and not below FFY2026 level

10. Grant Program Timelines

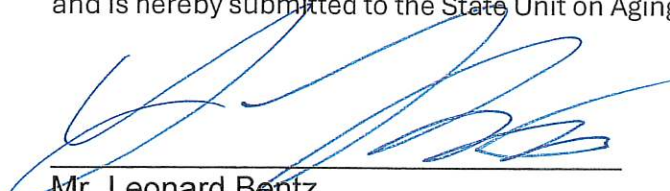
Grant Program Timelines		
Program	Start Date	End Date
Title III & VII	10/01/2026	08/15/2028
SSBG (Title XX)	10/01/2026	09/30/2027
NSIP	10/01/2026	08/15/2028
MAC	10/01/2026	09/30/2027
SHIP	04/01/2026	03/31/2027
State HDM	07/01/2026	06/30/2027
MIPPA	09/01/2026	08/15/2027

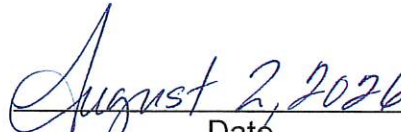
XI. Verification of Intent

The Verification of Intent acknowledges and dates that the authoritative parties have all reviewed and approve the Area Agency on Aging (AAA) Area Plan for Fiscal Years 2027-2028.

The Area Agency on Aging is hereby submitted for the Southern Mississippi Planning and Development District. That includes the following counties, Forrest, Covington, Greene, George, Hancock, Harrison, Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Stone, and Wayne for the period FY 2027-2028. It includes all assurances and plans to be followed by the Southern Mississippi Planning and Development District, Area Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency on Aging will assume the full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and related State policy. In accepting this authority, the Area Agency on Aging and Independent Living assumes major responsibility to develop and administer the Area Plan for the comprehensive and coordinated system of services and to serve as the advocate and focal point for older adults in the service area.

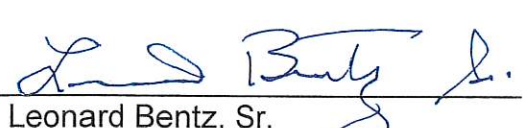
The Area Plan of Aging has been developed in accordance with all rules and regulations specified under the OAA and is hereby submitted to the State Unit on Aging (DAAS) for approval.


Mr. Leonard Bentz,
SMPDD/AAA Executive Director Name
Planning and Development District (PDD) / Area Agency on Aging Executive Director

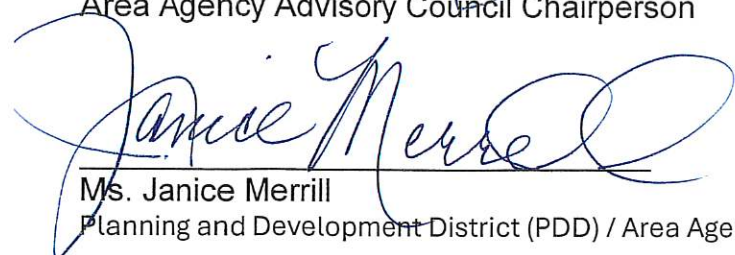

Date


Ms. Thania Coyne
Area Agency on Aging (AAA) Director


Date


Mr. Leonard Bentz, Sr.
Area Agency Advisory Council Chairperson


Date


Ms. Janice Merrill
Planning and Development District (PDD) / Area Agency on Aging Board Co-Chairperson


Date

Attachment A

Contracts with Outside Organizations

List of all contracts with other organizations.

Important Note: All contractual relationships with an organization require DAAS prior approval not less than thirty (30) days prior to signing of the contract by the area agency and service provider.

Contract Organizations					
Name	Services provided (list all)	Units of services provided	Cost/Unit of Service	For profit	Non- Profit
Harrison County Senior Resource Agency	Adult Day Care	9,960	\$3.20	☐	☐
Harrison County Senior Resource Agency	Senior Center	12,000	\$5.00	☐	☐
Harrison County Senior Resource Agency	Transportation	7,500	\$9.35	☐	☐
House of the Lord Family Life & Resources Center	Adult Day Care	18,000	\$10.00	☐	☒
Open Wings of Outreach Care	Adult Day Care	10,000	\$4.25	☐	☒
Open Wings of Outreach Care	Congregate Meals	5,140	\$5.35	☐	☒
Open Wings of Outreach Care	Senior Center	4,400	\$8.00	☐	☒
Open Wings of Outreach Care	Transportation	15,000	\$12.00	☐	☒
Five County	Congregate Meals	6,000	\$3.99	☐	☒
Five County	Transportation	8,000	\$3.04	☐	☒
Hancock County	Congregate Meals	5,200	\$5.35	☐	☐
Hancock County	Senior Center	5,777	\$10.00	☐	☐
Community Action of South Mississippi	Congregate Meals	14,000	\$5.22	☐	☒
Community Action of South Mississippi	Senior Center	14,630	\$4.55	☐	☒
Community Action of South Mississippi	Transportation	20,252	\$12.39	☐	☒
Senior Center of South Pearl River	Congregate Meals	12,000	\$4.97	☐	☒
Senior Center of South Pearl River	Senior Center	12,000	\$5.19	☐	☒
City of Collins	Congregate Meals	5,280	\$5.00	☐	☐
Town of Mount Olive	Congregate Meals	5,280	\$5.00	☐	☐

Laurel Housing Authority	Congregate Meals	5,200	\$3.75	☐	☐
Charles Walker – City of Gulfport	Congregate Meals (Only no Management)	8,060		☐	☐
George County Board of Supervisors	Congregate Meals (Only no Management)	5,200		☐	☐
Roosevelt Center- Jones County Board of Supervisors	Congregate Meals (Only no Management)	5,200		☐	☐
Allways Caring	Homemaker	11,931	\$27.50	☒	☐
Allways Caring	Respite	636	\$28.00	☒	☐
Mississippi Center for Legal Services	Legal Services	100	\$250.00	☐	☒
Community Development, Inc	Transportation	24,140	\$10.13	☐	☒
Pearl River County Board of Supervisors	Congregate Meals	12,000	\$3.75	☐	☐

Attachment B

Waiver & Special Request Approvals

DIRECT SERVICE WAIVER REQUEST FOR THE PERIOD OF THE PLAN

Instructions: In accordance with Section 316 of the Older Americans Act (Chapter 35, 42 U.S.C. 3030c-3) Area Agencies on Aging will submit all the required items listed below to the Mississippi Department of Human Services – Division of Aging and Adult Services when initially requesting to provide a service directly. Contact the appropriate Programs Field Representative for more information.

Statement of Request

Provide a separate request for each service (add additional tables as necessary)

Service	
Actions taken prior to determination of direct service provision	Not Applicable to SMPDD
Name(s) of potential providers contacted and their responses	
Name(s) of newspapers and/or publications and documentation of the announcement of the availability of funds	
Scope of work	

Service	
Actions taken prior to determination of direct service provision	
Name(s) of potential providers contacted and their responses	
Name(s) of newspapers and/or publications and documentation of the announcement of the availability of funds	

Attachment C

Area Advisory Council

This Council, mandated by the federal 1965 OAA and 45 CFR §1321.55, advises the Area Agency on Aging (AAA) on all community policies, programs, and actions affecting older persons throughout the region. The Council also reviews and advises the Area Agency on Aging (AAA) on its annual Area Plan, a report, and the needs assessment of services and assistance throughout the region required by DAAS.

At least half of the Council is composed of regional residents 60 years and older, including minority individuals, who participate in or are eligible for OAA Title III programs such as general support services, nutrition programs, and caregiver support. The remaining Council membership includes representatives of healthcare and support service providers, local officials, and other interested individuals.

Area Agency Advisory Council:

Council Member Name	Council race	Term
Mr. David Arnold	Caucasian	4
Mr. Clarence Harris	African American	1
Ms. Nancy Depreo	Caucasian	1
Ms. Lora Mederos	Caucasian	2
Mr. Leonard Bentz Sr.	Caucasian	4
Ms. Janice Merrell	African American	1
Ms. Carol Davis	Caucasian	2
Mr. Alrick Jones	African American	1
Ms. Sue Turner	Caucasian	1
Mr. Wayne Barrow	Caucasian	1
Ms. Nancy Jo Maples	Caucasian	1
Mr. Sedgie Foxworth	African American	1
Ms. Carson Thrash	Caucasian	1
Ms. Darlena Adams	Caucasian	4
Mr. Donald Hart	African American	1
Mr. Emmit Norris	African American	1

add additional lines as necessary

Attachment D

Public Hearing: The Area Agency on Aging (AAA) must seek public input with respect to the area plan by:

- Allowing the advisory council to aid the Area Agency on Aging (AAA) in conducting public hearings to ensure that individuals of the greatest social and greatest economic need are included in the hearings.
- **The advisory council shall review and provide comments related to the area plan to the area agency prior to the area agency's submission of the plan to the State agency for approval.**

Date Area Plan available for review	Place available for review
June 3, 2026	Public Hearing / Advisory Board Meeting

Public Hearing		
Date/Time	Location/Method	Number of participants
June 3, 2026 10:30 am	SMPDD Office – 914 Sullivan Drive, Hattiesburg, MS 39503 / In person	72

Attachment E

Submission Instructions

1. Area Plan Important Dates:

Area Plan form released by DAAS	March 31, 2026
Area Plan Training Session 1	April
Area Plan Budgets are due to DAAS	July 15, 2026
DAAS Office Hours SUA Director	Monday -Friday-8:30 am-5:00 pm
DAAS Office Hours SUA DOP	Monday -Friday-8:00 am-4:30 pm
DAAS Office Hours SUA Program Team	Monday -Friday-7:30 am-4:30 pm
Area Plan Submission Date	August 1, 2026
Area Plan Presentation	September 1-15, 2026
Approval of Area Plans	September 28, 2026
Area Plans effective	October 1, 2026

2. Formatting Requirements

- **The Area Plan document will be required to include all required fields in the template**
- **Include a footer listing the name of the Area Agency on Aging (AAA)/Region, and the document year of plan**
For example: Mississippi Department of Human Services – Division of Aging and Adult Services-Area Plan_2027-2028
- **You are encouraged to use pictures to help enhance the impact of your services when appropriate.**

3. Electronic Submission

- **Area Plans must be submitted electronically to the Mississippi Department of Human Services – Division of Aging and Adult Services Smart Sheet *DAAS Area Plan Submission FY2027*.
<https://app.smartsheet.com/b/form/019ce39a9e757477ac19b2418ef7f978>**
- **Signature forms must include a written signature and be submitted as an additional document along with the completed Area Plan.**
- **The electronic submission should include the following documents:**
 - Completed Area Plan Document
 - Signature Forms with written signature
 - Other forms and charts as required

4. Presentation

- A virtual presentation of your Area Plan Update will be required as part of the approval process.
- Presentations should be 20 minutes and allow an additional 10 minutes for questions.
- Presentations will take place at a time and location to be determined by DAAS.
- Plans will not be approved without a virtual presentation.

Attachment F

STANDARD ASSURANCES - OLDER AMERICANS ACT (OAA) Public Law 89-73, 42 U.S.C.A. § 3001, et seq., as amended

I) ORGANIZATIONAL ASSURANCES

1. SEPARATE ORGANIZATIONAL UNIT

If the Area Agency on Aging has responsibilities which go beyond programs for the elderly, a separate organizational unit within the agency has been created that functions only for the purposes of serving as the Area Agency on Aging.

2. FULL TIME DIRECTOR

The Area Agency or the separate organizational unit which functions only for the purposes of serving as the Area Agency on Aging is headed by an individual qualified by education or experience, working full-time solely on Area Agency on Aging functions and Area Plan management.

II) AREA AGENCY MANAGEMENT COMPLIANCE ASSURANCES

3. EQUAL EMPLOYMENT OPPORTUNITY (5CFR Part 900, Subpart F)

The Area Agency assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws

4. EMERGENCY MANAGEMENT PLAN

The Area Agency has assigned primary responsibility for Emergency Management planning to a staff member; the Area Emergency Management Plan which was developed in accordance with the Mississippi Department of Human Services – Division of Aging and Adult Services (and hereafter DAAS) shall be reviewed at least annually and is revised as necessary. The Area Agency also assures cooperation subject to client need in the use of any facility, equipment, or resources owned or operated by the DAAS which may be required in the event of a declared emergency or disaster.

As in Sec. 306(a)(16) or (17), the Area Agency shall include information detailing how the Area Agency on aging will coordinate activities and develop long-range emergency response plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for relief service delivery.

5. DIRECT PROVISION OF SOCIAL SERVICES

No Title III supportive services, nutrition services, or in-home services are being directly provided by the Area Agency except where provision of such services by the Area Agency has been determined by the DAAS to be necessary in assuring an adequate supply of such services; or where services are directly related to the Area Agency on Aging (AAA) administrative functions; or where services of comparable quality can be provided more economically by the Area Agency.

6. REVIEW BY ADVISORY COUNCIL

The Area Agency has provided the Area Agency Advisory Council the opportunity to review and comment on the Area Plan and operations conducted under the plan.

7. ATTENDANCE AT STATE TRAINING

The Area Agency assures that it will send appropriate staff to those training sessions required by the DAAS.

8. PROPOSAL FOR PROGRAM DEVELOPMENT AND COORDINATION

The Area Agency has submitted the details of its proposals to pay for program development and coordination as a cost of supportive services to the general public (including government officials, and the aging services network) for review and comment. The Area Agency has budgeted its total allotment for Area Plan Administration before budgeting Title III-B funds for Program Development in accordance with 45 CFR 1321.17(14).

9. COMPETITIVE PROCESS FOR NUTRITION PROVIDERS, SUPPORTIVE SERVICES PROVIDERS, AND FOOD VENDORS

- a) Nutrition providers and supportive service providers will be selected through competitive negotiations or a Request for Proposal process. Documentation will be maintained in the Area Agency files.
- b) Nutrition service providers who have a central kitchen or who prepare food on-site must obtain all food and supplies through appropriate procurement procedures, as specified by the DAAS.
- c) Food vendors will be selected through a competitive sealed bid process.
- d) Nutrition service providers who have a central kitchen or who prepare meals on-site must develop a food service proposal.
- e) Copies of all Requests for Proposals and bid specifications will be maintained at the Area Agency for review.

10. REPORTING

The Area Agency assures that it will maintain required data on the services included in the Area Plan and report such data to the DAAS in the form and format requested.

11. NO CONFLICT OF INTEREST

No officer, employee, or other representative of the Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and mechanisms are in place at the Area Agency on Aging to identify and remove conflicts of interest prohibited under this Act.

III) SERVICE PROVISION ASSURANCES

12. MEANS TEST

No Title III service provider uses a means test to deny or limit receipt of Title III services under the Area Plan.

13. EQUAL EMPLOYMENT OPPORTUNITY BY SERVICE PROVIDERS

The Area Agency assures that service providers provide fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

14. STANDARDS/GUIDELINES/POLICIES AND PROCEDURES

The Area Agency and all service providers will comply with all applicable DAAS standards, guidelines, policies, and procedures.

NOTE: No additional waiver of the Multi-Purpose Senior Center (MPSC) Standards is necessary IF the Area Agency has previously obtained such a waiver AND there have been no changes since the submission of the waiver request.

15. SPECIAL MEALS

Each nutrition program funded under the Area Plan is providing special meals, where feasible and appropriate, to meet the particular dietary needs, arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

16. CONTRIBUTIONS

Older persons are provided an opportunity to voluntarily contribute to part or all of the cost of Title III services received under the Area Plan, in accordance with procedures established by the DAAS. Title III services are not denied based on failure to contribute.

The area agency on aging shall ensure that each service provider will-

- A. Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
- B. Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
- C. Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- D. Establish appropriate procedures to safeguard and account for all contributions; and
- E. Use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this act.

Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this Act if the method of solicitation is not coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

17. PERSONNEL POLICIES

Written personnel policies affecting Area Agency and service provider staff have been developed to include, but are not limited to, written job descriptions for each position; evaluation of job performance; annual leave; sick leave; holiday schedules; normal working hours; and compensatory time.

18. COORDINATION WITH TITLE V NATIONAL SPONSORS

The Area Agency will meet at least annually with the representatives of Title V Older American Community Service Employment Program (formerly SCSEP) sponsors operating within their Planning and Service Areas (PSAs) to discuss equitable distribution of enrollee positions within the PSA and coordinate activities as appropriate.

19. PREFERENCE IN PROVIDING SERVICES

The Area Agency on Aging provides assurance that preference will be given to services to older individuals with the greatest economic need and older individuals with the greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the Area Plan. [Section 305(a)(2)(E)]

IV) TITLE III, PART A ASSURANCES

The Area Agency on Aging assures that it shall --

20. Sec. 306(a)(2) - provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

- A. Services associated with access to services (transportation, health services (including mental health services), outreach, information, and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services;
- B. In home services, including supportive services for families of individuals who have a diagnosis 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.

21. Sec. 306(a)(4)(A)(i) - provide assurances that the Area Agency on Aging will—

- (I) (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);

22. Sec. 306(a)(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

23. Sec. 306(a)(4)(A)(iii) - With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the 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).

24. Sec. 306(a)(4)(B) - 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 proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
25. Sec. 306(a)(4)(C) - 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.
26. Sec. 306(a)(5) provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
27. Sec. 306(a)(6)(A) - take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
28. Sec. 306(a)(6)(B) -serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals
29. Sec. 306(a)(6)(C)
- (i) enter, where possible, into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3)); and
30. Sec. 306(a)(6)(C)(iii) - make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
31. Sec. 306(a)(6)(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs

assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

32. Sec. 306(a)(6)(E) establish effective and efficient procedures for coordination of -

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) [42 USC § 3013(b)], within the area;

33. Sec. 306(a)(6)(F) – The Area Agency on Aging will in coordination with the State Agency on Aging (DAAS) and the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

34. Sec. 306(a)(7) - provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better –
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (C) implementing, through the agency or service providers, evidenced-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the Area Agency on Aging itself, and other appropriate means) of information related to
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

35. Sec. 306(a)(8) that case management services provided under this title through the area agency on aging will -

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

- (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that -
 - (i) gives each older individual seeking service under this subchapter a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirement described in clauses (i) through (iii); and
 - (v) is not located, does not provide, and does not have a direct or indirect ownership or controlling interest in, or a direct or indirect affiliation or relationship with, an entity that provides, services other than case management services under this title.
36. Sec. 306(a)(10) establish a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;
37. Sec. 306(a)(11) – provide information and assurances by the Area Agency on Aging 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.
38. Sec. 306(a)(12) provide that the Area Agency on Aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b)[42 U.S.C. § 3013(b)] within the planning and service area.
39. Sec. 306(a)(13)(A) - 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.
40. Sec. 306(a)(13)(B) - 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.
41. Sec. 306(a)(13)(C) - 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.

42. Sec. 306(a)(13)(D) - 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.
43. Sec. 306(a)(13)(E) - 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.
44. Sec. 306(a)(14) – provide assurance that preference in receiving services under Sec. 301 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.
45. Sec. 306(a)(15)(A) - provide assurances that funds received under this title will be used - to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i) (Section 306(a)(4)(A)(i); and
46. Sec. 306(a)(15)(B) – provide assurances that funds received under this title will be used in compliance with the assurances specified in paragraph (13)(Sec. 306(a)(13) in regard to commercial contractual relationships and the limitations specified in section 212 (42 U.S.C.A. § 3020c);
47. Sec. 306(a)(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
48. Sec. 306(a)(17) – shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
49. Sec. 306(a)(18) shall provide assurances that the Area Agency on Aging will collect data to determine –
 - (A) the services that are needed by older individual whose needs were the focus of all centers funded under title IV [42 U.S.C. § 3031 et seq.] as of fiscal year 2019, and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals.
50. Sec. 306(a)(19) provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under Title IV [42 U.S.C. §3031 et seq.] in fiscal year 2019
51. Projects in the planning and service area will reasonably accommodate participants, as described in the Act, and any special needs in accordance with the Americans with Disabilities Act and other state and federal law.
52. Sec. 306(c) If an Area Agency on Aging has satisfactorily demonstrated to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services and had conducted a timely public hearing on such needs, then the State agency in approving the submitted area plan has waived further proof of the requirement described in Sec. 306(a)(2) for the term of that area plan, unless an inquiry or concern leads the State Agency to investigate the veracity of the sufficiency of service needs being met in the PSA.

VI) TITLE VII/LEGAL ASSISTANCE ASSURANCES

53. Sec. 307(11)(A) provide assurances that the Area Agency 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 in pro bono and reduced fee basis
54. Sec. 307(11)(D) provide assurances that, to the extent practicable, that legal assistance furnished under the Area 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.
55. Sec. 307(11)(E) provide 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

Verification of Older Americans Act Assurances

My signature below indicates that the Southern Mississippi Planning and Development District, Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature: _____

Thania Coyne
Area Agency on Aging (AAA) Director

August 2, 2026
Date

Signature: _____

Leonard Bentz, Sr
Area Agency Advisory Council Chairperson

August 2, 2026
Date

Mississippi State Unit on Aging Contact Information

Mississippi Department of Human Services

Division of Aging and Adult Services (DAAS)

Website: <https://www.mdhs.ms.gov/adults-seniors/aging/>

State Unit on Aging oversees the development, approval, and monitoring of Area Plans submitted by Mississippi Area Agencies on Aging operating within Planning and Development Districts.

Attachment G Title III/Title VII

ATTACHMENT C DIVISION OF AGING AND ADULT SERVICES PROPOSED ALLOCATION - FFY2027										
	Sources of Funds	Title III B * Supp Services	Title III C1 Cong. Meals	Title III C2 HD Meals	Title III E In-Home Serv.	Title III D Prev. Health	Title III Admin AAA Admin	Title III Totals	Title VII Ombuds.	TOTAL ALLOCATION
Central .202071010	Federal State Req Local Total	574,722 33,808 67,615 676,145	813,472 47,852 95,703 957,027	537,895 31,641 63,282 632,818	290,527 0 96,843 387,370	44,061 0 0 44,061	229,237 0 76,433 305,730	2,489,974 113,301 399,876 3,003,151	31,732 0 0 31,732	2,521,696 113,301 399,876 3,034,873
East Central 0.08423281	Federal State Req Local Total	239,575 14,093 28,186 281,854	339,096 19,947 39,894 398,937	224,222 13,190 26,380 263,792	121,108 0 40,370 161,478	18,369 0 0 18,369	95,584 0 31,862 127,446	1,037,954 47,230 166,692 1,251,876	13,232 0 0 13,232	1,051,186 47,230 166,692 1,265,108
Golden Triangle .059954677	Federal State Req Local Total	170,523 10,031 20,062 200,616	241,359 14,198 28,396 283,953	159,595 9,388 18,776 187,759	86,201 28,734 114,935 112,475	13,074 0 0 13,074	68,034 0 22,678 90,712	738,786 33,617 118,646 891,049	9,418 0 0 9,418	748,204 33,617 118,646 900,467
North Central .056727622	Federal State Req Local Total	161,344 9,491 18,982 189,817	228,368 13,434 26,867 268,669	151,005 8,883 17,766 177,654	81,561 27,187 108,748 112,475	12,371 0 0 12,371	64,372 0 21,458 85,830	699,021 31,808 112,260 843,089	8,911 0 0 8,911	707,932 31,808 112,260 852,000
North Delta .078228833	Federal State Req Local Total	222,498 13,089 26,177 261,764	314,925 18,525 37,050 370,500	208,240 12,250 24,499 244,989	112,475 0 37,492 149,967	17,060 0 0 17,060	88,771 0 29,591 118,362	963,969 43,864 154,809 1,162,642	12,288 0 0 12,288	976,257 43,864 154,809 1,174,930
Northeast .051474777	Federal State Req Local Total	146,404 8,612 17,224 172,240	207,222 12,190 24,380 243,792	137,022 8,061 16,121 161,204	74,009 0 24,670 98,679	11,225 0 0 11,225	58,411 0 19,471 77,882	634,293 28,863 101,866 765,022	8,086 0 0 8,086	642,380 28,863 101,866 773,108
South Delta .053653232	Federal State Req Local Total	152,606 8,977 17,954 179,537	215,996 12,706 25,412 254,114	142,826 8,402 16,804 168,032	77,146 0 25,716 102,862	11,705 0 0 11,705	60,888 0 20,296 81,184	661,167 30,085 106,182 797,434	8,433 0 0 8,433	669,605 30,085 106,182 805,872
Southern .243236948	Federal State Req Local Total	691,814 40,695 81,390 813,899	979,198 57,600 115,200 1,151,998	647,481 38,088 76,175 761,744	349,720 0 116,574 466,294	53,044 0 0 53,044	276,016 0 92,006 368,022	2,997,273 136,383 481,345 3,615,001	38,209 0 0 38,209	3,035,482 136,383 481,345 3,653,210
Southwest .089852507	Federal State Req Local Total	255,558 15,033 30,066 300,657	361,719 21,278 42,553 425,553	239,181 14,070 28,139 281,390	129,187 0 43,063 172,250	19,394 0 0 19,394	101,961 0 33,987 135,948	1,107,200 50,381 177,811 1,335,392	14,114 0 0 14,114	1,121,314 50,381 177,811 1,349,506
Three Rivers .080567584	Federal State Req Local Total	229,157 13,480 26,960 269,597	324,345 19,080 38,159 381,584	214,469 12,616 25,232 252,317	115,843 0 38,615 154,458	17,576 0 0 17,576	91,431 0 30,477 121,908	992,821 45,176 159,443 1,197,440	12,661 0 0 12,661	1,005,487 45,176 159,443 1,210,106
TOTAL	Federal State Req Local Total	2,844,201 167,309 334,616 3,346,126	4,025,700 236,810 473,617 4,736,127	2,661,936 156,589 313,174 3,131,699	1,437,777 0 479,264 1,917,041	218,079 0 0 218,079	1,134,765 0 378,259 1,513,024	12,322,458 560,708 1,978,930 14,862,096	157,084 0 0 157,084	12,479,542 560,708 1,978,930 15,019,180

FFY2027 PROPOSED

Social Services Block Grant (SSBG)

ATTACHMENT C Social Services Block Grant Allocation FFY2027 PROPOSED

Area Agency on Aging		Totals	Admin	TOTALS
			Admin	
Central 0.20207101	Federal	946,714	55,569	1,002,283
	Local	315,572	18,523	334,095
	Total	1,262,286	74,092	1,336,378
East Central 0.08423281	Federal	394,635	23,164	417,799
	Local	131,545	7,721	139,267
	Total	526,180	30,885	557,066
Golden Triangle 0.059954677	Federal	280,891	16,488	297,379
	Local	93,631	5,496	99,127
	Total	374,522	21,984	396,506
North Central 0.056727622	Federal	265,772	15,600	281,372
	Local	88,591	5,200	93,791
	Total	354,363	20,800	375,163
North Delta 0.078228833	Federal	366,506	21,513	388,019
	Local	122,169	7,171	129,340
	Total	488,675	28,684	517,359
Northeast 0.051474777	Federal	241,162	14,156	255,318
	Local	80,388	4,719	85,106
	Total	321,550	18,875	340,424
South Delta 0.053653232	Federal	251,369	14,755	266,124
	Local	83,790	4,918	88,708
	Total	335,159	19,673	354,832
Southern 0.243236948	Federal	1,139,579	66,890	1,206,469
	Local	379,860	22,297	402,157
	Total	1,519,439	89,187	1,608,626
Southwest .089852507	Federal	420,964	24,709	445,673
	Local	140,322	8,236	148,558
	Total	561,286	32,945	594,231
Three Rivers 0.080567584	Federal	377,464	22,156	399,620
	Local	125,822	7,385	133,207
	Total	503,286	29,541	532,827
State Totals 100%	Federal	4,685,056	275,000	4,960,056
	Local	1,561,690	91,667	1,653,357
	Total	6,246,746	366,669	6,613,413

Required Local = 10% Cash, 15% In-Kind

FFY 2027 Proposed Allocation

	NSIP MEALS		NSIP MEALS		TOTAL NSIP MEALS	FUNDING FORMULA	AWARD
	2024	2025	2024	2025			
	Congregate	Congregate	Home Del	Home Del	Congregate and Home Del 2025		
Central AA	60,304	62,658	216,010	199,987	262,645	0.136597698	\$ 133,148
East Central AAA	55,494	78,874	260,140	204,180	283,054	0.147212111	\$ 143,495
Golden Triangle	6,270	816	134,466	135,322	136,138	0.070803318	\$ 69,016
North Central	70,984	77,463	113,248	72,809	150,272	0.078154198	\$ 76,181
North Delta AAA	4,414	8,705	122,666	147,763	156,468	0.081376644	\$ 79,322
NorthEast AAA	3,098	6,206	89,349	82,865	89,071	0.046324482	\$ 45,155
South Delta AAA	25,375	25,980	143,080	106,810	132,790	0.069062074	\$ 67,321
Southern MS AAA	108,889	109,352	341,785	328,190	437,542	0.227558987	\$ 221,813
Southwest MS AAA	5,852	4,859	206,538	143,114	147,973	0.076958523	\$ 75,015
Three Rivers AAA	18,222	28,590	100,450	98,220	126,810	0.065951966	\$ 64,287
Total	358,902	403,503	1,727,732	1,519,260	1,922,763	1.00	\$ 974,751
	2024	2025					
Total Cong /HDM	2,086,634	1,922,763					

IB 2027-

Attachment C

Mississippi Access to Care (MAC)

**ATTACHMENT C
MAC Center
FFY2027 PROPOSED
ALLOCATION**

Area Agency on Aging		TOTALS
Central	Federal	283,250
	State	283,250
	Total	566,500
Southern	Federal	283,250
	State	283,250
	Total	566,500
Three Rivers	Federal	283,250
	State	283,250
	Total	566,500
State Totals	Federal	849,750
	State	849,750
	Total	1,699,500